South Central Ambulance Service
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

MEETING IN PUBLIC

DATE: Thursday 26 January 2023
TIME: 10am – 1pm
Venue : Winchester & Eastleigh Resource Centre (HART)
***

VOTING BOARD MEMBERS:

- Professor Sir Keith Willett CBE, Chair
- Sumit Biswas, Non-Executive Director/Deputy Chair
- Les Broude, Non-Executive Director / Senior Independent Director
- Nigel Chapman, Non-Executive Director
- Ian Green, Non-Executive Director
- Mike McEnaney, Non-Executive Director
- Dr Anne Stebbing, Non-Executive Director
- Will Hancock, Chief Executive
- Paul Kempster, Chief Operating Officer
- Dr John Black, Medical Director
- Mike Murphy, Director of Strategy and Business Development
- Aneel Pattni, Chief Finance Officer
- Melanie Saunders, Chief People Officer
- Professor Helen Young, Director of Patient Care and Service Transformation

IN ATTENDANCE:

- Michel Wood, Interim Director of Corporate Governance/ Company Secretary
- Jill Lanham, Director of Digital
- Gillian Hodgetts, Director of Communications, Marketing and Engagement

APOLOGIES RECEIVED

- None

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Item		BAF ref	Action	Time
OPENING BUSINESS				
1	**Chair's Welcome and Apologies for Absence** Keith Willett	-	**Verbal** **To note**	10:00
2	**Declarations – Directors' Interests and Fit and Proper Persons Test** Keith Willett	-	**Verbal** **To note**	
3	**Minutes from Meeting on 24 November 2022** Keith Willett	-	**Enclosure 1** **To approve**	
4	**Board Actions Log** Michael Wood	-	**Enclosure 2** **To note**	10:05
STRATEGIC OVERVIEW AND CONTEXT				
5	**Chair's Report** Keith Willett	All	**Enclosure 3** **To note**	10:10
6	**Chief Executive's Report** Will Hancock	All	**Enclosure 4** **To note**	10:20
QUALITY AND SAFETY				
7	**CQC Improvement Programme Update** Mike Murphy	All	**Verbal** **To note**	10:30
8	**Patient Story** Helen Young		**Enclosure 6** **Presentation**	10:35
PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE				
9	**Quality and Patient Safety Report** Helen Young	1, 5b	**Enclosure 7** **To note**	10:50
10	**Integrated Performance Report** Aneel Pattni and Director Leads	1, 2a, 4	**Enclosure 8** **To note**	11:00
BREAK				
PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE				
11	**a) Governance Framework** Mike Murphy / Michael Wood **b) Board Assurance Framework (BAF)** Mike Murphy / Michael Wood		**Enclosure 9** **To approve** **Enclosure 10** **To approve**	11:20
12	**Finance and Estates Report** Aneel Pattni	4, 6	**Enclosure 11** **To note**	11:35
13	**Board Committee Upward Reports** • Ian Green (People & Culture) • Anne Stebbing (Q&S) • Mike McEnaney (Audit) • Nigel Chapman (Charity)	1, 4, 5	**To note** **Enclosure 12** **Enclosure 13** **Enclosure 14** **Enclosure 15**	11:45

Item		BAF ref	Action	Time
14	**National COVID Response Service Update** Professor Helen Young	3, 5c, 7	**Enclosure 16** **To note**	12:00
PEOPLE, WELL-BEING AND LEADERSHIP				
15	**Freedom to Speak Up Report** Melanie Saunders, Simon Holbrook	5	**Enclosure 17** **To note**	12:05
16	**Gender pay gap** Melanie Saunders	5	**Enclosure 18** **For Approval**	12:15
BUSINESS UPDATES – KEY ISSUES ONLY				
17	**Medical Director's Report** John Black	1	**Enclosure 19** **To note**	12:25
18	**Operations Report – 999, 111 and Other** Paul Kempster	2a, 2b	**Enclosure 20** **To note**	12:35
CLOSING BUSINESS				
19	**Any Other Business** Keith Willett		**Verbal** **To note**	12:45
20	**Questions from observers (items on the agenda)** Keith Willett		**Verbal** **To note**	
21	**Review of Meeting** Keith Willett		**Verbal** **To note**	
22	**Date, Time and Venue of Next Meeting in Public** Thursday 30th March 2023		**Verbal** **To note**	

The Board resolves that in the interests of public order, the meeting adjourn to enable the Board to complete business without the presence of the public.

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ITEM 3 - DRAFT MINUTES

Unconfirmed minutes of the meeting 'in public' of the South Central Ambulance Service (SCAS) NHS Foundation Trust Board of Directors ('the Board') held on Thursday 24 November 2022 via Microsoft Teams

Board members present (15/15)
Professor Sir Keith Willett CBE (Chair); Sumit Biswas (NED); Les Broude (NED); Nigel Chapman (NED); Ian Green (NED): Mike Hawker (NED); Dr Anne Stebbing (NED); Will Hancock (Chief Executive); Dr John Black (Medical Director); Paul Kempster (Chief Operating Officer); Aneel Pattni (Chief Financial Officer); Mike Murphy (Director of Strategy and Business Development) ; Melanie Saunders (Chief People Officer); Professor Helen Young (Director of Patient Care and Service Transformation).

Board members apologies
None

In attendance
Syma Dawson (Interim Director of Corporate Governance and Company Secretary); Jill Lanham (Director of Digital); Gillian Hodgetts (Director of Communications and Marketing) and Tapiwa Songore (Interim Assistant Trust Secretary).

OPENING BUSINESS

22/67 – Chair's Welcome and Apologies for Absence
The Chair welcomed all to the meeting, including Board members, Governors and members of the public.

22/68 - Declaration – Directors' Interests & Fit and Proper Persons Test
No declarations were made

22/69 – Minutes from the 29 September 2022 Meeting in Public
The Minutes of the previous meeting were **APPROVED** as an accurate record, subject to it being noted that 'Nigel Hawker' should read: 'Nigel Chapman' (page 11).

22/70 – Board Actions Log
The Board Action Log and progress in respect of two outstanding actions were **noted.**

STRATEGIC OVERVIEW AND CONTEXT

22/71 – Chair's Report
The Chair presented his report and highlighted that the system pressures remained strong throughout the period. However, despite this, there had been a commendable recovery of performance albeit short of the National standard. The Chair extended a thank you to all staff for achieving the recovery.

The Chair commented that patient numbers remained high, especially in children with respiratory problems and with the increase in flu and Covid-19 cases.

The Board was advised that the appointment of two new Non-Executive Directors was near completion and an announcement would be made shortly. Interviews for a new Chief Executive Officer were due to commence.

The Chair thanked Mike Hawker for his nine years' service to the Board, and extended gratitude on behalf of the Board and the Trust.

The Board noted the Chair's Report.

22/72 – Chief Executive's Report

The Chief Executive reported on the challenging service delivery across the three core services, highlighting that October had been a particularly challenging month with severe handover delays at hospitals which had had an adverse impact on patients and patient safety, resulting in an increase in reporting of potential harm investigations. Whilst there had been a noted improvement in performance in November, this was inconsistent and pressures remained high. The 999 response time had improved and staff were thanked for their efforts.

The Board noted on-going issues of IT reliability issues and the difficulties faced in address them which had resulted in a higher risk rating.

In relation to Industrial Action, it was noted that the proposed Royal College of Nursing strikes were unprecedented and that GMB and Unison had balloted for industrial action. The Chief Executive considered that the Trust would be prepared, in that NHSE had provided specific plans for the ambulance service and the team continued to work closely with union leaders and staff.

The Board was further advised that engagement activity had been undertaken across the Trust which afforded staff the space to talk about their experience and provide challenge. The Speak Up Guardian had a new strengthened team and work continued to collate feedback from across the Trust.

It was now 12 months since the unannounced CQC-focused inspection on safeguarding, and although improvements had been implemented and embedded, the Board noted that a lot of work remained outstanding to complete the improvement plan. It was reported that the individual who had raised the safeguarding concerns had provided positive feedback on the improvement plan, which was evidence of the change in culture across the Trust.

Sumit Biswas (NED) noted that the IT resilience needed to be explored further with the Director of Digital. Digital, given the significant investment over the previous two years.

Ian Green (NED) questioned what the internal assurance mechanisms were for the CQC activity and whether they were appropriately addressing the key challenges. It was noted that the Chief Executive chaired a bi-weekly oversight committee and had held weekly meetings with programme managers to ensure assurance. It was hoped that the open approach would continue, including direct triangulation with staff.

Nigel Chapman (NED) observed that handover delays remained greater in Portsmouth where half the hours were lost. It was noted that whilst other hospitals had introduced a new operational approach with the 30 minute handover, this had not been in Portsmouth and therefore questioned whether other initiatives for improvement had been considered. In response, the COO stated that the hospital remained congested with large numbers of arrivals from the Trust's ambulances and walk-ins. The recent calling of the critical incident had allowed measures to be put in place which included opening support in the community for discharges. This had improved the flow, but the hospital remained at 98% occupancy. Another initiative introduced was to begin to send patients to a ward before the bed was available to improve the flow out of the emergency department. The Board was advised, however, that it was unlikely the improvement would be sustained, and the last four days had seen significant handover pressures. The risk continued to feature high on the BAF and that weekly meetings and calls would continue. The Chair stated that through learning from other organisations it was clear that distributing risk in the right way was critical.

The Board noted the Chief Executive's Report.

22/73 – CQC Improvement Programme Update

The Director, Strategy & Business Development provided an update on the CQC Improvement Programme. It was highlighted that the section 29A Warning Notice deadline date of 31 October 2022 was placed on the report for the region, the system and Trust to show clear progress by that date, and not for all actions to be completed. It was confirmed that the CQC had met with the Trust to discuss the action plan and that the CQC supported the planned approach and the progress made to date.

It was further confirmed that the shorter transactional actions had broadly been implemented and that the focus had moved to long-term strategic actions. The Board was advised that it was considered important to ensure that the improvements were aligned with, and informed by, both the CQC objectives as well as the Trust's strategic plan. It was noted that there had been a number of listening events planned and it was important that the feedback received was listened to and utilised within the plans. A consolidated report would be produced to incorporate the feedback from staff.

Les Broude (NED) sought on-going assurance that the changes were progressing through the various workstreams and that the improvements made had been embedded. The Executive Director confirmed that the short term changes had been necessary to add stability, and that the programme plan included points for assurance.

Mike Walker (NED) felt positive about the plans for the organisation and enquired if the CQC had formally acknowledged approval of the plan. It was stated that the CQC had confirmed that they do not provide such written confirmation. However, the on-going work with the CQC and the fact that the CQC had not planned a return visit remained positive. It was the aim of the Trust to be in a position where it could invite the CQC into the Trust in order to showcase improvements made.

Dr Ann Stebbing (NED) stated that the assurance would start to be received by the Board through improvements to the governance pathways which would need to include a better understanding of the metrics that were important for the Board.

The Board noted the CQC Improvement Programme Update.

22/74 – Staff Story

Davina Lally was introduced to the Board and she presented her story as she felt it important to share the differences between the two occasions she sought mental health support from the Trust. The first time was when she had PTSD from a work incident and the support was limited. In December 2020 Davina reached out for a second time and the internal support was quick and she was referred to Psych Health and offered re-deployment.

Davina highlighted that there remained areas of improvement which included timeliness of referral; the manager made the referral to occupational health on the spot however the process that followed was drawn out. There had been a long wait to speak to occupation health and then for Psychological Health. Once assessed a decision was made regarding the number of sessions required and then the application process for funding. Davina needed extended sessions which resulted in going back through that process. The CPO stated that it was important to remember that individuals were different and, therefore, processes needed to be put in place to allow the team to respond quickly to the individual's needs.

Ian Green (NED) enquired as to what the Trust was doing to support managers to have a better understanding of mental health issues. It was stated that mental health first aid training had been rolled out, wellbeing conversations had been launched, and a pilot management development session on conversations on mental health had been introduced.. Further, there had been a review of the language in all HR policies to align with the 'Just Culture' programme.

In response to a question as to what changes should be made, Davina stated that communication needed to improve but noted that there was a balance with information overload and knowledge of how people best receive information. Davina stated that in line with her new role she planned to go

to staff and ask them how they would like to receive the information and in what format. The Director of Communications confirmed that a comms staff survey was forthcoming and would be used to assess staff communication.

The Board noted the Staff Story.

PERFORMANCE. RISKS, GOVERNANCE AND ASSURANCE

22/75- Quality and Patient Safety Report
The Director of Patient Care and Service Transformation presented the report highlighting issues with the IT server in respect of the safeguarding application. It was noted that an external audit from BDO and an internal audit had been undertaken to ascertain the cause of the issues. It was recommended that the safeguarding application should be managed by the provider DocWorks and, therefore, the next stage was to submit a proposal and to implement it by March 2023. In relation to the underlying sever issue, the Board noted that the world-wide chip shortage had delayed the improvement work. It was further confirmed that safeguarding application issue had not impacted on referrals as a manual entry system had been introduced.

The Board received an update on safeguarding level three training risk, noting that a scoping exercise had been undertaken to ensure every member of staff required was included in the training. Priority one staff (1900 staff) would complete training by June 2023 and the priority two group would then be trained to ensure best practice.

The Board received an update on the infection control in relation to buildings and vehicle risk. It was noted that an increase in audits would be rolled out to ensure full assurance data was maintained.

The Executive Director advised the Board that significant improvement work in the patient safety and incident management team had been undertaken. The patient safety awareness month had been utilised to showcase the revamp of the incident review process. From quarter four the Trust would be able to benchmark against other Ambulance Trusts as harm categories were aligned.

Nigel Chapman (NED) commented on the significant improvement in reporting, stating that the management of medical devices audit had been completed and that very few issues had been found. With regard to a question related to assurance arrangements whilst Zoll continued to be difficult to source, it was stated that a secondary devise (IAD) would be provided where necessary. However, there was a global shortage in IADs which had adversely impacted on delivery times. In relation to Zolls on the vehicles, they were found to be fit for purpose and fully functional. The implementation of a therapy cable afforded fewer cable changes for the crews.
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Mike Hawker (NED) stated that it was important not to rely on the audits to ensure compliance and assurance and to be assured that staff were properly trained and managed. It was confirmed that there was a suite of data to provide assurance and that training was a part of that.

Les Broude (NED) questioned how managers monitored staff training and assured themselves that lessons had been learned. It was commented that safety messages would be sent across various fora to give the best opportunity for staff to receive information in the medium preferred. Further, the team were working on introducing a new monitoring system which recorded when the most important documents were read.

The Board noted the Quality and Patient Safety Report

22/76 – Integrated Performance Report (IPR)
The CFO presented the Integrated Performance Report for month seven and noted the improvement plan for reporting continued to progress with Board training on Statistical Process (SPC) charts and the inclusion of SPC charts in the IPR. Further, a working group had commenced in line with the governance and well-lead programme. It was further commented that the draft proposal of the IPR would be put to the Board in April 2023 with the intention of going live May 2023. This would include a training programme for colleagues in order to assess and monitor the data. The CFO reported that

the Trust's finances were broadly in line with plan at the year to date: £62k deficit off the break-even position

Mike Walker (NED) noted that work had commenced to outsource 111 calls to London Ambulance services and questioned whether lessons could be learnt in relation to recruitment. The COO stated that lessons could be learnt from the London Ambulance Service, but reported that although an offer had been made in relation to outsourcing, it had subsequently been withdrawn. Arrangements with a provider in the Midlands had been commenced to assist from mid-January. It was noted that the only area reporting positive recruitment in contact centres was the North East.

The Medical Director noted that a deep dive had been commissioned for pains? to inform further action going forward.

Director of Patient Care and Service Transformation highlighted that the Trust had declared a Never Event which had initially been classified as a Serious Incident in October 2022. A full report would be provided to the Board in **January.** It was noted that significant operational pressures continued and that a sector review of potential harm had been commissioned.

The Board was advised that there had been an increased demand in non-emergency transport and noted that demand management would be reviewed with patient safety and experience considered. It was further reported that the working from home pilot had continued, as well as the patient application development and the learning from call centre operations.

The CPO highlighted that workforce appraisals continued to rise across the organisation. Appraisal documents had been updated to include a personal development review and well being conversation. The Board was informed that workforce remained a challenge, however, call centres work was underway with both regional and national teams, and international recruitment continued with support from Health Education England. Staff on-boarding and retention processes had been reviewed and improvement work was being rolled out and work to introduce a clear career path for call centres had started. It was noted that there has been an increase in cold and flu and respiratory sickness across the population which had impacted on staff sickness across all areas.

The Board noted the IPR.

22/77 – Corporate Governance
Board Assurance Framework (BAF)

The Director of Strategy & Business Development noted that the Risk, Assurance and Compliance Committee had reviewed the risks in the Board Assurance Framework (BAF) and the corporate risk register, and that the management of risk was a key focus of the Governance and Well-led programme. Within the BAF, the main risks were poor clinical and governance practices (reduced from 22 down to 20), inability to meet demand, recruitment and retention and IT resilience, as well as the on-going industrial action situation.

Mike Hawker (NED) commented that spend on IT to improve resilience had been higher when benchmarked against other Trusts which should be assessed. Mike Hawker suggested a higher risk rating should be considered in relation to finance as cash balances had reduced.

Dr Anne Stebbing (NED) suggested that a risk on the Trust's ability to respond to a major incident should be included. The Chair stated that the Manchester Enquiry had reported on the risk of responding to a major incident which was being considered through national teams. The COO confirmed that existing procedures were in place to call staff in during a major incident and that the Trust was working through the actions from the Manchester report to ensure compliance.

Nigel Champman (NED) noted the score for recruiting non-clinical staff and commented that the risk was outside the Trust's tolerance especially in relation to pay. The CPO stated that the lowest paid staff had received an uplift in line with the Agenda for Change, however, it had not had the desired effect on recruitment and conversations had continued with regional and national colleagues as the

Trust was in a high cost of living area. The Agenda for Pay system remained important to adhere to and any changes to it would need to be include dialogue with partners. The COO stated that recruitment remained the biggest challenge with 25% vacancies and with the average length of employment for an ECT being 140 days. It was proposed that a business case would be required to request greater pay in line with the living costs in the area. The the importance of the working from home pilot to PTS was highlighted.

The Board noted the Board Assurance Framework.

Amendments to the Trust Constitution

The Interim Company Secretary sought the approval of the Board to amend the Trust Constitution to introduce a new public consistency for the rest of England and Wales.

The Board Approved the Amendment of the Trust Constitution.

Corporate Governance Strategic Plan 2022-24

The Interim Company Secretary sought the approval of the Board for the Corporate Governance Strategic Plan, 2022-24, which was based on the CQC report and the review of governance report designed to strengthen governance arrangements, as approved by the Executive team. The plan highlighted key dependencies which included a business case for the resource in the Company Secretariat, and continued engagement from Board, Governor and Executive colleagues. Progress would be tracked working closely with, and reporting to, the Executive Committee and the Board.

The Chair confirmed that it was a live document that would continue to evolve. Dr Anne Stebbing (NED) suggested greater emphasis was required on the need to review the operation of Board Committees and sub-committees within the plan and that it should remain an active process with clear ownership.

Action: Interim Company Secretary to increase the emphasis on the committee review section of the plan.

The Board Approved the Corporate Governance Strategic Plan, 2022-24.

22/78 – Finance and Estates Report

The CFO presented the Finance and Estates Report for month seven. It was reported that the position remained in line with the year to date plan, with a £62k deficit against the breakeven position. In response to the CQC recovery plan, the year to date plan included CQC improvement expenditure. Work continued to develop mitigations to offset the costs and to maintain the year end break even position.

The CFO further stated that the Hampshire and Isles of White System was under significant pressure with a reported consolidated year to date deficit of £72.6million. System plans had been commenced to improve the overall financial position which included a re-forecast, but it was not expected to impact the Trust's financial position.

The Board noted that that there was £53.6million in cash and capital with the full year capital plan being set at £6.4 million. The year to date capital was £1.7million, which was below plan; the cost savings plan of £10.8million remained on target.

It was confirmed that the Finance team had begun first round budget setting meetings for the 2023/24 financial year. A paper would be sent to the next Board meeting in relation to budget setting and the issues that needed to be discussed prior to budget setting.

The Chair questioned whether the £3.3billion national funding in the Autumn Statement was agreed to cover the funding for anticipated inflation and pay awards. The CFO commented that inflation

rates remained unstable and that the £3.3billion was circa 2% of the NHS budget and, therefore, significant pressure to achieve sufficiency and productivity savings and cash releasing savings remained.

Mike Hawker (NED) noted that the cash balance had been forecast to increase by the year end, but considered it was not achievable and should be re-assessed. Sumit Biswas (NED) noted that the table of the CIPs were red but the projections were that they would be green by the year end and questioned whether that remained achievable. The CFO advised that it was unlikely that all CIPs would be green by year end. Work was underway with the teams to work through the workstreams and that there was mitigation to offset deliverables; the overall projection would be met. However, savings would be non-recurrent and, therefore, a plan would need to be in place for next year.

The Board noted the Finance and Estates Report.

22/79 - 2021/22 South Central Ambulance Charity Annual Accounts

Nigel Chapman (NED) presented the Accounts to be filed with Charity Commission and highlighted the key achievements across the year.

The Board Approved the South Central Ambulance Charity Annual Accounts.

22/80 - Board Committee Upward Reports

- ***People and Culture Committee***

Ian Green (NED) reported that the Committee's terms of reference had been reviewed and that future agendas would be based on the risk register. Staff appraisals, training, recruitment and retention and culture would continue to be key areas of focus.

- ***Quality and Safety Committee***

Dr Anne Stebbing (NED) confirmed that the Mental Health Annual Report and the expanded mental health team had been discussed and scrutinised by the Committee.

- ***Audit Committee***

Mike Hawker (NED) commented that a verbal update had been provided at the last Board meeting.

- ***Charity Committee***

Nigel Chapman (NED) noted his attendance at the Volunteers' Conference. The Conference was well organised and afforded space for questions and answers, for a sense of togetherness to be engendered and the opportunity to thank the volunteers. The Board noted that the Charity was the only ambulance service to apply for careers grant monies from the NHS for its volunteers and that this application had been successful. The legacy from the late Mrs Patricia Pain had been gratefully received and would need to be marked appropriately in consultation with her family. Dr Anne Stebbing (NED) enquired what attracted someone to leaving a legacy to SCAS. It was commented that this was often the result of personal experience and an awareness of the Trust's charity.

The Board noted the Upward Reports.

22/81 – National COVID Response Services (CRS) Update

The Director of Patient Care and Service Transformation presented the report and noted the report as read.

The Board noted the National COVID Response Services (CRS) update.

PEOPLE, WELL-BEING AND LEADERSHIP

22/82 – HR & OD Update

The CPO reported that work continued in relation to Just and Learning Culture, People Policy Refresh and Essential Skills for Managers. Health and well being matters continued to be a priority for the Trust, ensuring that messages and offerings reached staff. It was noted that a staff survey was due to go live to allow the team to understand how staff best receive such information and how to increase participation. Work continued to support the apprentice programme and remained key to encouraging recruitment and retention and to provide a baseline understanding of the NHS and SCAS.

The Board noted the HR & OD Update

22/83 Freedom to Speak Up Report

The CPO noted that the Freedom to Speak up initiative reported into the People and Culture Committee and proposed that a full monthly report to the Board would no longer be necessary as it would be incorporated in the Committee's Board update; a full report being presented to the Board twice yearly by the Freedom to Speak Up Guardian.

Simon Holbrook (NED) reported that the Freedom to Speak up month had been a success and had provided a valuable opportunity to speak directly to staff and to raise the profile. There had been an emphasis for e-learning to be taken by as many people as possible and IT-related issues had now been resolved.

Simon Holbrook (NED) highlighted standout moments across the month which included the 'safe space' initiative at the webinar which had been powerful and should be common place, and the fact that fire officers had requested more information on Freedom to Speak Up. It was further noted that freedom to speakup guardians had provided evidence to the Parliamentary Committee review on standards of public life. Lastly, that the Trust had invited Simon Holbrook to undertake mental health managers' training.

Ian Green (NED) noted that the suggestion that the freedom to speak up report was discussed through the People and Culture Committee was to allow for detailed discussion and that the Board would continue to have oversight through the Committee's report, with a detailed to the Board presentation once or twice a year.

The Board noted the FTSU Report and approved revised reporting FTSU arrangements for the People and Culture Committee.

BUSINESS UPDATES – KEY ISSUES ONLY

22/84 – Medical Director's Report

The Medical Director reported on the following matters:

- Recruitment in to a National Harmony trial; a study for a new RSV vaccine. RSV is a viral infection that causes admission of children under the age of one year particularly.
- Recruitment in to a crash board trial; SCAS was the highest recruiting ambulance service and exceeded the recruitment rates of hospitals which highlighted the benefit of recruitment through the ambulance services.
- Recruitment to a national cervical collar trial; a national trial to recruit 8,000 people to establish whether or not the addition of a cervical collar outweighs the risk of removing the cervical collar.

The Board noted that the CPO was the Executive lead on industrial action matters and that a bi-weekly winter oversight board discussed the risks that stemmed from industrial action and the potential for blackouts from the energy crisis. The Board noted that the Trust was reporting to a supercell across the System (live date 1 December) to look at the flow in and out of the hospital and the legalities of industrial action.

The Board noted the Medical Director's Report.

22/85 - Operations Report – 999, 111 and Other
Paul Kempster presented the operations report.

The Board noted the Operations Report.

CLOSING BUSINESS

22/86 – Any Other Business
The CFP requested that the Board approve a letter from SCAS to support SCFS Ltd.

The Board Supported the letter in respect of the Trust's subsidiary, SCFS Ltd.

22/87 – Questions from Observers (relating to items on the agenda)

A Governor highlighted the importance of the freedom to speak up champions

A Governor commented that there were too many acronyms used especially in the IPR report and requested the inclusion of an explanation of the acronyms.

A Governor asked for assurance following the NHS letter on 18 October that SCAS had 24-hour Mental Health support both in centres and on site. The Board responded that it did have appropriate provision in place.

Action: CEO to report back with details on the 24/7 mental health support.

A Governor questioned the training pathways in relation to call handlers and whether there was scope for rotating staff into the various departments within the centre as it would allow for greater knowledge, and would allow for valuable experience to be shared. The CPO stated that it was an opportunity that was on offer and that centres would be reminded of this. It was within the long-term plan of 111 and 999 to rotate staff.

22/88 - Review of Meeting

Chair:
- Information on Digital
- Industrial Action
- Improved quality of papers- Exec summary helps focus
- Freedom to speak up work
- Governance improvement plan welcomed

CEO
- IT reports was anecdotal and therefore it would be helpful to have a detailed report on the digital issues raised in the meeting.

22/89 – Date and time of next meeting
26th January 2023 10:00 – 13:00

Approved by:

Chair (signature)……

Date:……

KEY

Green	Completed
Yellow	In-hand / plan in place
Red	Overdue / no plan in place

SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

BOARD MEETING IN PUBLIC – 26 January 2023

BOARD ACTION LOG

No.	Minute ref.	Action	Resp	Date Raised	Original Due Date	Comments / Updates
Board Meeting – 31 March 2022						
1.	**Action 21/127** Workforce Race and Disability Equality Standards Update	Melanie Saunders to arrange for the SCAS Board members to join other teams in undertaking unconscious bias training.	MS	31/03/2022	February 2023	**Action completed/Closed** Melanie Saunders will be arranging a Board training session for early 2023, to include the two new NEDs the Trust hopes to appoint later this year. There is a plan for those Board members and Governors involved in the recruitment of the aforementioned new NEDs, and a new CEO, to receive training earlier. **November Update: In Progress** Melanie Saunders will be arranging a Board training session for early 2023, to include the two new NEDs the Trust hopes to appoint later this year. There is a plan for those Board members and Governors involved in the recruitment of the aforementioned new NEDs, and a new CEO, to receive training earlier. In progress, as soon as start dates for new NEDs are confirmed we can establish appropriate date for Board training (suggest this is included in a Board Seminar session). **January Update: Completed** Unconscious bias training has been included on the agenda for the upcoming training.
Board Meeting – 26 May 2022						
2.	**Action 22/017** Medical Director's Report	John Black to provide a summary, at an appropriate future meeting, of the key actions SCAS would be taking in response to the findings of the Ockenden Report.	JB/HY	26/05/2022	December 2022	**Action in-hand** John Black has advised that the Trust is awaiting the recommendations of the UK Ambulance Services Maternity Leads Group and will provide a further update to the Board

KEY

Green	Completed
Yellow	In-hand / plan in place
Red	Overdue / no plan in place

SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

BOARD MEETING IN PUBLIC – 26 January 2023

BOARD ACTION LOG

No.	Minute ref.	Action	Resp	Date Raised	Original Due Date	Comments / Updates
						later in the year. In the meantime, the Trust is strengthening its connections with the Local Maternity and Neonatal Systems in its region (although the ambulance services are not considered to be providers of maternity services in the context of Ockenden). **November Update:** We are still awaiting outputs from national midwifery leads. Engagement with LMNS continues.
Board Meeting – 24 November 2022						
3.	**Action 22/077**	SD to increase the emphasis on the committee review section of the Governance Framework.	SD	24/11/22	January 2023	**January Update:** The Governance Framework continues to be a live document and it will be updated.
4.	**Action 22/087**	WH to report back with details on the 24/7 mental health support.	WH	24/11/22	March 2023	

AP	Aneel Pattni	**HY**	Professor Helen Young	**JB**	John Black	**MS**	Melanie Saunders
PK	Paul Kempster	**ALL**	All Board Members	**SD**	Syma Dawson		

South Central Ambulance Service
NHS Foundation Trust

Report title:	**Chair's Report**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**5**
Executive Summary:	The Chair has undertaken a range of activities associated with his role since the previous Board meeting. **Appendix 1** sets out a sample of these activities.		
Recommendations:	The Trust Board is asked to **note** the report.		
Board lead:	Professor Sir Keith Willett CBE, Chair		
Report author:	Professor Sir Keith Willett CBE, Chair		
Previously considered by:	N/A		

Purpose of report:	Note ☒	Approve ☐	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
N/A	
Strategic Objective(s):	Not applicable
Links to BAF risks: (or links to the Significant Risk Register)	Not applicable
Quality Domain(s):	Not applicable
Next Steps (what actions will be taken following agreement of the recommendations): N/A	
List of Appendices: One	

CHAIR'S REPORT

PURPOSE

The purpose of my report to bring the Board up to date on key stakeholder developments and my personal activity on behalf of SCAS.

APPENDIX 1 – SAMPLE OF ACTIVITIES UNDERTAKEN

Activity	Summary	Notes
Board of Directors	• Chaired the Board meeting on 24 November 2022; • Chaired the Board Seminar on 15 December and supported Governors Development Day 18 January 2023	
Council of Governors (CoG)	• Attended Governors' Workshop on 18 January 2023	
Staff	• Chaired final panel for new CEO recruitment and briefing to Executives and Council of Governors on outcome; • Catch-up meetings with the Chief Executive and Interim Director of Corporate Governance and Company Secretary; • CQC Improvement Oversight Board meetings every two weeks; • Met staff on location visits to Northern House, Royal Berks, Southampton General and QA Portsmouth hospitals; • Attend Finance team Away Day on 25 January.	
Meetings with other NHS organisations	• Joined NHS Provider's Chairs and CEOs Network session on 6 December; • Attended the NHS E Wellbeing Guardians and Senior Leaders Community Conversation and chaired AACE Board on 7 December; • Attended Ambulance trusts H&WB Guardian Group Meeting on 13 December; • Attended ICS Chairs' meeting on 14 December;	

Activity	Summary	Notes
	• Working /meetings with BLMK ICB leaders and chairs 11 January and for BOB ICB 10 January; • Meeting with CEO of OUH NHS Trust 11 January; • Represented AACE in discussions with NHS Providers on pressures and Industrial Action	

South Central Ambulance Service NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC 26 January 2023

CHIEF EXECUTIVE'S REPORT

PURPOSE

The purpose of my report is to keep the Board abreast of key issues and developments.

EXECUTIVE SUMMARY / TOP THREE ISSUES FOR BOARD ATTENTION

Three key issues I would like to highlight are:

- Great efforts have continued across the Trust with regard to phase one improvement work which has seen the substantive completion of the improvement programme, leading to phase two with a key focus on delivering our core vision: *To be an outstanding team, innovating and partnering to deliver world leading outcomes for our patients*.

- The winter period continues to be extremely challenging for the Trust and across the wider system, with the lowest ever level of response times being recorded nationally. Despite this, there has been some improvement in performance in recent weeks. However, 999 and NHS111 performance remains challenged, and in PTS performance, the Trust has insufficient capacity to meet demand, which has been made more acute as a consequence of on-going industrial action. Trust is striving to deliver the safest and most effective care possible to all of our patients, working closely partner organisations to minimise the impact on the patient experience.

- Recently we have been experiencing a number of difficulties with our core digital infrastructure. In 2021/22, significant investment was made in a replacement programme along with improvements to the network, due for delivery in March 2022. As a consequence of the global chip shortage, however, this has only recently been delivered and the Trust is still awaiting final dates for network lines. The result of these delays is that our systems are running on outdated equipment which is failing more regularly, particularly impacting on Patient Transport Service (PTS) and Business Intelligence (BI). The Executive are continuing to prioritise their focus on areas where the resilience of Trust systems can be improved.

NATIONAL AND POLITICAL CONTEXT

NHSE issued the final National Oversight Framework, 2023-24 on 23 December 2022, following the Government's Autumn Statement which announced an extra £3.3bn for the NHS in both 2023/24 and 2024/25. Within the Framework, there is reference to some increased resources for Ambulance Services aimed at increasing capacity to support improvements in Category 2 average response times to 30 minutes, and to reduce handover delays to support the management of clinical risk across the system.

ICBs are asked to work with their system partners to develop plans to meet the national objectives set out in this guidance and the local priorities set by systems. System plans should be triangulated across activity, workforce and finance, and signed off by ICB and partner trust and foundation trust boards before the end of March 2023.

It has been announced that the Rt Hon Patricia Hewitt (a former Secretary of State for Health) will be leading a review of ICS oversight and governance, as part of a focus on greater local

determination, transparency and assurance.

WITHIN SCAS

During the period since the last Board meeting, I have attended various SCAS Leadership and all Staff Webinars and continued to hold weekly News & Views Teams calls with SCAS Leaders.

Specific events have included:

- providing the CEO's welcome at several corporate inductions;
- opening a new Rest Area in Bicester on 1 December;
- presenting Simeon Miller with SCAS 'Learner of the Year' Award on 12 December;
- providing the CEO's welcome at Oxford Brookes and Bucks New University 1st year student inductions on 9 January; and at Bournemouth University on 23 January;
- attending the Finance team's Away Day on 25 January.

Board members and Governors have continued to more visible within the Trust, with Governors undertaking ride-outs and in-person training on 18 January, at which it was pleasing to see all three new Governors in attendance. Non-Executive Directors have also undertaken various walkabouts, which is an important part of the leadership engagement programme.

The Trust continues to remain under the warning of enforcement from the CQC. Significant progress has been made against the objectives outlined in the *Patient Safety Improvement Plan.* Areas which currently present the highest risk to patients are the management of medical devices and equipment and safeguarding. These areas are being closely managed and mitigated, as reflected in the Corporate Risk Register and Board Assurance Framework (BAF).

Our financial performance for Month 8 remains broadly in line with the planned breakeven level. Our overall year-to-date financial position for performance reporting is a £59k deficit against the breakeven plan, set in the context of a challenging operating environment.

CONCLUSIONS AND RECOMMENDATIONS TO THE BOARD

I would like to thank to everyone across SCAS community, staff and volunteers, for your continued hard work and dedication to the care of our patients and each other. Everyone plays an important role, whether directly through frontline services and Clinical Co-ordination Centres, or indirectly through the many and varied teams across SCAS, in ensuring we can continue to deliver our services for the benefit of our patients, staff and volunteers.

The Board is asked to note the report.

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Report title:	**CQC Update**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**7**
Executive Summary:	✓ To provide a verbal update		
Recommendations:	The Trust Board is asked to: Note the update		
Executive lead:	Mike Murphy		
Report author:	Mike Murphy		
Previously considered by:			

Purpose of report:	Note ☒	Approve ☐	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	All BAF risks
Quality Domain(s):	All Quality Domains
Next Steps (what actions will be taken following agreement of the recommendations): To continue the work of the Improvement Programme	
List of Appendices:	

South Central Ambulance Service NHS Foundation Trust

Report title:	**Patient Story**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**8**
Executive Summary:	✓ To provide a verbal update		
Recommendations:	The Trust Board is asked to: Note the update		
Executive lead:	Helen Young		
Report author:	Vicky Holiday		
Previously considered by:			

Purpose of report:	Note ☒	Approve ☐	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	Risk 6 - Patient Experience
Quality Domain(s):	Patient Experience

Next Steps (what actions will be taken following agreement of the recommendations):

To ensure that the new bookings process is embedded.

List of Appendices:

South Central Ambulance Service NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC 26 JANUARY 2023

PATIENT STORY

PURPOSE

1 The purpose of the story is to demonstrate learning for the Trust as a result of the experience of people who use our services.

PATIENT STORY – BRIEF OVERVIEW

2 The patient story for today's Board meeting involves a gentleman who attempted to book transport via the Non-Emergency Patient Transport Service for two medical appointments on the same day, and the requests for transport were declined.

3 As a person with mobility issues, this gentleman is reliant on the Non-Emergency Patient Transport Service to attend medical appointments.

5 The SCAS Patient Experience Team were subsequently contacted by the patient to tell us about this issue and the impact it had on him. An investigation determined that the patient's bookings should have been accepted, as eligible service users should be able to make two bookings for transport on the same day.

6 Following this case, a new process was put in place to ensure that two bookings on the same day can be accepted and also a communication issued within the Contact Centres to support this process.

RECOMMENDATIONS TO THE BOARD

7 The Board is asked to note the background to the patient story, which will then be discussed in greater detail at the Board meeting in public.

Vicky Holliday
Assistant Director of Quality
17th January 2023

NHS
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NHS Foundation Trust

Report title:	**Quality & Patient Safety Report**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**9**
Executive Summary:	Following its most recent inspection the Trust continues to remain under the warning of enforcement from the CQC. Significant progress has been made against the objectives outlined in the *Patient Safety Improvement Plan.* The areas that currently present the highest risk to patients are the management of medical devices and equipment and safeguarding. These areas are being managed and mitigated and are reflected in the corporate risk register and Board Assurance Framework (BAF). 1. During the reporting period (M5-M6) the Board is asked to note; 2. Significant progress made against Patient Safety Improvement Plan- rag rated as GREEN. 3. Highest risks to the delivery of safe effective care remain the management of medical devices& equipment and Safeguarding. 4. Upward trend noted in incident reporting relating to delays 5. Upward trend of 16% noted in patient experience contacts 6. 152 formal complaints received during reporting period, reduction on previous reporting period, increase in HCP feedback concerns raised. 7. REAP Level 4 from 12 October 2022- 9 November 2022 8. Child deaths upward trend noted in (M7- 11) and into (M9- 4) where SCAS had some involvement. All cases are being fully investigated by the Child Death Overview Panel (CDOP) to identify any themes. YTD - (57). 9. During the reporting period the Trust reviewed (36) emerging incidents at the Incident Review Panel (IRP). • 16 declared as Serious Incidents (SI's) • 7 categorised as delay • 5 categorised as patient care • 1 categorised as road traffic collision • 3 categorised as special circumstance (other areas e.g. Coroner) • 2 SI's relating to road traffic incidents are paused due to ongoing police investigations. 10. Top reported non- clinical incident continues to be abusive behaviour with verbal abuse in 999 being the highest.		
Recommendations:	The Trust Board is asked to: Receive the paper and note the key quality and patient safety issues		

Executive lead:	Professor Helen Young Executive Director of Patient Care and Service Transformation/ Chief Nurse			
Report author:	Sue Heyes Director of Nursing Quality & Governance/ Deputy Chief Nurse			
Previously considered by:	Patient Safety Group Quality & Safety Committee			
Purpose of report:	Note ☒	Approve ☐	Assure ☐	
Paper Status:	Public ☒	Private ☐	Internal ☐	
Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Strategic Objective(s):	All strategic objectives			
Links to BAF risks: (or links to the Significant Risk Register)	Risk 1 - Poor clinical governance and practices			
Quality Domain(s):	All Quality Domains			
Next Steps (what actions will be taken following agreement of the recommendations): The recommendations inform the Patient Safety Improvement Plan and will be monitored through Patient Safety Group and Quality & Safety Committee.				
List of Appendices:				

Title	Quality & Patient Safety Report
Author	Deputy Director Nursing, Governance & Quality / Deputy Chief Nurse
Responsible Director	Professor Helen Young Executive Director of Patient Care and Service Transformation / Chief Nurse
Date	January 2023

1. Purpose

1.1 The purpose of the paper is to provide the Board with a progress update against the statutory quality and safety processes necessary to ensure the delivery of safe, effective clinical care to our patients and staff.

1.2 The paper covers the reporting period (October / November), highlights risks, issues and mitigations which are reflected in the Corporate Risk Register (CRR), Integrated Performance Report (IPR) and Board Assurance Framework (BAF). The information provided within the paper demonstrates evidence of compliance against Care Quality Commission (CQC) regulations where appropriate.

2. Executive Summary

2.1 Following receipt of the *Warning of Enforcement Notice (Section 29a)* and *CQC Well Led Inspection Report* the Trust continues to work on the required patient safety improvements as described in the *Patient Safety Improvement Plan Update*.

2.2 During the reporting period the Trust has made progress against key deliverables and achieved 7 out of 8 *'Must Do'* actions and 1 out of 2 *'Should do's'* with clear timelines for completion. The focus of the Patient Safety Improvement Project Group is to continue to embed the learning to date and to develop further plans to ensure sustained improvement.

2.3 A quality assurance visit was undertaken in December 2022 by system partners to test the assurance presented at the oversight meetings. A focussed visit was undertaken at North Harbour to review the on-going management of the pigeon infestation and IPC (Infection Prevention and Control) practices. At the time of writing the report the written feedback had not yet been received by SCAS. However initial verbal feedback was positive in terms of the level of assurance gained and the quality of evidence available in support of the completed actions.

2.4 The **Patient Safety Improvement** plan is divided in to specific workstreams covering;

- Safeguarding
- Patient safety and Experience
- Management of Medical Devices and Equipment
- Medicines Management

- Infection Prevention and Control (IPC).

2.5 All work described in the Patient Safety Improvement Plan is important but the areas that currently present the **highest risk** to the delivery of safe effective care remain the **management of medical devices and equipment, and safeguarding, particularly, ICT and Safeguarding training**. These areas are being closely monitored and mitigation is reflected in the Corporate Risk Register and Board Assurance Framework (BAF).

2.6 During the reporting period, the Trust has seen a **significant increase in demand which has resulted in an increase in clinical incidents pertaining to delays**. To note, there has also been a 16% increase in patient experience contacts also citing delays as a cause for concern.

2.7 The Board is asked to note that, despite the additional challenges faced by all staff due to high demand on our services, our staff have worked collaboratively to investigate and provide responses within an agreed or extended timescale to ensure **130 / 139 formal complaints were closed.** The Trust has also responded to a further 137 informal concerns and 404 healthcare professional feedback requests.

3. Main Report and Service Updates

3.1 Patient Safety Improvement Plan, CQC and Compliance Update

3.1.1 Following the publication of the most recent CQC inspection an improvement plan for the '*must do'*, '*should do',* actions and Section 29a, were submitted by the deadline date of 26 September 2022.

3.1.2 An improvement programme had been developed prior to the report publication addressing immediate improvement actions required. The trust wide improvement plan covers core workstreams: Governance, Patient Safety, People and Culture (includes staff wellbeing) and Performance Recovery and is overseen by internal and external oversight and scrutiny meetings. For Patient Safety Improvement, this includes the Patient Safety Delivery Group and the Quality and Safety Committee.

3.2 Infection, Prevention & Control (IPC)

3.2.1 Limited resources in the Corporate IPC team is challenging the team's ability to fully support the audit assurance schedule. Face to face IPC training not yet included in statutory mandatory training.

3.2.2 Recruitment for additional IPC leads and local champions is in progress and the IPC corporate team have increased visits to sites to support audits.

3.2.3 Infectious disease areas of concern during the reporting period are Diphtheria and Group A *Streptococcus* which resulted in increased call volumes.

3.2.4 During the reporting period, hand hygiene audit compliance reported at 100%. A peer review programme is being developed to provide additional scrutiny and assurance.

3.2.5 The staff uptake of influenza vaccination reduced this year, but in line with other NHS provider organisations. Despite this, the vaccination team have been continuing with clinics.

- As of (M7-M8) overall SCAS uptake: 38.9%
- Patient facing* clinically registered staff: 45.2%
- Patient facing* non - clinically registered staff: 36.1%
- Non patient facing staff: 48.8%

3.3 Patient Safety and Experience

3.3.1 Serious Incident, Incident Reporting and Duty of Candour policies have been published and phase 2 plans are being finalised.

3.3.2 A pod cast on Just & Learning Culture in relation to Patient Safety was released on 25 November 2022.

3.4 Medicines Management

3.4.1 Work in progress to obtain Home Office Licence to manage and distribute Controlled Drugs. A site has been identified / agreed for new medicines packing and distribution. Phase 2 plans are being finalised.

3.5 Medical Devices & Equipment

3.5.1 10,557 devices audited and captured. Audit completed ahead of schedule and 25 / 250 secondary AEDs (Lifepak 1000) expected for delivery imminently. No confirmation of delivery dates for remainder due to the global chip shortage.

3.6 Clinical Incidents (Supporting information in Appendix A)

Emergency Operations Centre (EOC)

3.6.1 **There was a 35% increase in clinical incident reporting** when compared to (M5-M6) The largest increase was noted in EOC North. This correlates with an increasing period of demand for the Trust which culminated in a return to REAP 4 in (M8).

3.6.2 The top three reported incident categories across both EOCs were Delay, Patient Care Treatment, and ICT systems.

3.6.3 The most common themes for incidents classified under the headings of delays were delayed arrivals at scene, contact centre staff failing to follow procedure and crews dispatched to incorrect addresses. A review of themes in relation to wrong addresses is in progress.

3.6.4 The most common themes for incidents reported under the category of patient care and treatment were, accessibility of other services, guidelines or SOPs not being followed or the standard of treatment / care concern.

3.6.5 ICT systems incidents reported included a variety of issues including ICAD faults and telephony issues. These issues were reported and investigated with the ICT directorate.

3.6.7 Two incidents which occurred during (M7) for EOC North have been escalated to Serious Incidents (SI). No SI's declared for EOC North in (M8).

3.6.8 The Delayed Responses to Fallers Task and Finish Group has launched dedicated cars, staffed with enhanced Community Responders to attend patients who have fallen. An update paper is being presented to Clinical Review Group in January 2023.

3.6.9 One EOC SOP has been updated during the reporting period from learning identified in incidents: **EOC SOP 5 - 16 Deceased or Dying Patients – Death in Ambulance.**

E&UC / 999

3.6.10 There was a slight decrease in clinical incident reporting during (M7,335) - (M8,332) when compared to (M5,380) – (M6,383).

3.6.11 The top three reported categories for 999 clinical incidents continue to be Patient Treatment / Care, Medicines, and Delay with most incidents graded as low or minor risk.

3.6.12 The most common themes for incidents reported under the Patient Treatment / Care category were, the standards of treatment / care and potential incorrect clinical assessment / treatment. These concerns were directed at other health care professionals external to SCAS.

3.6.13 The most common themes for incidents reported under the category of Medicines were, medicines missing from modules (stock taking error) and controlled medicines.

3.6.14 The most common themes for incidents reported under the category of delays were, potential inappropriate disposition and delayed arrival at scene.

3.6.15 Several ambulance services in the UK have recently withdrawn the skill of paramedic / nurse endotracheal intubation from frontline clinical practice. This decision relates to the initial and ongoing education of staff, the maintenance of competence, and the advancement of other devices, such as supra-glottic airways.

3.6.16 Most importantly, incorrectly sited and unrecognised oesophageal intubations have led to patient harm and death.

3.6.17 Clinical Memo 204 - Intubation and End Tidal C02 monitoring – was released to provide guidance to staff that endotracheal intubation is to be used as a **RESCUE INTERVENTION ONLY** and is only to be attempted by clinicians who have been trained and competent.

3.6.18 This is to be monitored by the trusts DATIX system that all events of endotracheal intubation are logged on the system for review. The Learning from Deaths Group will provide further oversight of the care provided to patients following a resuscitation event.

3.6.19 Clinical Team Educators will review clinical records on a monthly basis to ensure appropriate documentation of cases involving endotracheal intubation.

3.6.20 Following the implementation of this project a review of incidents will be completed and the long waits group will continue to monitor the effect to certain patient groups.

3.6.21 A range of stakeholder projects to enhance clinical pathways have commenced. For example, Berkshire healthcare completed a pilot from 3 - 9 October for a 'call before convey'.

NEPTS

3.6.22 During the reporting period patient treatment / care remains the highest reported category of patient safety incidents, followed by ICT systems which centre on issues with *CLERIC*.

3.6.23 The *CLERIC* booking system has had several issues during this period which have caused slow running of the system to complete system failure. A detailed review has been conducted and report produced which concluded that many of the problems are due to ageing hardware.

3.6.24 A retrospective review is conducted by the Contact Centre Team whenever there is a system wide issue with *CLERIC* to ensure that patient safety has not been compromised during these periods. In addition to this cancellation and abort data is collected daily to enable an analysis of any issues.

3.6.25 Several running calls attended by NEPTS where there has been a delay in frontline attendance, has been noted.

3.6.26 The issue was raised on NEPTS daily Ops call with Senior Management Team and the Clinical Governance Leads have recirculated the **Clinical Memo 138**- **Running calls** which instructs staff on correct processes to follow, and this issue will be monitored and reported onto Datix.

3.6.27 NEPTS crews to call 999 if they attend a running call. This was further supported with a reminder that they may only convey a patient on the advice of a member of Emergency Operations Team Member.

3.6.28 Vehicle Off Road (VOR) rates remain at a higher than usual rate despite the staged introduction of new fleet vehicles. This is in part due to some of the newer fleet having post conversion fixes required. Rates are reviewed and discussed daily at NEPTS Ops calls and reasons for VOR reviewed.

3.6.29 Senior Management Team are looking at investigating the industry standard for VOR rates to enable the service to benchmark against the standard. Daily review at Ops call continue.

NHS 111 / IUC

3.6.30 During the reporting period, 111 service saw an increase in clinical incident reports from 80 - 106. All incidents were identified as low or no harm.

3.6.31 The main theme of incident reporting is delay with sixty-one incidents, with a secondary theme of patient treatment / Care with thirty-six incidents.

3.6.32 Seventeen of the incidents relate to care provided by SCAS, with five relating to not following correct Standard Operating Procedure.

3.6.33 The accuracy and relevance of documentation has been raised as part of an ongoing Serious Incident (SI) and through other local investigations.

3.6.34 Guidance is being reviewed by the operational and quality departments to support clinical and non-clinical staff in appropriate documentation with relevant call audits being completed.

3.6.35 There were twelve incidents reported under the category of clinical queue. advisor/ CSD queue (calls awaiting clinical review).

3.6.36 The governance team are monitoring incidents and are working with the quality leads of the out of hours providers to establish outcome of streamed calls. This work will inform future decisions of calls to stream, to target the most appropriate calls for primary care providers to receive.

3.6.37 Upon review, no harm has been identified through use of call streaming.

3.6.38 Although only eight ICT systems incidents were reported they represent some of the most significant events for 111's service provision, including two telephony concerns and five incidents of Adastra failure, reduced speed, or partial function reduction.

3.6.39 All incidents have been escalated to the relevant providers and the operations team and critical systems team have been corresponding regularly with the IT and telephony providers.

3.6.40 There were six incidents of health advisors not logging out of phones correctly. Increased demand due to Strep A related call demand which impacted on the functionality of the telephony platform resulting in delays.

3.6.41 Telephony upgrade planned for 29 November 2022 was not successful and further attempt postponed due to increased activity.

3.6.42 All users had to log in manually to graphite phones, no loss of service but delays in call answering, call duration and call management. This has been closely monitored by management team.

3.7 Mental Health / LD (Learning Disability)

3.7.1 Utilisation of the South mental health rapid response vehicle (MH RRV) is under review with a view to optimising the resource fully.

3.7.2 The MH RRV is currently deployed 8 x 12 hr shifts per week with lower than expected % use to calls Staff shortage in Southern Health of MH practitioners to deploy a MH health-based response model.

3.7.3 Collaboration with Southern Health partners in place to assure and agree robust recruitment plans and staffing to the dedicated MH RRV in the south and deployment model with associated KPI's.

3.7.4 Pathfinder electric bespoke Mental Health vehicle delivered and in SCAS workshop prior to deployment.

3.7.5 Recruitment of third paramedic to the South MH RRV in progress.

3.7.6 Dispatch model review underway with EOC (South) to ensure fullest utilisation of the vehicle

- Shift time data aligned with response need
- MOU in development for the resource with Southern Health and SCAS being developed (due Q4 22/23)

3.8 Safeguarding

3.8.1 An increase in child deaths has unfortunately been noted during (M7-M8). All cases are being reviewed with appropriate multi partner and Safeguarding team members.

3.8.2 Named Professional Lead for Children to support the analysis on this area and has become a member of Child Death Overview Panel (CDOP).

3.8.3 SCAS has been able to attend all Joint Area Reviews (JAR's) to date. *Learning from Deaths* will form part of Safeguarding Annual Report.

3.8.4 Training Level 3 Priority Group A are on trajectory to complete by June 2023. Current Position 44% compliance (for priority group A cohort)

3.8.5 With the introduction of Priority Group B (PTS and ECA and call takers) this will lower the compliance rate initially.

3.8.6 Trajectory developed and monitored through Safeguarding Committee and areas of underperformance addressed by managers.

3.8.7 Referral system, the server issue has now been graded as 14 on the Risk Register, and all incidents reported on the incident management system.

3.8.7 SOP developed to ensure clarity of roles and responsibilities to ensure referrals are actioned in a timely manner.

3.8.8 DocWorks training provided to all members of the Safeguarding Team.

3.8.9 Daily review of all referrals received into the system.

3.8.10 Final versions of safeguarding policies have now been published and Safeguarding workplan/phase 2 improvement objectives in development.

3.9 Patient Experience Update supported by additional detail in Appendix C

3.9.1 During the reporting period, the Trust experienced **a 16% increase** (684) in contacts compared with (590) in (M5-M6). However, this is a 5% decrease from the previous year.

3.9.2 Patient Transport Services accounts for **55 - 60%** of the contacts to the Patient Experience Team.

3.9.3 999 Operations saw no change in the number of patient experience cases raised during the reporting period. The trend remains static from previous months with 44% relating to clinical care.

3.9.4 Overall, the team reported in six out of ten cases, the compliant was justified in full or in part.

3.9.5 **The Trust has seen a significant decrease in the percentage of cases raised regarding staff attitude and communication** which could be attributed to the roll out of the Trust's Civility Matters work. The theme of 'Staff attitude' related complaints has been discussed at the service level clinical governance meetings and is assisting in informing a 'civility matters' workstream as part of the Trust's Just and Learning Culture programme.

3.9.6 47% (324) of all patient experience issues raised during the reporting period related to delays**. There has been a 47% increase from the previous reporting period in feedback relating to delays in arrival of vehicles / or no vehicles attending** in our Patient Transport services.

3.9.7 The Trust received 152 new formal complaints during the reporting period, 146 informal concerns and 386 HCP feedback requests. Top trends include delay / non-attendance, clinical care and communication.

3.9.8 The Trust **achieved its target of 95%** of complaints responded to within agreed time in this reporting period.

3.9.9 130 / 139 formal complaints were closed during the reporting period with 256 complaints received.

3.9.10 PHSO has upheld 1 formal complaint following a full investigation. The PHSO suggested actions and have asked for a financial remedy of £250 to be paid to the patient's family.

4. Serious Incident and Incident Management

4.1 During the reporting period the Trust reviewed (36) emerging incidents at the Incident Review Panel (IRP).

- 16 declared as Serious Incidents (SI's)
- 7 categorised as delay
- 5 categorised as patient care
- 1 categorised as road traffic collision
- 3 categorised as special circumstance
- 2 SI's relating to road traffic incidents are paused due to ongoing police investigations.

4.2 Actions taken during the reporting period include the **update and reissue of the standard operating procedure (SOP) for clinical streaming from NHS111 to out of hours (OOH) partner providers.**

4.3 This SOP was reissued in November 2022 and stated the need for use of any contingency measures to be recorded on DATIX so safety or harm issues can be reviewed.

4.4 This has been followed diligently, increasing the number of incident reports from 111, with appropriate recording.

4.5 The BOB LMNS (Local Maternity and Neonatal Service) have issued the SCAS HCP contact line poster.

4.6 SI's where resuscitation has been a factor has resulted in the Trust **introducing new software on defibrillation devices** to reduce the cognitive load on our crews at cardiac arrest incidents.

4.7 A thematic review of Category 2 calls over last six months is to commence and will focus on those calls where a patient died that were over the target time of 18 minutes but not meeting the long wait threshold.

5. Non - Clinical Incidents (Appendix B)

5.1 The top reported category during the reporting period continues to be abuse/abusive behaviour incidents, with verbal abuse being the highest recorded incident in the 999 service.

5.2 A peer review/audit of the NHS England violence, prevention and reduction standards is currently being carried out at the Trust by John Kelly, of the West Midlands Ambulance Service. A similar peer review is being carried out in all Ambulance Trusts.

5.3 The Head of Risk and Security is currently carrying out a peer review of the East of England Ambulance Service. Like most, if not all, of the other Ambulance Trusts, there are some standards which the Trust will not meet.

5.4 A report on the peer reviews will be produced and presented to ACCE.

5.5 The Trust has agreed funding for the appointment of a Violence, Reduction and Prevention Officer. This post will go out to advertisement in early January 2023.

5.6 The use and operation of body worn cameras by frontline 999 operational staff is low. This is the case nationally in other Ambulance Trusts.

5.7 The Trust has appointed a Risk Assistant (Body Worn Cameras) to assist with the body worn cameras project. The Trust has carried out the following actions to try to identify why the use and operation of body worn cameras is low:

- a short staff survey
- investigating alternative camera fixings
- setting up a focus group to explore and trial different camera fixings.

5.8 The Risk Assistant (Body Worn Cameras) has also provided and will continue to provide training to frontline 999 staff on the use and operation of the cameras so that all staff will be trained.

5.9 The PACT Group and the Health, Safety and Risk Group receive reports on the use and operation of body worn cameras.

6. Recommendations

The Board is invited to note the content of this report.

Name and Title of Author:
Sue Heyes
Director of Nursing, Governance & Quality / Deputy Chief Nurse (Interim)

Date:
January 2023

Appendix A – Clinical Incidents

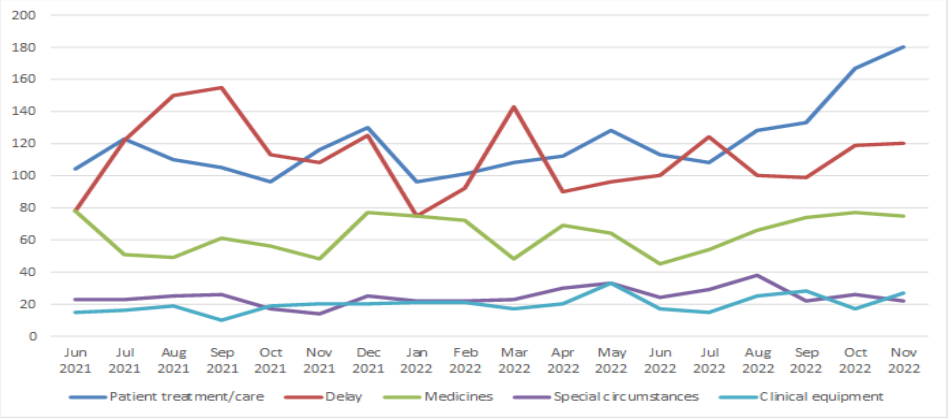
Clinical Incident Categories (All)

	Oct 2022	Nov 2022	Total
Patient treatment/care	167	180	347
Delay	119	120	239
Medicines	77	75	152
ICT systems	20	31	51
Special circumstances	26	22	48
Clinical equipment	17	27	44
Infection Control	7	6	13
Needlesticks and sharps	4	4	8
Non-attendance	3	3	6
Medical Gases	2	1	3
Office Information Technology and equipment	1	0	1
Other	0	1	1
Total	443	470	913

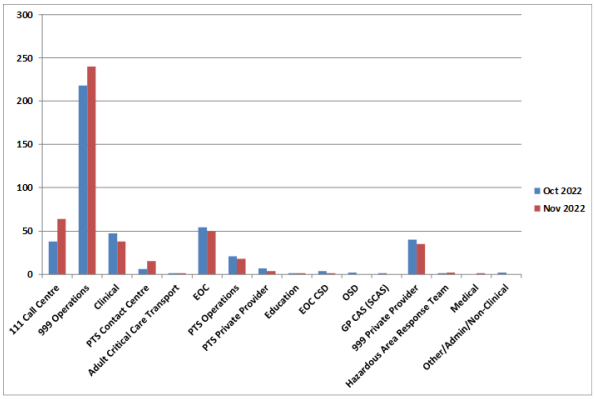
Sub-Categories of Patient Treatment/Care (Top 5)

	Oct 2022	Nov 2022	Total
Standard of treatment/care concern	52	52	104
Potential incorrect clinical assessment/treatment	24	28	52
Inappropriate/incomplete requests for transfer	23	20	43
Guideline/protocol/Directive/SOP not followed	18	15	33
Potential inappropriate disposition	14	12	26

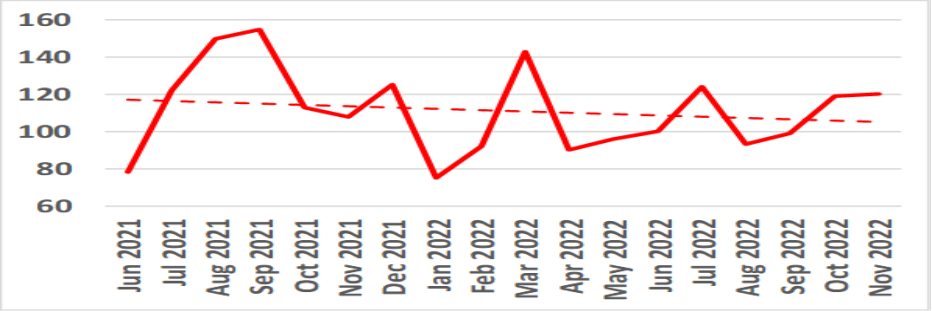
Clinical Incidents – Top 5 Categories over 18 Months



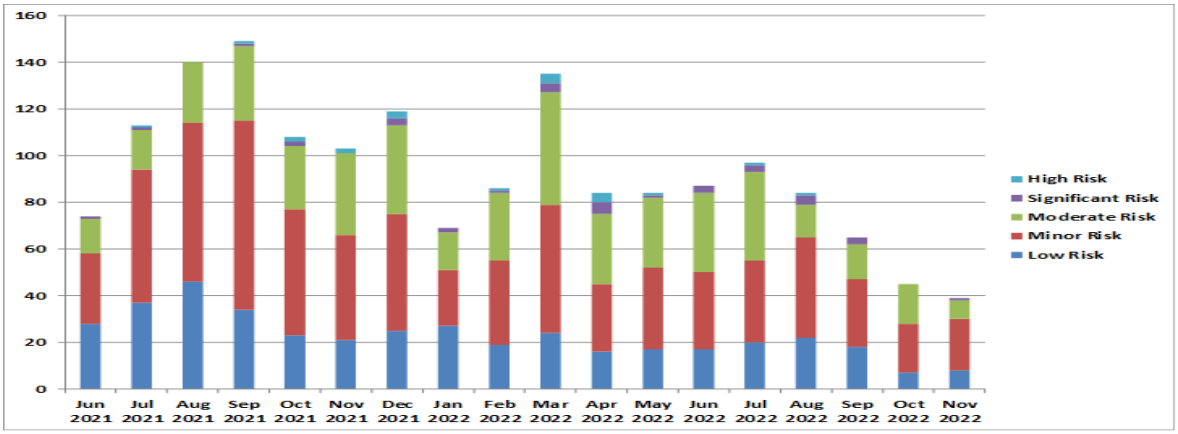
Clinical Incidents by Service



Total Delays Reported over 18 Months

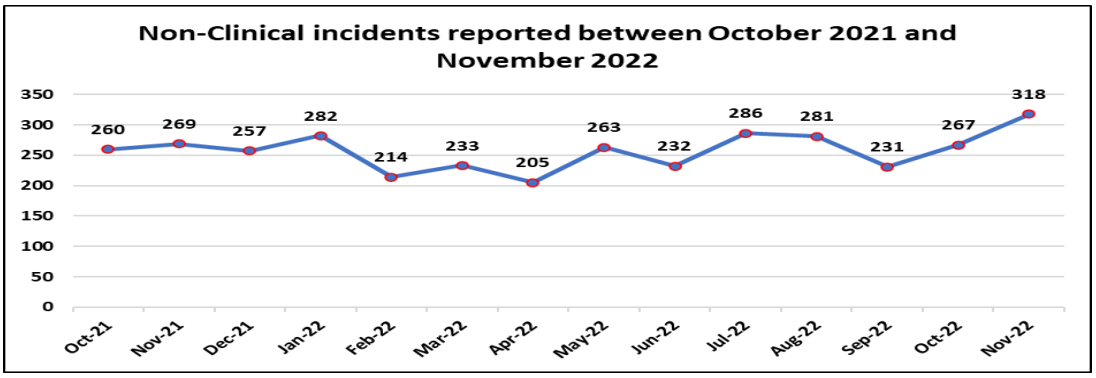


Risk as Graded by Managers on Closure



Appendix B - Non-clinical incidents

The chart below illustrates the total number of non-clinical incidents reported on the Datix system between (M7-M8)



Top ten non-clinical incidents reported (M7-M8)

The table below illustrates the top ten non-clinical incident categories reported on Datix in (M7-M8) illustrating that abuse/abusive behaviour incidents is the top reported category.

Top ten non-clinical incidents reported in (M7-M8)			
Category	**Oct 2022 (M7)**	**Nov 2022 (M8)**	**Total**
Abuse/abusive behaviour	57	59	**116**
Feature request	28	42	**70**
Slip, trip, fall	31	33	**64**
Welfare	22	23	**45**
Physical assault	19	25	**44**
Manual Handling	20	23	**43**
Contact with/struck by object/vehicle (including hot liquids)	15	19	**34**
Vehicle	7	26	**33**
Ill health	16	15	**31**
Other	16	10	**26**
Total	**231**	**275**	**506**

The table below illustrates the breakdown of the top three Abuse/abusive behaviour sub-categories illustrating that the sub-category with the highest number of incidents is Threatening behaviour.

Abuse/abusive behaviour incidents (Top three sub-categories)			
Sub-categories	(M7)	(M8)	**Total**
Verbal abuse	21	19	40
Abuse/abusive behaviour	21	18	39
Poor attitude	14	21	35
Total	**56**	**58**	**114**

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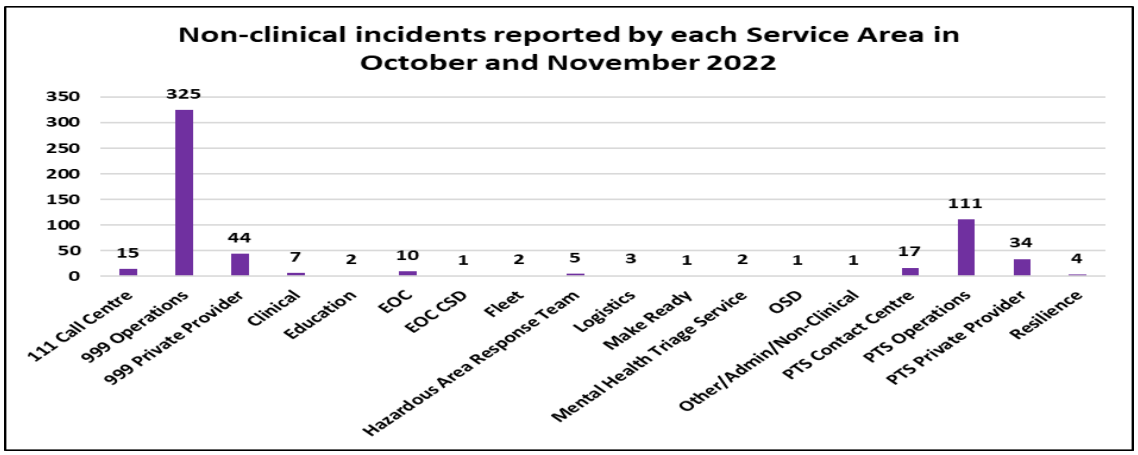
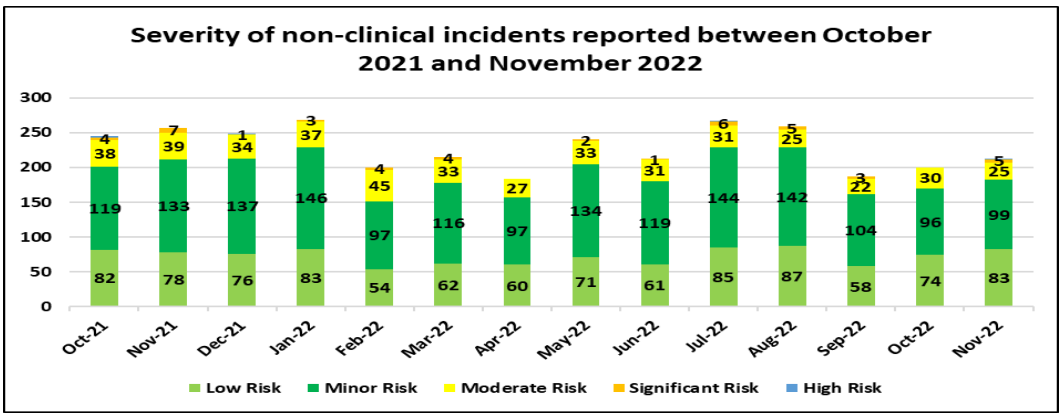
The bar chart below illustrates the breakdown of non-clinical incidents reported by each Service area in (M7)- (M8). The majority of incidents continue to be reported by the 999 Operations.



Severity of non-clinical incidents reported between (M7-M8) as graded by managers

The bar chart below illustrates the severity of non-clinical incidents reported between (M7-M8) and as graded by managers. It illustrates that the majority of reported non-clinical incidents are graded by managers as being of minor risk.



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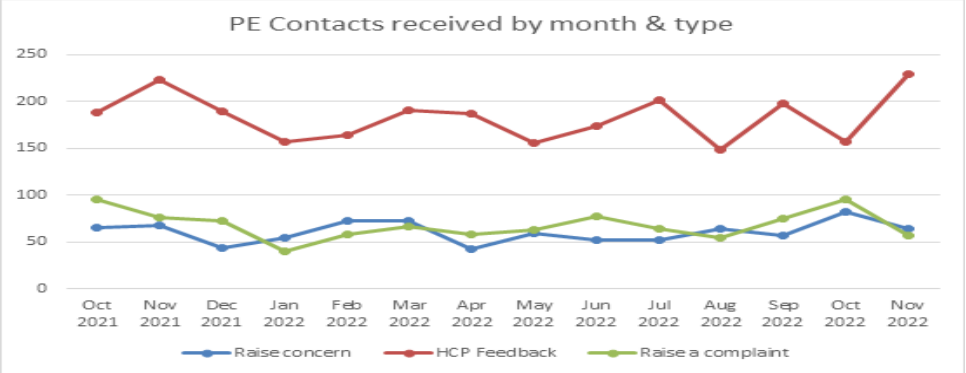
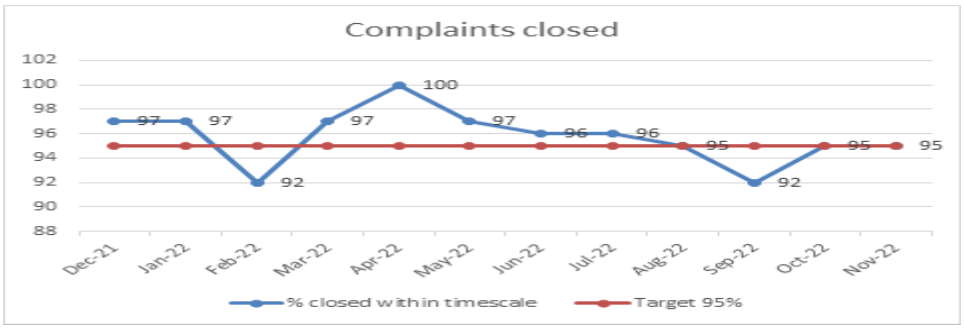
Appendix C - Patient Experience

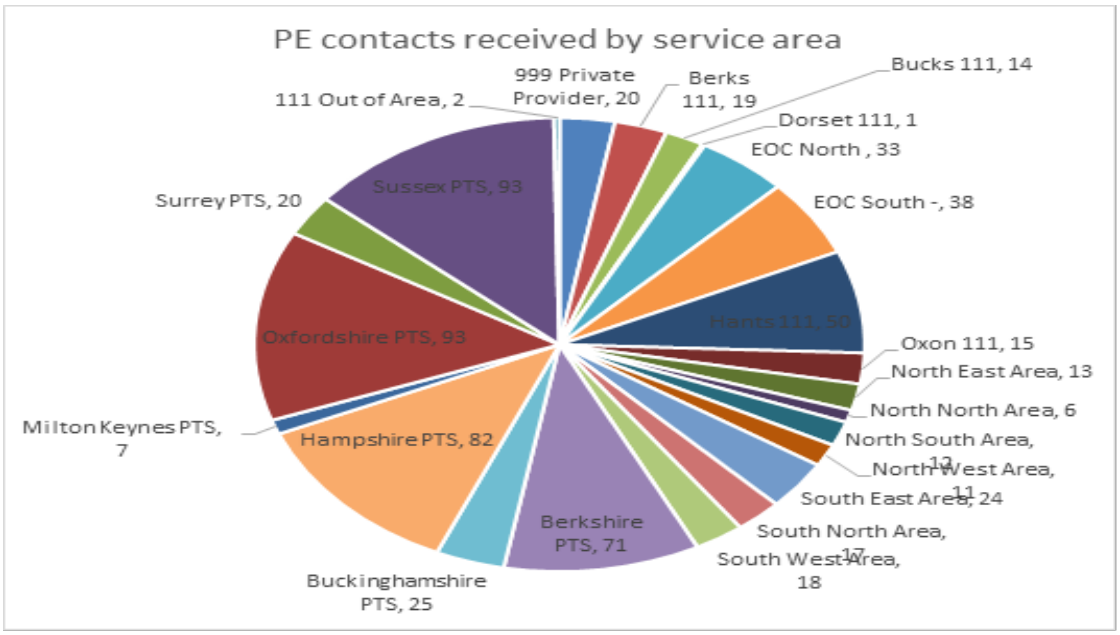
The graph shows the number of PE contacts received, tracked by type.



The graph below tracks the percentage of trust wide **formal complaints** closed within agreed timescales.



The chart below shows the % of PE contacts received by service area for August & September 2022



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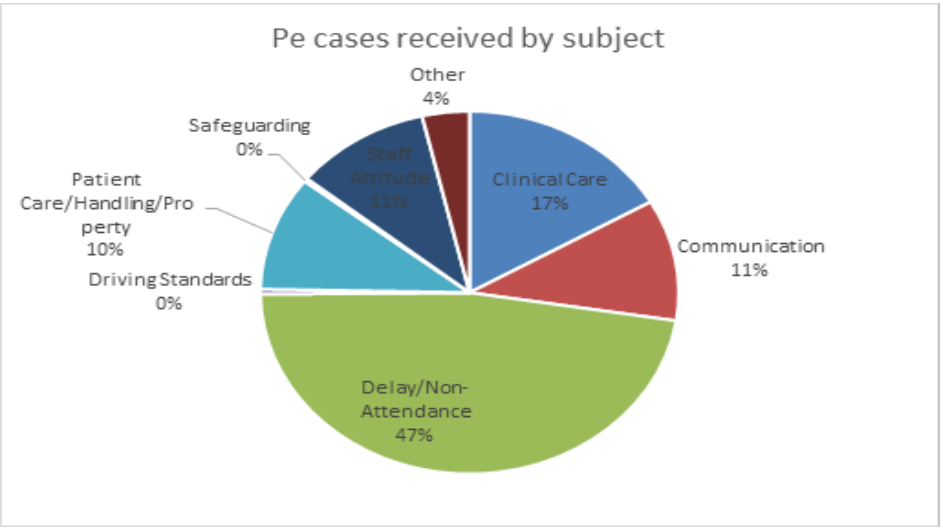
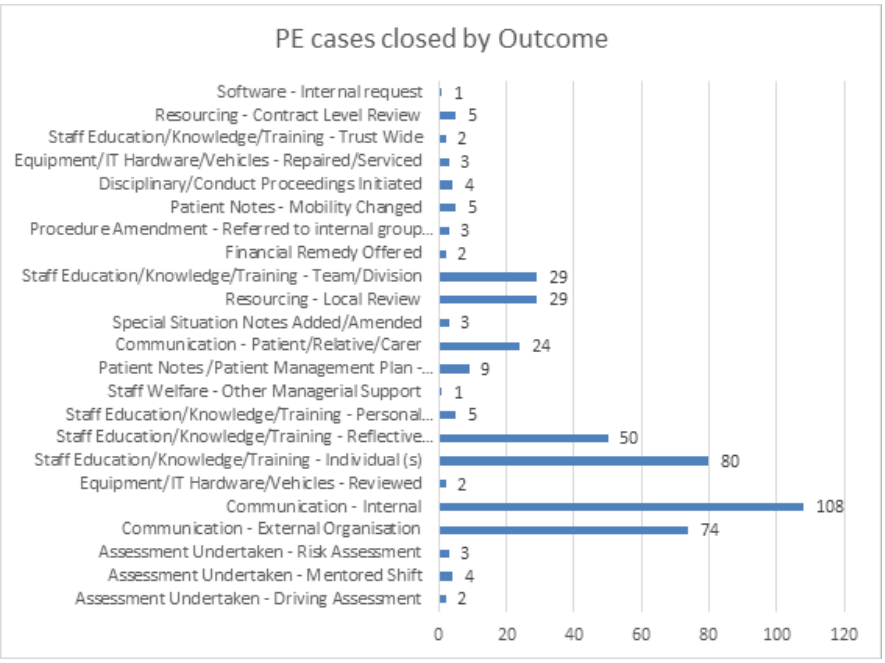
The chart below shows the % of PE contacts received Trust wide by subject for August & September 2022. The highest proportion (50%) remains delay.



The chart below shows the outcomes and actions taken from Patient Experience investigations which were completed and closed (M7) -(M8).



South Central Ambulance Service NHS Foundation Trust

Report title:	**Integrated Performance Report (IPR) for the month ended 31st December 2022**		
Report to:	**Trust Board**		
Date of Meeting:	**Thursday 26 January 2023**	**Agenda Item:**	**10**
Executive Summary:	The performance of the Trust is set out the Integrated Performance Report (IPR) report for month 9, ended 31st December 2022. The summary position for month 9 is shown on page 3 of the report (Appendix A). As shown in the latest Integrated Performance Report, and in common with other ambulance trusts, the Trust continues to experience significant challenges in terms of operational pressure, which have impacted our delivery across all three core services. The 999 and NHS111 performance has been greatly challenged, and in PTS performance, we have insufficient capacity to meet demand. Discussions have been going on about the potential of industrial action across the NHS and the ambulance services. For SCAS the impact is expected mainly on our patient transport service rather than our urgent and emergency care services, however we will continue to prepare appropriately across all areas. Our financial performance for month 9 remains broadly in line with the planned breakeven level. Our overall year to date financial position for performance reporting is a £59k deficit against the breakeven plan. Actions are being taken to redesign the IPR report to include the use of SPC charts. Progress is on track with the development plan.		
Recommendations:	The Executive Committee is asked to review and APPROVE the report, noting the improvement actions being taken.		
Executive lead:	Aneel Pattni, Chief Finance Officer		
Report author:	Ellis Rush, Finance Manager		
Previously considered by:	Internal Integrated Performance Report (IPR) Review meeting, 11th January 2023		
Purpose of report:	Note ☐	Approve ☒	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	All BAF risks
Quality Domain(s):	All Quality Domains

Next Steps (what actions will be taken following agreement of the recommendations):
Actions are being taken to redesign the IPR report to include the use of SPC charts.

List of Appendices:

Appendix A: Integrated Performance Report (IPR) for the month ended 31st October
Appendix B: Integrated Performance Report (IPR) – SPC Development Plan & Timeline

Integrated Performance Report

Dec-22

Section 1: Chief Executive's Overview

Performance/Finance/Issues/SOF
The CQC Improvement Programme remains a key priority and in the last few months, there has been an intense focus of making immediate improvements to address the areas where we were not meeting specific regulations. We are confident of the progress made and we are moving into the next stage of our improvement programme. Patient care remains our priority, and all teams continue to work extremely hard to provide the best possible care for our patients, however December was again a hugely challenging month with the onset of winter and the difficulties the Christmas period always brings. The Trust continues to experience significant challenges in terms of operational pressure, which have impacted our delivery across all three core services. The 999 and NHS111 performance has been greatly challenged, and in PTS performance, we have insufficient capacity to meet demand. Discussions have been going on about the potential of industrial action across the NHS and the ambulance services. For SCAS the impact is expected mainly on our patient transport service rather than our urgent and emergency care services, however we will continue to prepare appropriately across all areas.

Integrated Performance Report

Report Period: Dec-22

		Month	YTD												
1	Overall SOF Segment	R		4											
2	National Standards	R	R	Cat 1 90th	Cat 1 Mean	Cat 2 90th	Cat 2 Mean	Cat 3 90th	Cat 4 90th						
3	999 Operations	R	R	999 call answer time	999 Calls abandoned %	999 frequent callers	Cat 1 Long Waits	Cat 2 Long Waits	Cat 3 Long Waits	Cat 4 Long Waits	Clear up Delays	ST&C (ED 1&2)	Veh... deep clea...	Veh... rou... clea...	VOR unscheduled
4	Ops Workforce Indicators	R	A	% crew with shifts > 48 hrs	Meal Break Compliance	Missed Breaks	Over-runs >30 mins								
5	111/IUC Service	R	R	111 Call Answer	111 Calls abandoned	111 Transfers to clinician									
6	Clinical Performance	R	R	Cardiac Arrest	Cleanliness audits	Compliant cleanliness audits	Limb fractures	ROSC Utstein	Stroke Care						
7	Patient experience	R	R	Complaints 111	Complaints 999	Complaints PTS									
8	Safety & risk management	G	G	Serious Incidents: 0	SI outstanding > 60 days										
9	PTS Operations	A	R	Call Abandonment	Call Answer	Online Booking	Patients Arrived	Patients Collected							
10	Finance	A	A	Agency rating	Capital Service Cover	Continuity of Service Risk Rating	Debtors	I&E Margin rating	Liquidity rating	Variance From Control total					
11	Cost Savings	R	G	Cost Savings	Quality										
12	Stat & Mandatory Training	G	A	Conflict Management	Equality & Diversity	Fire Awareness	Health & Safety	Infection Control	Information Governance	Manual Handling	Safeguarding Adults	Safeguarding Children			
13	Workforce	A	A	Appraisals	Sickness	Total 111 Workforce	Total EOC Workforce	Total Frontline Workforce	Total PTS Workforce						

G	On or better than the plan
A	Less than plan by up to 20%, except of National Standards
R	More than 20% worse than plan, except of National Standards, these are red if not achieved

Section 2: National Standards Month YTD Month R ← YTD R ←

Section 3: 999 Operational Performance Month R ← YTD R ←

Lead Director: Paul Kempster

KPI	Key Issues	Action	Progress against Action
ARP measures	Task time is above budget caused by handover delays and additional time on scene	Improve Task Time through targeted performance improvement activities	Analysis undertaken to identify performance and resource hours lost through instances of ambulance crews logging on 'late.' Analysis showed that 80% of 'log-ons' are within 15 minutes, therefore there are minimal performance gains in improving this.
999 call answer	Contact centre performance metrics are below target because we do not have sufficient workforce to meet the demand.	Performance Improvement programme to improve 999 and 111 call answer performance.	Senior Emergency Call Takers continue with management of outliers for Average Handling Time (AHT) with monthly reports, to work towards achieving a call centre average.
		Recruitment & Training	Clinical Support Desk international nurses recruitment in progress with 16 candidates being screened and interview dates set for 4th January 2023. Two specialist call centre recruitment agencies are actively supporting recruitment.
		Retention	Recruitment and Retention payments for Emergency Call Takers continue until February 2023.

Section 2: National Standards Month YTD Month R ← YTD R ←

Section 3: 999 Operational Performance Month R ← YTD R ←

Lead Director: Paul Kempster

KPI	Key Issues	Action	Progress against Action
		Future Contact Centre	Work towards gathering feedback and financials on the options for a new Career Pathway and Development proposal continues. A potential funding bid via Health Education England to support development activities for Contact Centre staff is in development.

Section 4: Ops Workforce Indicators Month R ↓ YTD A ←

Section 5: IUC/111 Service Month R ← YTD R ←

Lead Director: Paul Kempster

KPI	Key Issues	Action	Progress against Action
111 Call Answer Performance and abandonment	Contact centre performance metrics are below target because we do not have sufficient workforce to meet the demand.	Performance Improvement programme to improve 999 and 111 call answer performance.	The project to outsource 111 calls to another provider (DHU) continues, and remains on track to commence outsourcing by mid-January.
		Recruitment & Training	Two specialist call centre recruitment agencies are actively supporting recruitment.
		Retention	Recruitment and Retention payments for 111 Health Advisors and Service Advisors continue until February 2023.
		Future Contact Centre	The 'Partis House' project continues to progress well and remains on schedule for opening the new 111 call handling site in summer 2023.

Section 4: Ops Workforce Indicators Month R ↓ YTD A ←

Section 5: IUC/111 Service Month R ← YTD R ←

Lead Director: Paul Kempster

KPI	Key Issues	Action	Progress against Action
		Homeworking Health Advisors Pilot	The pilot for homeworking Health Advisors continues, with evidence still showing staff satisfaction and no safety concerns.

Section 6: Clinical Performance **Month** R ← **YTD** R ↓

Lead Director: John Black

KPI	Key Issues	Action	Progress against Action
Distal Limb Fracture	Compliance for this internal indicator is below anticipated thresholds.	Review reasons	There were 21/50 compliant records. The most common reason for non compliance was documentation of limb immobilisation (26 records) and 2 pain scores (16 records). Whilst compliance is low for these two elements of the care bundle, compliance with the analgesia element remains high (46 records).
		Take any required actions to correct/mitigate.	Mandated pain scoring is now live in the SCAS electronic patient record system for eligible conditions. However, data analysis has highlighted that whilst the system highlights a requirement for a second pain score, clinicians are still able to exit and close clinical records without entering a second pain score, so further system refinement is required to complement existing educational and managerial guidance.
			Alignment of the care bundle compliance tools across the Ortivus ePR and Scribe system is subject to testing on a small number of Scribe devices, before being rolled out during Q4.
Cardiac Arrest Survival at 30 days Utstein	Compliance for this national indicator is below anticipated thresholds.	Review reasons	There were 5/25 patients within the utstein cohort who survived to 30 days following an out of hospital cardiac arrest. With low numbers within this threshold, % survival can fluctuate.

Section 6: Clinical Performance **Month** R ← **YTD** R ↓

Lead Director: John Black

KPI	Key Issues	Action	Progress against Action
		Take any required actions to correct/mitigate.	Benchmarking review undertaken. The SCAS survival at 30 day outcome for the utstein cohort benchmarks above the average YTD for all English ambulance services and is in fact the highest YTD of all English NHS Ambulance Services.

Section 7: Patient Experience Month R ← YTD R ←

Section 8: Risk & Safety Management Month G ← YTD G ←

Lead Director: Helen Young

KPI	Key Issues	Action	Progress against Action
Complaints (111)	The number of complaints received across the 111 service is higher than anticipated.	Review reasons.	The most common reasons for a complaint being raised about 111 is Clinical care (5) and delay (4).
		Take any required actions to correct/mitigate.	All calls will be audited and cases fully investigated with system partners, where applicable to identify any learning actions. Operational performance recovery plans are focussed on increasing capacity within the 111 service and include enhanced recruitment activities.
IPC audits	The number of IPC audits completed is below plan.	Review position.	The number of audits completed is below plan for vehicles, buildings and hand hygiene, mainly within the E&UC service. Compliance for the building audits completed is below required threshold in month, with compliance for hand hygiene and vehicles within required standards. This is related to operational capacity as those responsible for audit completion are focussed on operational delivery.
		Take any required actions to correct/mitigate.	An improvement workstream is in place as part of our SCAS wide improvement activities. The IPC team are also working in partnership with the estates team on a programme of site refurbishment and storage upgrade to improve the IPC compliance of our sites. IPC audits were discussed at the November & December E&UC clinical governance group and Heads of Operations were tasked with providing performance recovery plans for their areas to improve the number of audits completed. Recovery plans will be reviewed at the January meeting.

Section 9: Patient Transport Service **Month** A ↑ **YTD** R ←

Lead Director: Mike Murphy

KPI	Key Issues	Action	Progress against Action
Call Answer	Contact Centre / Digital infrastructure and processes	Demand reduction (CC)	Esuites challenges with random call behaviour, ceased using Esuites middle December as an organisational decision with no confirmed date of returning back on to it. This has resulted in longer processes that we believe have resulted in longer call lengths. It has also resulted in elongated processes of performance management for staff not ready times. Continued analysis on performance management to try improve performance and understanding.
		Contact Centre Organisational Health Check (OHC)	Review still underway aligned to the PTS strategy
	High Vacancy factor across key roles within the Contact Centre / Frontline	Recruitment Drive (CC)	3 dispatch applicants through Meridian 2 undertaking the type test to progress to the next stage. Working from home call handlers review is underway.
Patients Arrival/Patients Collected	Insufficient capacity to meet demand resulting in active demand management	Increase capacity/Recruitment Drive (PTS Ops)	Performance for December has been very positive. Demand does slightly reduce in the lead up to Christmas and the days between Christmas and New Year. Capacity challenges remain with demand rising at the start of January, high sickness and continued high vacancies.

Section 10: Finance Month A ← YTD A ↓

Section 11: Cost Savings Month R ← YTD G ←

Lead Director: Charles Porter

KPI	Key Issues	Action	Progress against Action
Surplus/Deficit	Risk of not achieving financial targets	Ensure financial performance is in line with plan. Take recovery actions as soon as performance deviates	The financial performance is behind the breakeven plan on a year to date basis. Actions are being taken to bring this back on track.
		Review risks and opportunities on a monthly basis	The net risks are reported to the Board on a monthly basis.
		Need to ensure cost saving plan stays on track and recovery actions are put in place if performance deviates	CIPS were behind plan in the month, but are still ahead on a YTD basis.
Agency spend	Agency above plan	Ensure there continues to be rigorous approval of agency spend	The agency is above planned levels. This is due to some delayed recruitment of permanent staff and some agency in the Covid National Services. Rigorous approval of spend continues via the weekly ESR Committee.

Section 12: Statutory & Mandatory Training Month G ↑ YTD A ←

Section 13: HR / Workforce Month A ← YTD A ←

Lead Director: Melanie Saunders

KPI	Key Issues	Action	Progress against Action
	Health and wellbeing of our workforce and management of attendance.		RRP for Call takers, remains in place and under review for the winter period. Absence across the Trust has remained high.
	Recovery of number and quality of appraisals	Recovery plans in place across CCC, 999 and NEPTS.	Appraisal rates continue to improve across the service lines. We continue to monitor appraisal rates via our improvement programme boards.
	Recovery of S&M compliance	Face to face S&M training to re-commence.	Statutory and Mandatory (face to face) training recommenced April 2022, plans are in place throughout 2022/23. E-learning has continued to improve this month in most areas. Information Governance is at 94.3%.
	Safeguarding Level 3 compliance	Level 3 face to face Safeguarding training to re-commence.	Face to Face S&M Safeguarding has now recommenced and is scheduled throughout the financial year, to be complemented with a blended delivery of e-learning. Safeguarding L3, as with other S&M Subject the baseline for L3 training is being reviewed to ensure it is accurate and capturing the correct level of staff.

Section 12: Statutory & Mandatory Training Month G ↑ YTD A ←

Section 13: HR / Workforce Month A ← YTD A ←

Lead Director: Melanie Saunders

KPI	Key Issues	Action	Progress against Action
	Rising attrition and a challenged employment market are impacting on our ability to attract and retain staff across all 3 service lines.	Recruitment and retention recovery plans to be agreed at service line level	Detailed recovery plans for recruitment and retention are now in place for EOC, 111 & 999, despite these plans attrition continues to track above forecast. Further robust review of those plans to take place, in particular shift patterns. The Trust is also participating in NHSE/i Overhauling recruitment campaign. The Trust has secured additional funding for continuation of International Recruitment. Recruitment roadshows taking place Q4. Working with SE region re possible redeployment of vaccine staff into CCCs

1 Single Oversight Framework

NHS Improvement Single Oversight Framework

Lead Director: Will Hancock

Theme: Quality of Care

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CQC Inspection (must be good or outstanding)												
CQC warning notices	None	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
ROSC (Utstein) (Dec 17 National median 50.5%)	60.7%	37.0%	51.7%	54.3%	51.9%	57.1%	34.8%	43.8%	56.0%			
Stroke care (Dec 17 National median 97.5%)	0.0%	0.0%	98.8%	0.0%	0.0%	97.0%	0.0%	0.0%	98.3%			

Theme: Finance and Use of Resources

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Capital Service Cover rating	1	1	1	1	1	1	1	1	1			
Liquidity rating	1	1	1	1	1	1	1	1	1			
I&E Margin rating	2	2	2	2	2	2	2	2	2			
Variance From Control total rating	1	1	1	1	1	1	1	1	1			
Agency rating	3	3	3	3	3	3	3	3	3			
Use of Resource Rating (should be 1 or 2)	2	2	2	2	2	2	2	2	2			

1 Single Oversight Framework

Theme : Operational Performance

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Cat 1 Mean SCAS	0:09:23	0:08:33	0:09:45	0:10:26	0:09:31	0:09:42	0:09:28	0:08:38	0:10:56			
Cat 1 90th %ile SCAS	0:17:04	0:15:19	0:17:19	0:18:25	0:16:52	0:17:16	0:17:12	0:15:48	0:19:37			
Cat 2 Mean SCAS	0:32:39	0:26:34	0:40:54	0:40:42	0:30:05	0:37:34	0:38:11	0:28:02	0:54:01			
Cat 2 90th %ile SCAS	1:09:22	0:53:54	1:24:44	1:23:48	0:59:35	1:18:17	1:17:47	0:54:54	1:53:24			
Cat 3 90th %ile SCAS	4:37:38	3:52:27	7:02:49	7:00:41	4:11:00	6:18:04	6:16:58	3:51:57	9:52:24			
Cat 4 90th %ile SCAS	5:03:21	5:14:45	8:17:24	8:13:57	5:25:16	7:30:11	8:22:17	5:15:54	12:10:41			

Theme: Strategic Change

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Working with partners to deliver strategic change												
Contributing to ICS												

Theme: Leadership and Improvement capability

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Concerns from governance or well led review	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Any third party information with governance implications										-	-	-
CQC well lead assessment										-	-	-
NHS Staff Survey engagement index (Mar 21 median 6.3)	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00	6.00			
Staff sickness (Jul 20 median 4.82%)	11.2%	9.0%	9.3%	10.1%	9.5%	8.2%	9.4%	9.4%	12.0%			
Staff attrition (999) (median Sep 20 performance 10.08%)	16.7%	19.8%	18.0%	18.0%	18.9%	20.2%	19.3%	18.7%	18.4%			
Proportion of Temporary Staff (Feb 20 median 1.13%)	2.2%	2.1%	2.0%	2.4%	2.4%	2.6%	2.6%	2.7%	2.8%			
Board vacancies (code of governance)	0	0	0	0	0	0	0	0	0	-	-	-
Overall SOF Segment	2	2	2	2	2	2	4	4	4	-	-	-

Comments:- -

2 National Standards

Operational Performance

Lead Director: Paul Kempster **Overall Rating:** R

Performance Pressures

Demand Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil, n/a - KPI shown for context)
Incidents Growth 999 - SCAS	1.4%	9.8%	N/A	-8.6%	-0.7%	N/A	1.0%	1.0%	N/A	
Incidents Growth 999 - North	5.3%	9.8%	N/A	-7.1%	-0.2%	N/A	1.4%	1.4%	N/A	
Incidents Growth 999 - SHIP	-3.7%	9.8%	N/A	-10.6%	-1.2%	N/A	0.6%	0.6%	N/A	
999 % calls from frequent callers	1.8%	5.0%	G	2.4%	5.0%	G	5.0%	5.0%	G	

National indicators

Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
Cat 1 Mean SCAS	00:10:56	00:07:00	R	00:09:36	00:07:00	R	00:09:36	00:07:00	R	We were impacted by very high levels of handover delays and the pressure on the Urgent & Emergency Care system caused by Strep A & Flu
Cat 1 90th %ile SCAS	00:19:37	00:15:00	R	00:17:12	00:15:00	R	00:17:12	00:15:00	R	
Cat 2 Mean SCAS	00:54:01	00:18:00	R	00:36:31	00:18:00	R	00:36:31	00:18:00	R	
Cat 2 90th %ile SCAS	01:53:24	00:40:00	R	01:15:05	00:40:00	R	01:15:05	00:40:00	R	
Cat 3 90th %ile SCAS	09:52:24	02:00:00	R	05:53:46	02:00:00	R	05:53:46	02:00:00	R	
Cat 4 90th %ile SCAS	12:10:41	03:00:00	R	07:17:05	03:00:00	R	07:17:05	03:00:00	R	

Operations indicators

Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Comments
VOR - Unplanned Maintenance	12.5%	13.0%	G	11.4%	13.0%	G	13.0%	13.0%	G	
VOR - Planned Maintenance	3.0%	4.0%	G	2.9%	4.0%	G	4.0%	4.0%	G	Planned maintenance continues to be below the 4%. In December this is due to the cancellation of services for the two week Christmas period to ensure vehicle availability with increased staffing
VOR - Other	8.4%	7.0%	A	8.0%	7.0%	A	7.0%	7.0%	G	Other VOR remains above target, which is driven by accident damage in which we are see an increase in instances and delays in repairs due to supply chain issues.
VOR - Total	23.9%	23.0%	A	22.3%	23.0%	G	23.0%	23.0%	G	
Vehicle deep clean Compliance - A&E	90.0%	95.0%	A	106.6%	95.0%	G	95.0%	95.0%	G	
Vehicle routine cleans	5,461	4,954	G	49,039	48,271	G	63,534	63,534	G	

2 National Standards

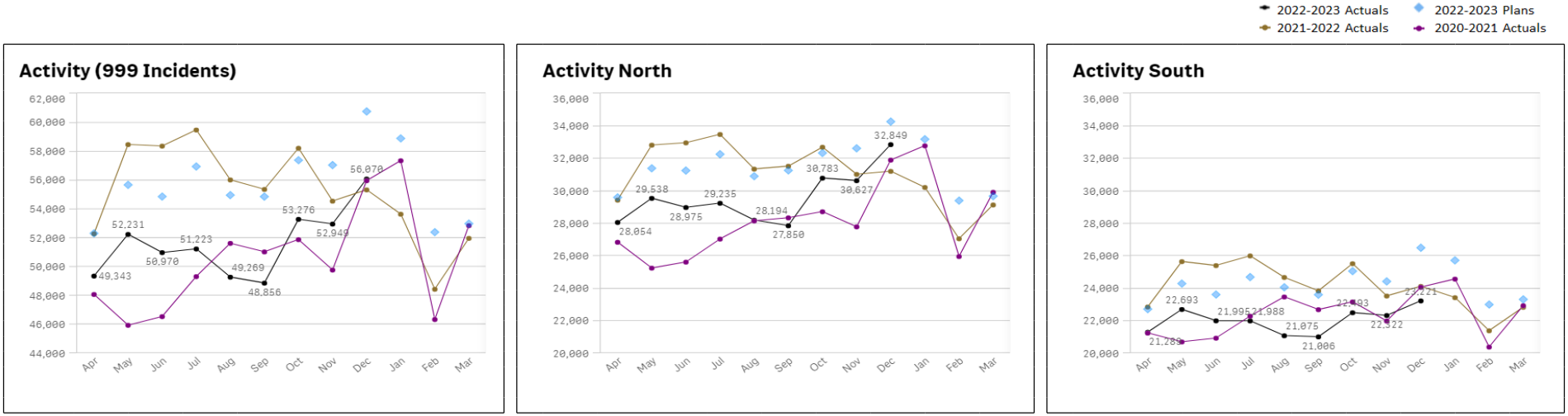
Thames Valley

Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Comments
Cat 1 Mean - North	00:10:53	00:07:00	R	00:09:33	00:07:00	R	00:09:33	00:07:00	R	We were impacted by very high levels of handover delays and the pressure on the Urgent & Emergency Care system caused by Strep A & Flu
Cat 1 90th %ile - North	00:19:13	00:15:00	R	00:17:17	00:15:00	R	00:17:17	00:15:00	R	
Cat 2 Mean - North	00:44:30	00:18:00	R	00:30:58	00:18:00	R	00:30:58	00:18:00	R	
Cat 2 90th %ile - North	01:30:55	00:40:00	R	01:02:45	00:40:00	R	01:02:45	00:40:00	R	
Cat 3 90th %ile - North	08:59:40	02:00:00	R	05:18:06	02:00:00	R	05:18:06	02:00:00	R	
Cat 4 90th %ile - North	09:17:14	03:00:00	R	06:08:36	03:00:00	R	06:08:36	03:00:00	R	

SHIP

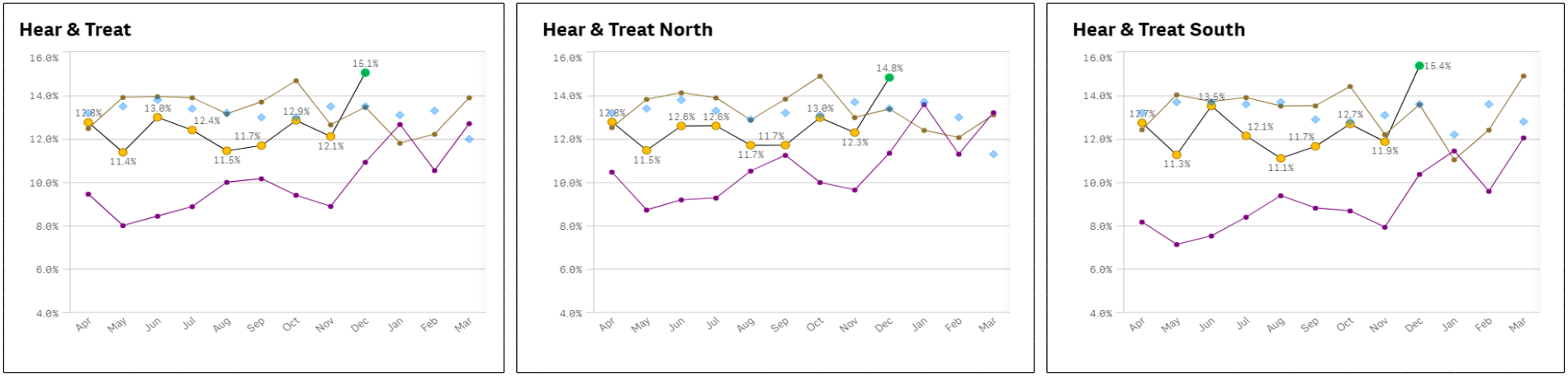
Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Comments
Cat 1 Mean - South	00:11:00	00:07:00	R	00:09:41	00:07:00	R	00:09:41	00:07:00	R	We were impacted by very high levels of handover delays and the pressure on the Urgent & Emergency Care system caused by Strep A & Flu
Cat 1 90th %ile - South	00:19:57	00:15:00	R	00:17:05	00:15:00	R	00:17:05	00:15:00	R	
Cat 2 Mean - South	01:07:26	00:18:00	R	00:43:59	00:18:00	R	00:43:59	00:18:00	R	
Cat 2 90th %ile - South	02:33:05	00:40:00	R	01:34:08	00:40:00	R	01:34:08	00:40:00	R	
Cat 3 90th %ile - South	11:16:10	02:00:00	R	06:46:37	02:00:00	R	06:46:37	02:00:00	R	
Cat 4 90th %ile - South	13:14:40	03:00:00	R	08:05:53	03:00:00	R	08:05:53	03:00:00	R	

3 Operations 999



Comments:-

-



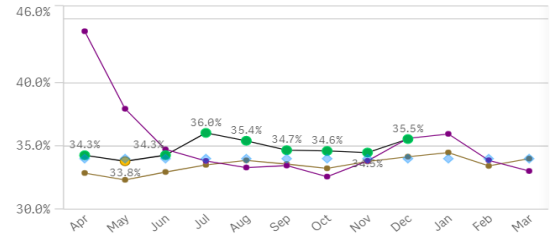
Comments:-

-

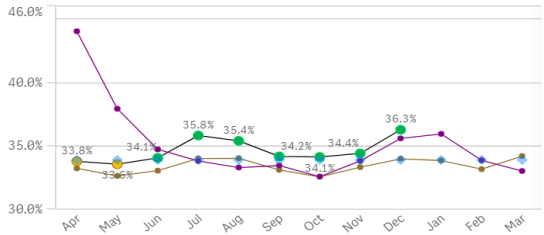
3 Operations 999

2022-2023 Actuals
2021-2022 Actuals
2022-2023 Plans
2020-2021 Actuals

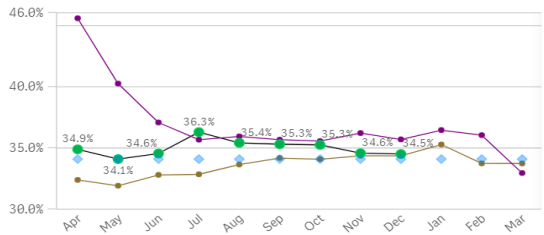
See & Treat



See & Treat North

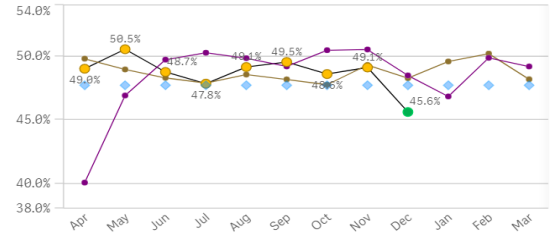


See & Treat South

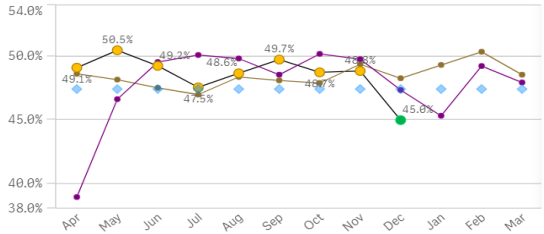


Comments:- See and treat remains above trajectory supporting our aim to treat more patients at home. This is alongside an increase in hear and treat.

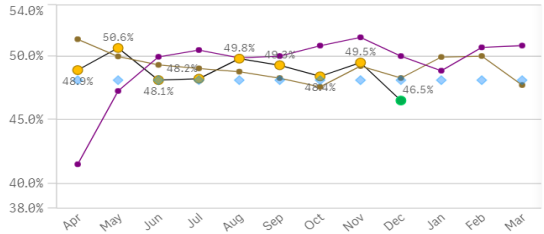
S,T&C (ED Type 1 & 2)



S,T&C (ED Type 1 & 2) North

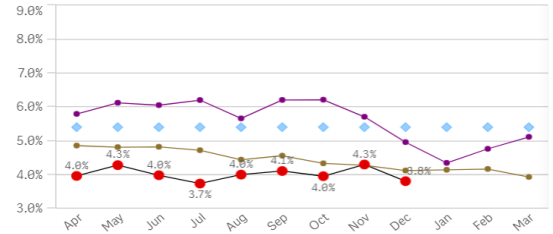


S,T&C (ED Type 1 & 2) South

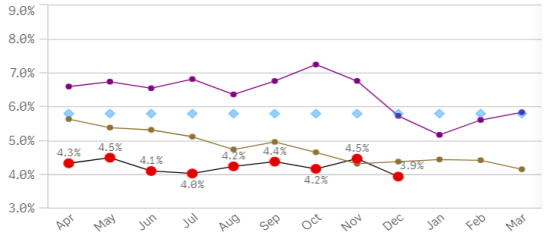


Comments:-

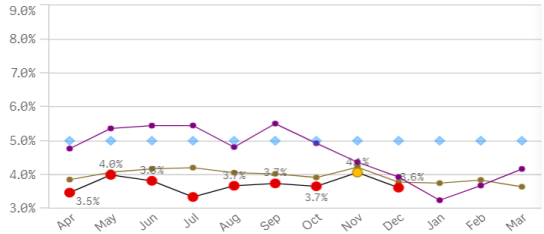
S,T&C (Non-ED Type 1 & 2)



S,T&C (Non-ED Type 1 & 2) North

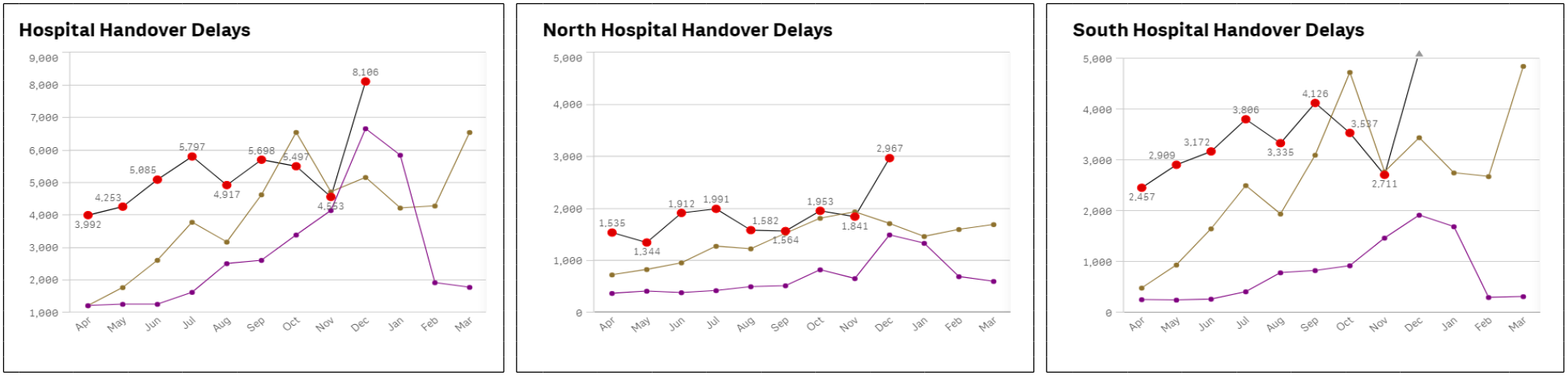


S,T&C (Non-ED Type 1 & 2) South



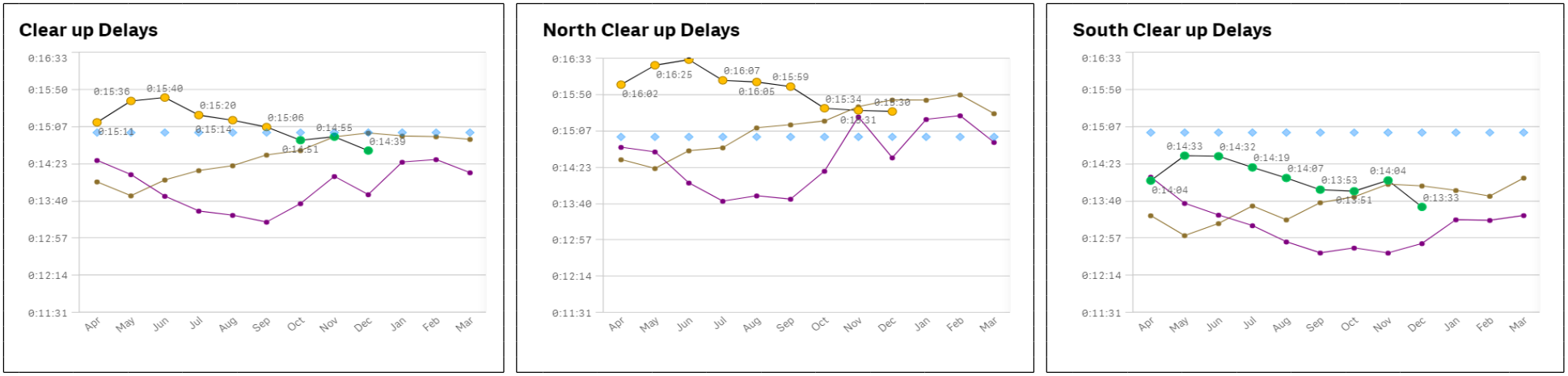
Comments:- While we have conveyed fewer people to ED this has also led to fewer patients going to Non-ED as we have provided see and treat at home. A lot of the Non-ED pathways have also been closed due to the capacity within most acute trusts meaning that SDEC and other Non-ED locations have been bedded and therefore cannot take SCAS referrals.

3 Operations 999



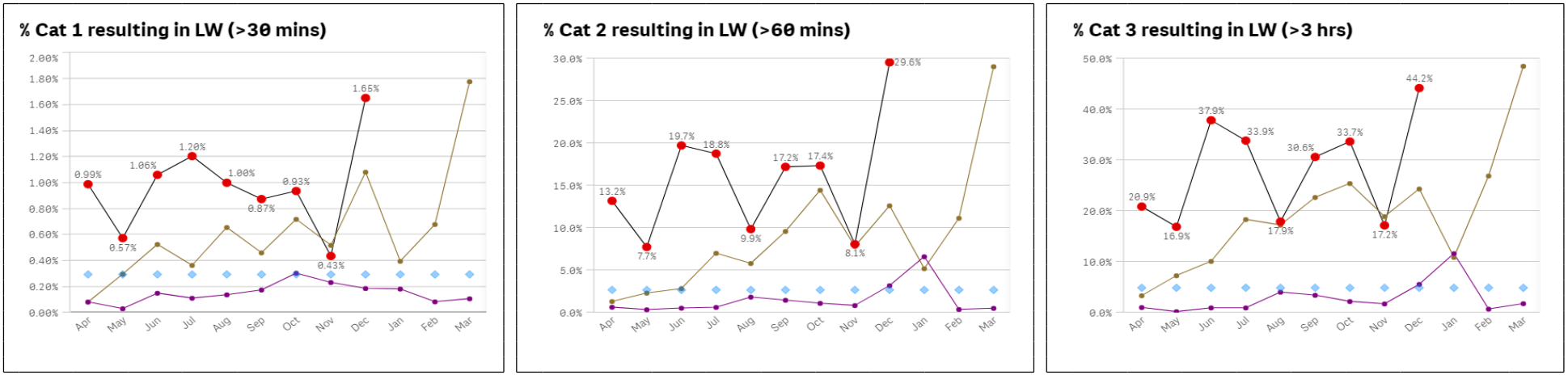
Comments:-

December has seen the highest level of handover delays within the last 5 years at over 8,000 hours being lost. Delays have been higher at all hospital, however QAH lost 4,000 hours during December and a number of hospitals declaring critical incidents due to bed capacity.

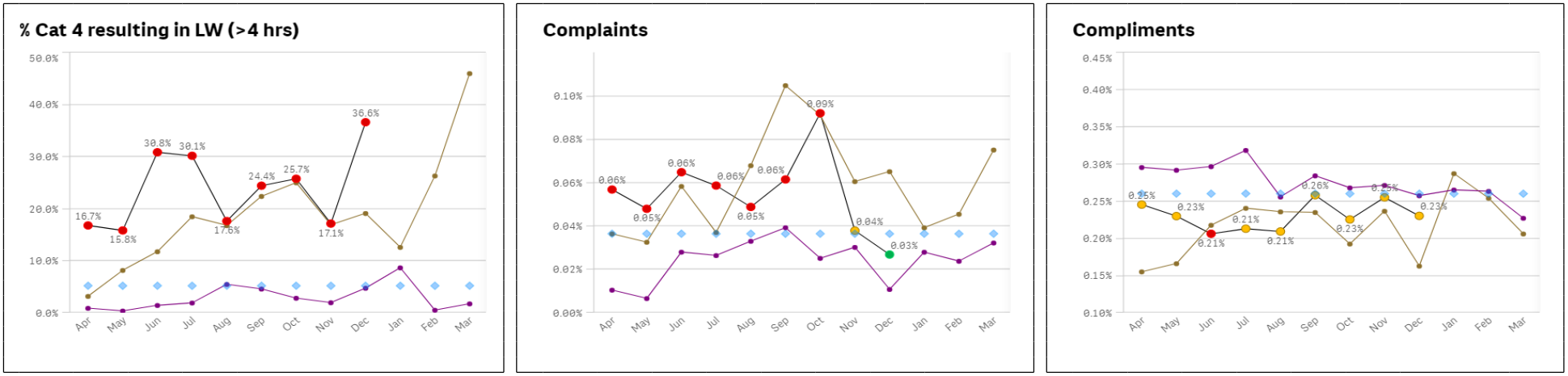


Comments:-

3 Operations 999

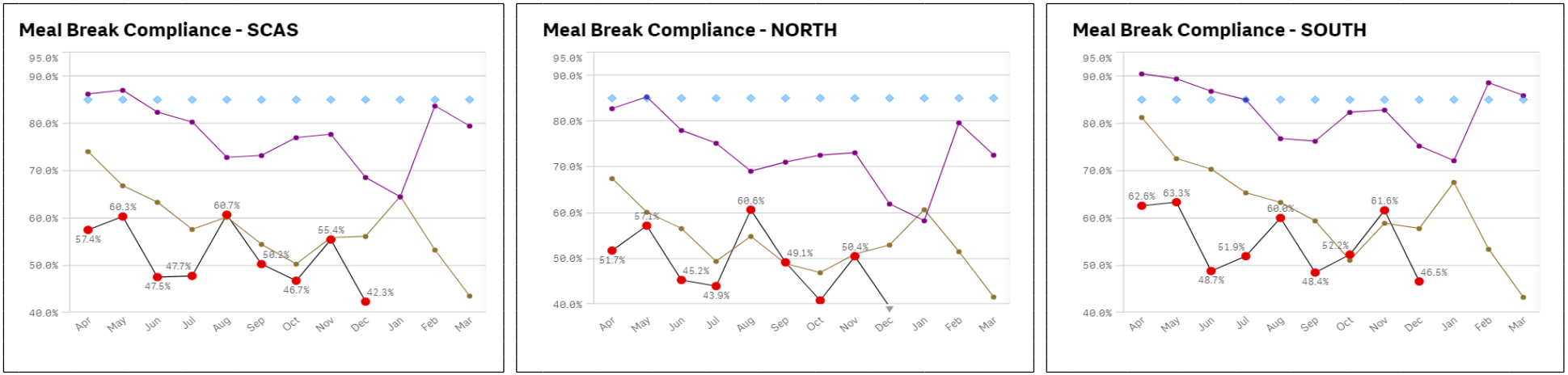


Comments:- -

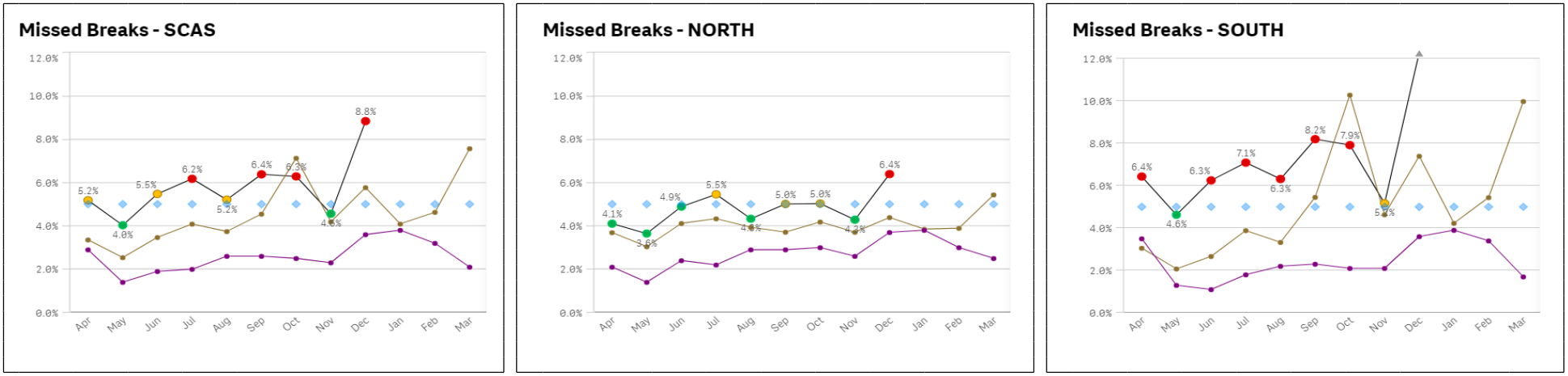


Comments:- The most common reason for a complaint being raised were staff attitude (6) and delay (4). All complaints will be thoroughly investigated and learning actions identified. Despite operational capacity pressures, the annual clinical update programme remains in progress to provide clinical update training to all operational staff, as well as ongoing CPD learning opportunities for our clinicians to access to complement statutory and mandatory training requirements. A performance recovery plan is in progress with the aim of improving operational capacity to respond to patients.

4 Workforce Indicators

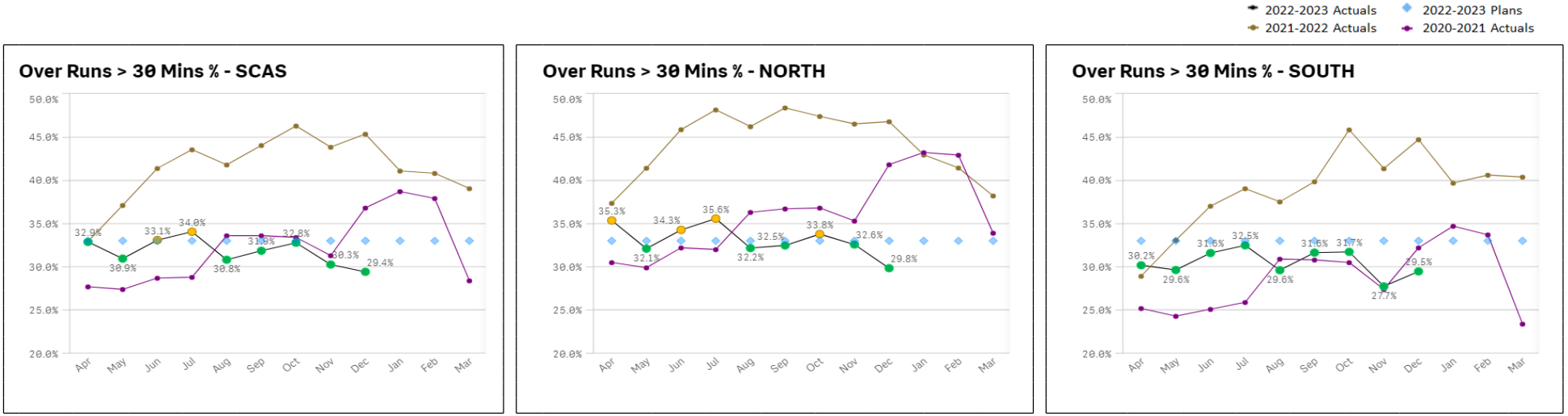


Comments:- During December we saw increased pressure across the Trust with handover delays and demand up even with a reduction in A/L for the Christmas period. We saw a 10+% reduction in compliance due to this and to mitigate the impact of low compliance food and welfare vehicles was increased to improve the staff welfare element of the handover delays.

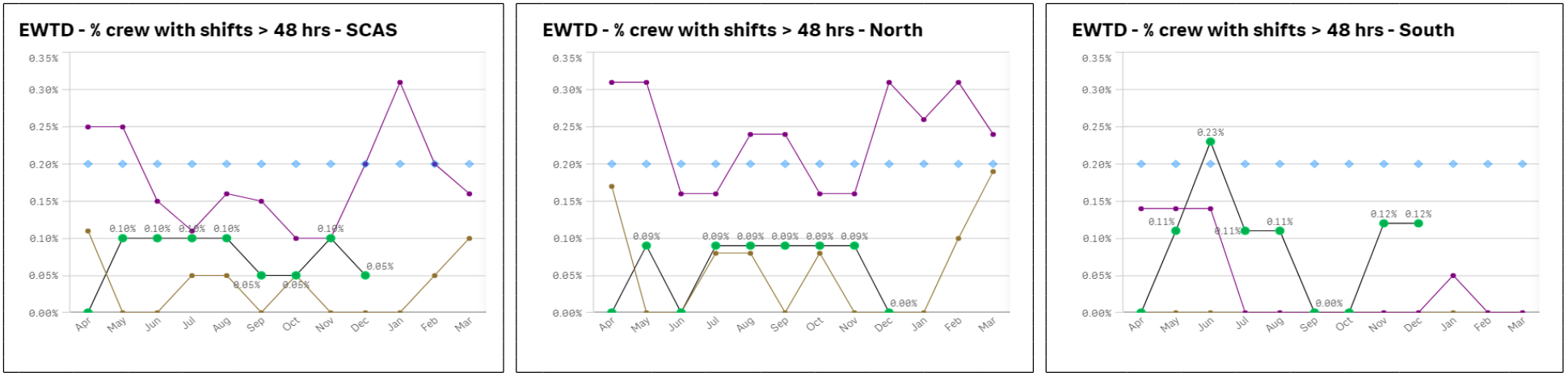


Comments:- Missed breaks spiked due to the increased delays across most acute Trust's in December which flowed into the first few days of January, we will review over the remainder of Jan to assess the impact.

4 Workforce Indicators



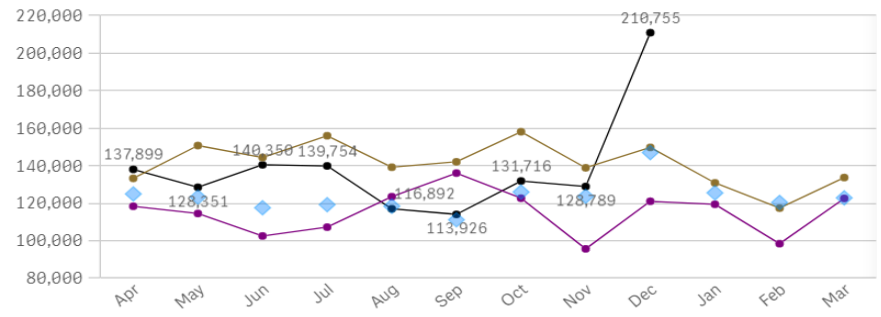
Comments:- The positive impact of EOS still remains in place and as such even with Handover delays in December we still had good compliance.



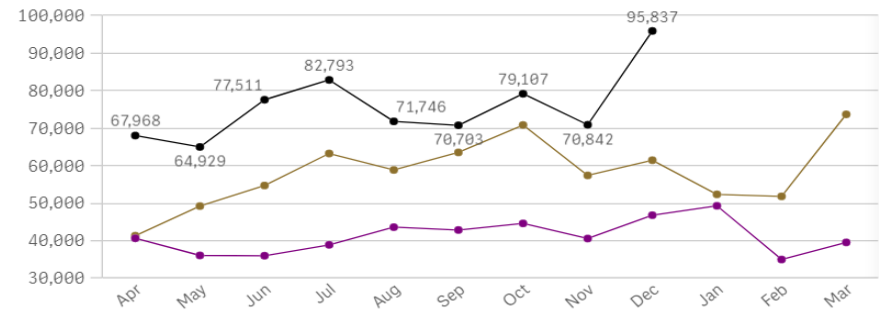
Comments:-

5 Clinical Coordination Centre

111 Calls Offered



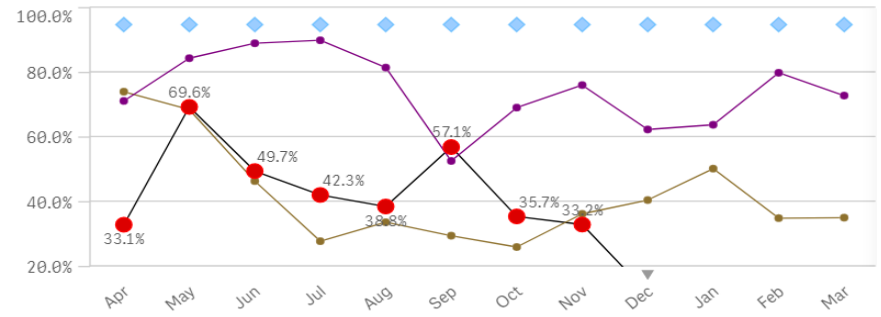
999 Calls Offered



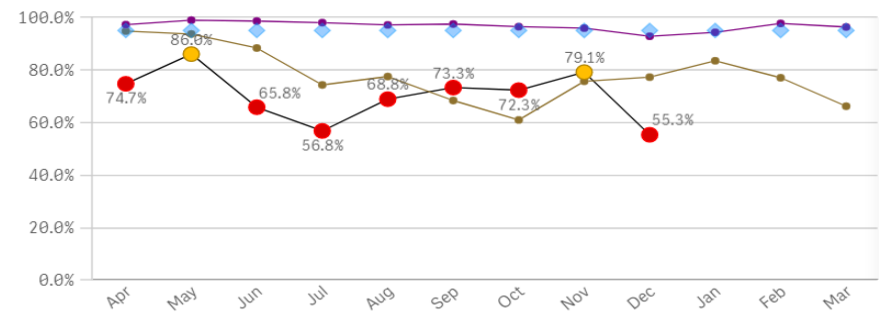
Comments:-

December 2022 was the busiest month on record for calls offered. Calls offered was 32% higher than the previous peak in March 2020 at the beginning of COVID.
999 inbound call volumes rose to the highest for this financial year. Much of the increase was due to duplicate calls.

111 call answer in 120 Secs %



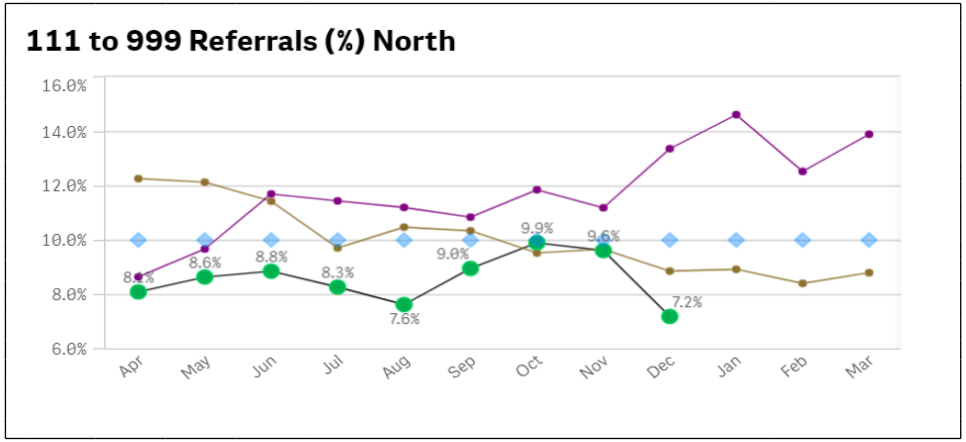
999 Calls Answer Time (95th Percentile)

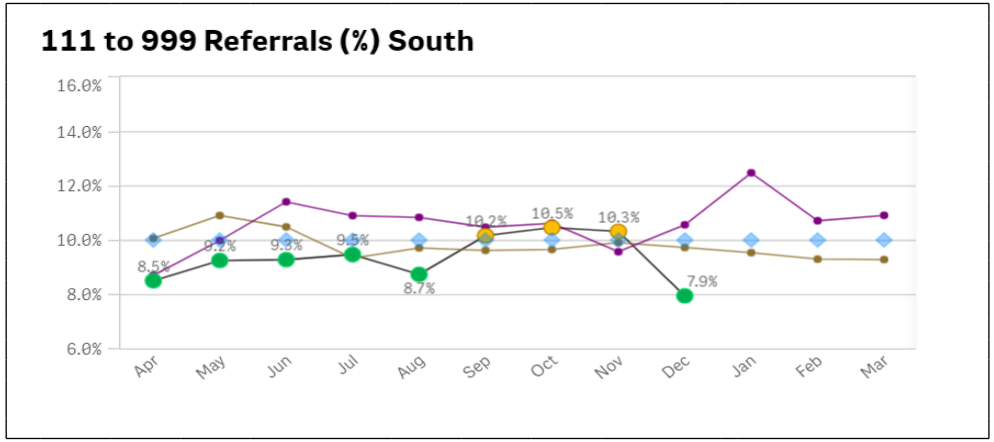


Comments:-

111 call answer was at its worst in this financial year. Impacted by a significant increase in calls offered but also by current workforce shortages.
999 95th percentile deteriorated significantly due to demand outstripping resource. Mean call answer time was 1min 55 seconds.

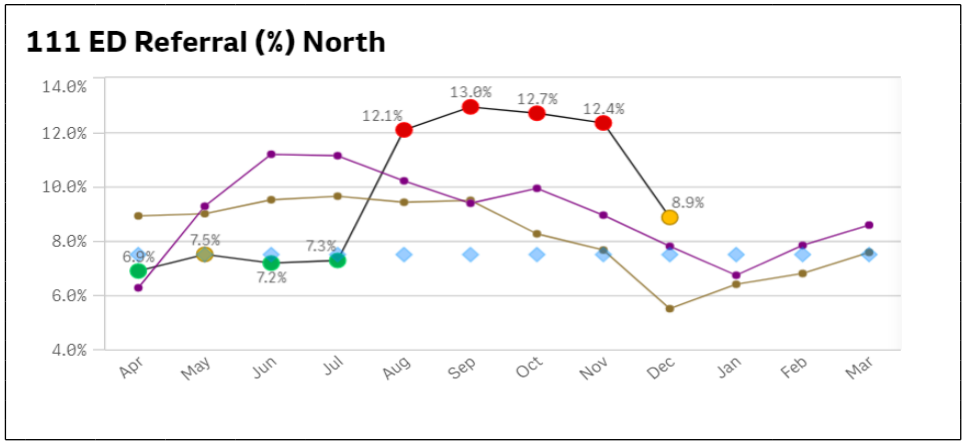
5 Clinical Coordination Centre

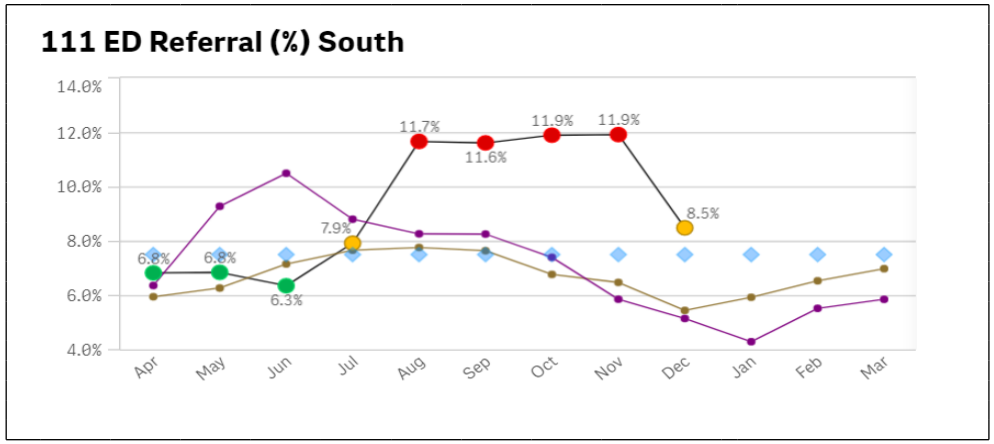




Comments:-

Whilst there is now data we know that for December it is not accurate due to the Adastra outage and this is being reviewed by the BI team. This data doesn't accurately capture the work of the CAS and only reports on SCAS 111 clinicians - the majority of 999 validation is done by GPs. Additional GP resource was sourced during December 2022 to support increases in demand and acuity of patents/callers.

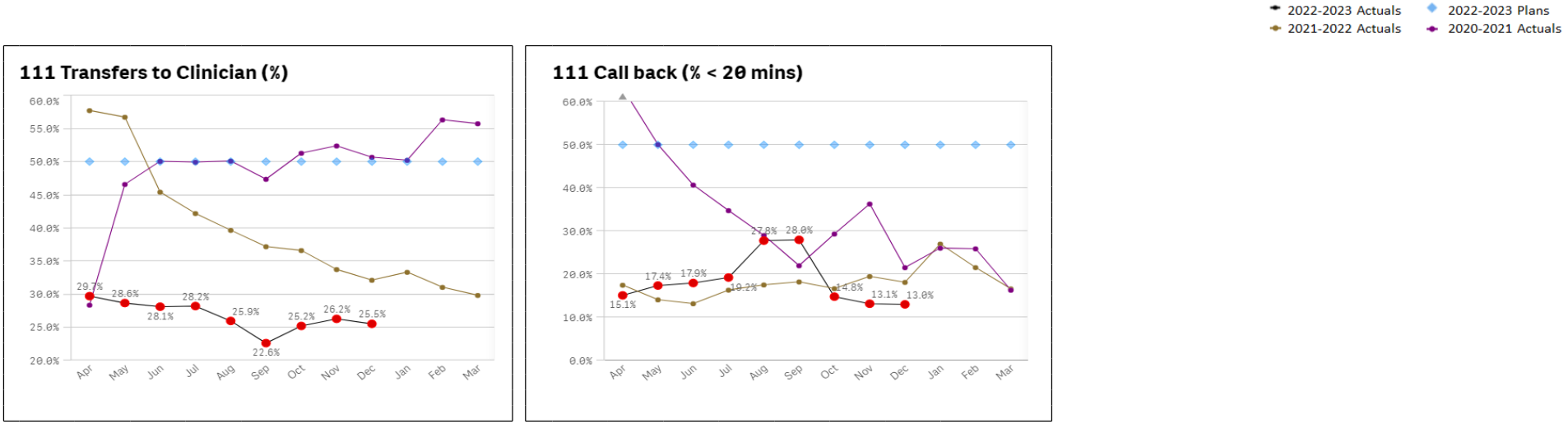




Comments:-

Whilst there is now data we know that for December it is not accurate due to the Adastra outage and this is being reviewed by the BI team. This data doesn't accurately capture the work of the CAS and only reports on SCAS 111 clinicians. Additional GP resource was sourced during December 2022 to support increases in demand and acuity of patents/callers.

5 Clinical Coordination Centre



Comments:-

Whilst there is now data we know that for December it is not accurate due to the Adastra outage and this is being reviewed by the BI team. This data doesn't capture the work of the CAS and measures only SCAS 111 clinicians therefore transfer to clinician rates are likely considerably higher with a known July figure of 44.3%.

Comments:-

Call abandonment rate hit the highest rate ever in this financial year as a result of the surge in demand. There was a significant delay to answer calls throughout December as a result of demand and high vacancy rates.

6 Clinical Performance

Clinical Performance

Lead Director: John Black/Helen Young **Overall Rating:** R

Red > 30% Red scores, Green > 70% Green and <10% Reds (but no key indicators), Amber - rest

Other Clinical indicators

Performance Measures (care bundles are part of National Clinical Performance Indicators data gathering)	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil, n/a quarterly results)
Febrile convulsion care bundle	0.0%	0.0%	N/A	84.7%	0.0%	G	83.5%	83.5%	G	Not subject to audit in December
Limb fractures care bundle	42.0%	56.2%	R	32.2%	56.2%	R	56.2%	56.2%	G	There were 21/50 compliant records. The most common reason for non compliance was documentation of limb immobilisation (26 records) and 2 pain scores (16 records). Whilst compliance is low for these two elements of the care bundle, compliance with the analgesia element remains high (46 records).
Asthma care bundle	0.0%	0.0%	N/A	64.7%	0.0%	A	89.3%	89.3%	G	Not subject to audit in December

Hygiene & infection prevention & control

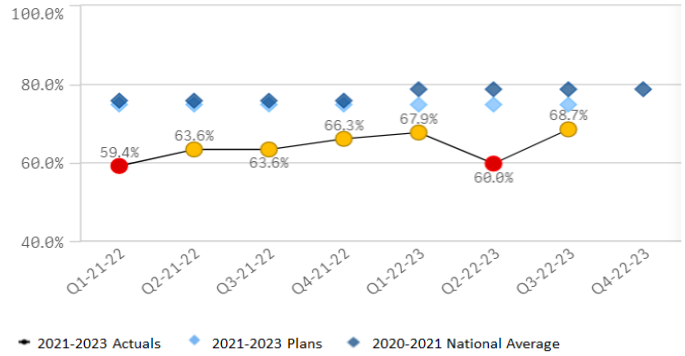
Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
Hand Hygiene audit	245	288	A	2,108	2,592	A	3,456	3,456	G	The lowest audit completion rates remain within the E&UC service. Audit compliance was an agenda item at the Nov & Dec E&UC clinical governance group and Heads of Operations were tasked with formulating recovery plans for each of their areas to be received at the January E&UC CG meeting.
Vehicle cleanliness completed audits	49	145	R	933	1,305	R	1,740	1,740	G	The lowest audit completion rates remain within the E&UC service. Audit compliance was an agenda item at the Nov & Dec E&UC clinical governance group and Heads of Operations were tasked with formulating recovery plans for each of their areas to be received at the January E&UC CG meeting
Building cleanliness completed audits	28	42	R	283	378	R	504	504	G	The lowest audit completion rates remain within the E&UC service. Audit compliance was an agenda item at the Nov & Dec E&UC clinical governance group and Heads of Operations were tasked with formulating recovery plans for each of their areas to be received at the January E&UC CG meeting
Percentage of compliant Vehicle cleanliness audits	100.0%	96.0%	G	95.8%	96.0%	A	96.0%	96.0%	G	
Percentage of compliant Hand Hygiene audits	98.4%	95.0%	G	99.3%	95.0%	G	95.0%	95.0%	G	
Percentage of compliant Building cleanliness	82.1%	95.0%	A	82.0%	95.0%	A	95.0%	95.0%	G	Compliance within the building audits commonly relates to the fabric of the building/estate. The IPC team

Medicines Management

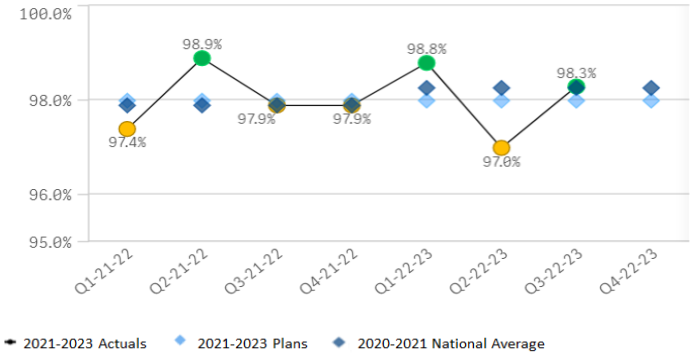
Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
Number of CD incidents - IV Morphine confirmed missing	0	0	N/A	3	0	N/A	0	0	N/A	
Number of adverse events due to medicine administration errors resulting in patient harm	1	0	N/A	2	0	N/A	0	0	N/A	This incident occured within the staff flu vaccination programme and has been reported in line with RIDDOR requirements.

6 Clinical Performance

STEMI - Care

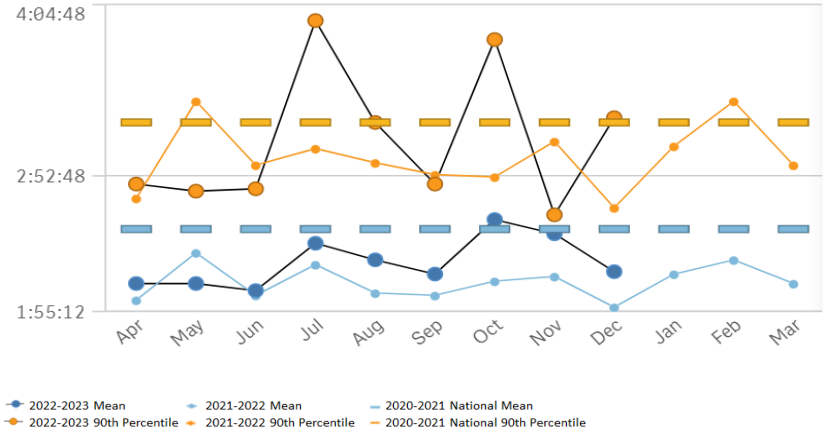


Stroke - Care

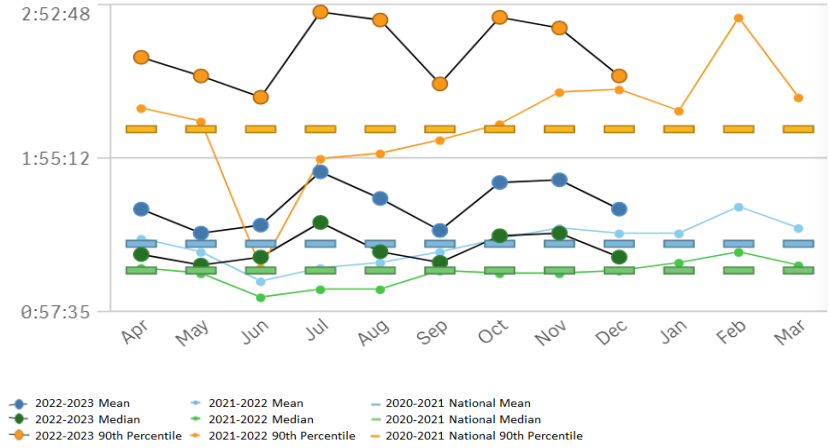


Comments:- -

STEMI Call to Angiography



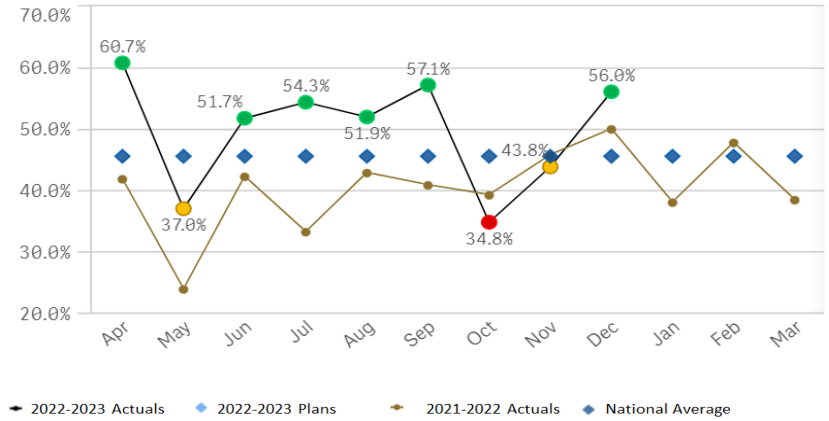
Stroke Call to Hospital Arrival



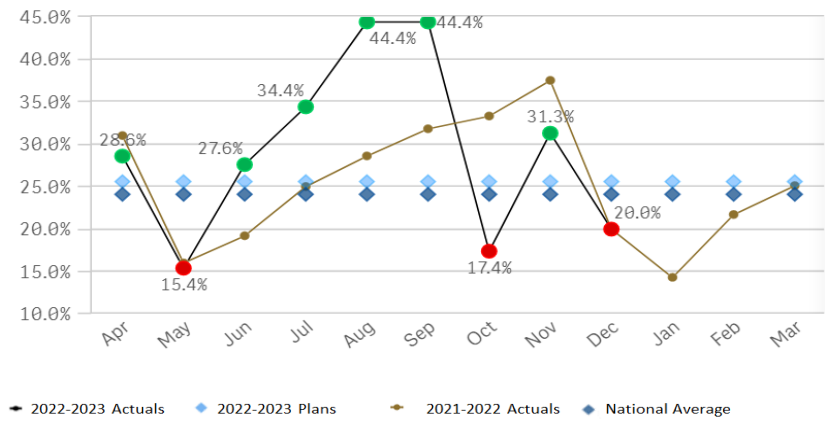
Comments:- -

6 Clinical Performance

ROSC Utstein

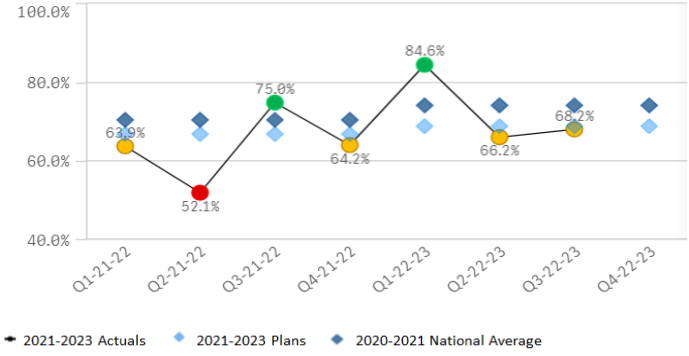


Cardiac Arrest Survival, Utstein

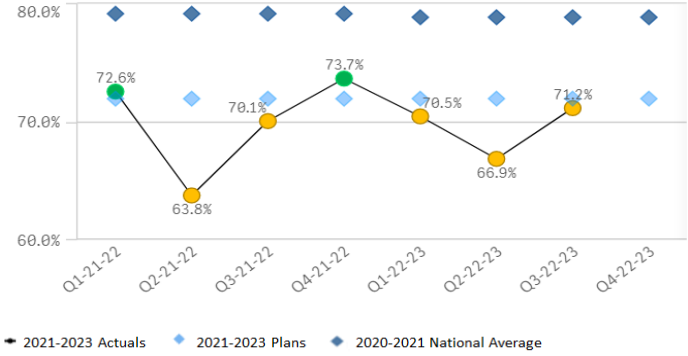


Comments:- The ACQI data in the December IPR relates to cases from August 2022. Whilst Survival at 30 days was lower this month, it continues to benchmark above the national average for English Ambulance services YTD 2022/23.

Cardiac Arrest Post - ROCS care



Sepsis Care



Comments:- Post ROSC and Sepsis care were not subject to audit this month.

8 Safety and Risk Management

Safety & risk management

Lead Director: Helen Young **Overall Rating:** G

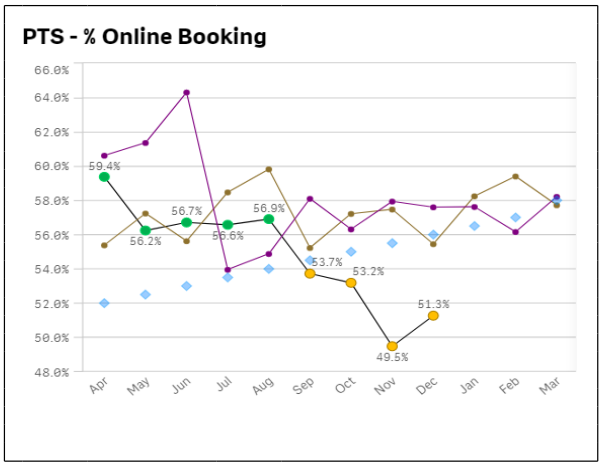
Patient Safety Measure

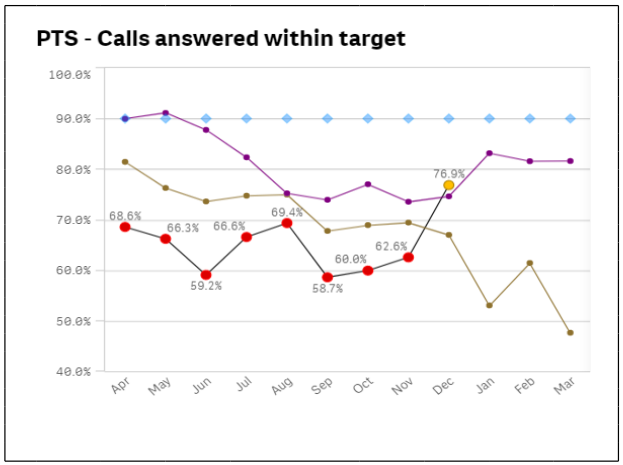
Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil, n/a - KPI shown for context)
Number of DATIX incidents - Clinical	595	0	n/a	3,678	0	n/a	0	0	n/a	
Number of DATIX incidents - non Clinical	281	0	n/a	2,361	0	n/a	0	0	n/a	
Number of Safety Incidents (SI) reported	0	0	n/a	61	0	n/a	0	0	n/a	Weekly incident review panels have been continuing where incidents are assessed in line with the 2015 NHS Serious Incident framework. No cases met the threshold for serious incident declaration in December.
Number of SI investigations outstanding after 60 days (excluding events that are officially suspended)	0	0	G	0	0	G	0	0	G	
Number of Never Events (CQC/NRLS reportable)	0	0	n/a	1	0	n/a	0	0	n/a	

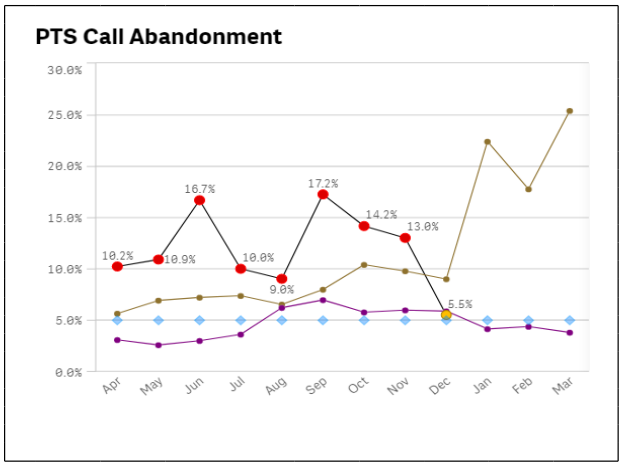
Staff Safety Measures

Performance Measures	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Comments
Number of Physical Assaults	12	21	n/a	181	189	n/a	252	252	n/a	
Number of Non-Physical Assaults	33	50	n/a	397	450	n/a	600	600	n/a	

9 Operations - PTS

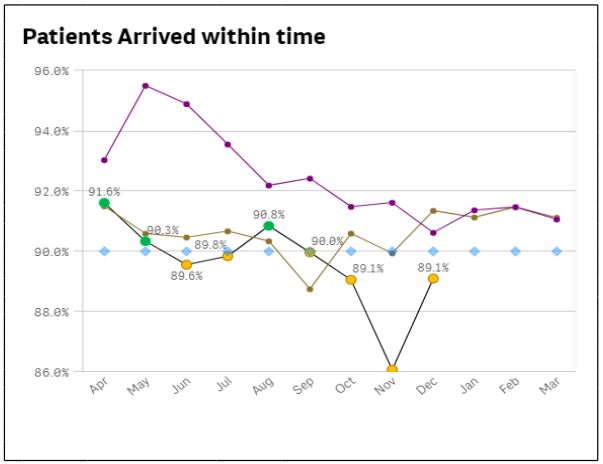


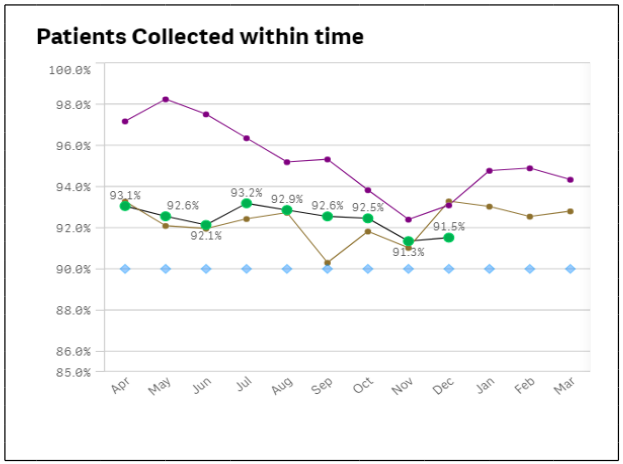


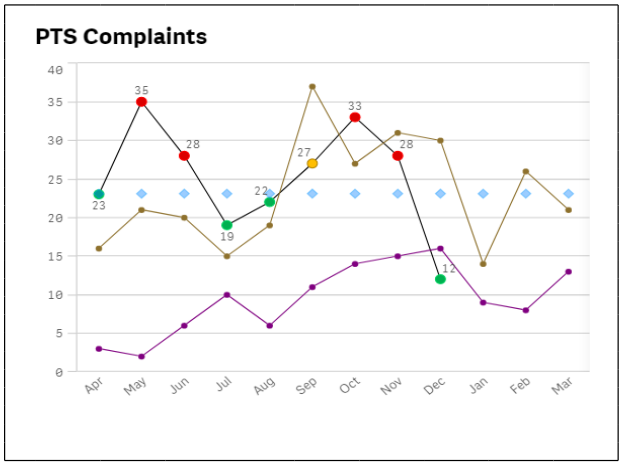


Comments:-

As expected, we have seen a slight improvement in December for the online bookings % due to Cleric being slightly more stable. Calls answered performance has increased by 14.3% reaching the highest performance year to date and the highest performance for December in the last 3 years. There is still some way to go, however there are less vacancies in the contact centres which has resulted in more operational hours being resourced. Call abandonment rate also decreased to very close to the target level which is a positive sign of the callers' experience.







Comments:-

Patients Arrival time has recovered following a dip in November with a bit more validation of data this will be back above the 90% target. Demand continues to be high in the beginning of December with continued capacity challenges, however, this dropped off from Christmas through to the New Year as it historically does providing high levels of performance in the days in between. The most common reasons for a complaint were delay (6) and patient care/handling (4).

10 and 11 Finance and CIPs

Finance

Lead Director: Charles Porter **Finance Rating:** A **CIP Rating:** G

Use of Resource rating

	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
Capital Service Cover rating	1	1	G	1	1	G	1	1	G	
Liquidity rating	1	1	G	1	1	G	1	1	G	
I&E Margin rating	2	2	G	2	2	G	2	2	G	
Variance From Control total rating	1	1	G	1	1	G	1	1	G	
Agency rating	3	1	A	3	1	A	1	1	G	
Continuity of Service Risk Rating (New)	2	1	G	2	1	G	1	1	G	

Measure	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Commentary on exceptions (Red - action to correct, Amber - action to reduce risk, Green - nil)
Debtors > 90 days> 5% total balance	14.2%	5.0%	R	6.7%	5.0%	R	5.0%	5.0%	G	90-day debt has increased to £357k. PTS continues to be the main area of concern with all debtors being actively pursued.
Agency Spend	600	280	R	4,004	2,523	R	3,367	3,367	G	Forecast is under review and will be reported in the Finance board report.

Measure	Dec-22 Actual	Dec-22 Plan	Dec-22 RAG	YTD Actual	YTD Plan	YTD RAG	Full Year Forecast	Full Year Plan	Full Year RAG	Comments
FOI (Freedom of Information Act)	57.1%	95.0%	R	73.1%	95.0%	R	95.0%	95.0%	G	The FOI team are focused on improving the performance and ensuring responses are received in a timely manner.
Data protection Act (DPA) - police, solicitor/medical, subject access	95.2%	95.0%	G	96.2%	95.0%	G	95.0%	95.0%	G	

10 and 11 Finance and CIPs

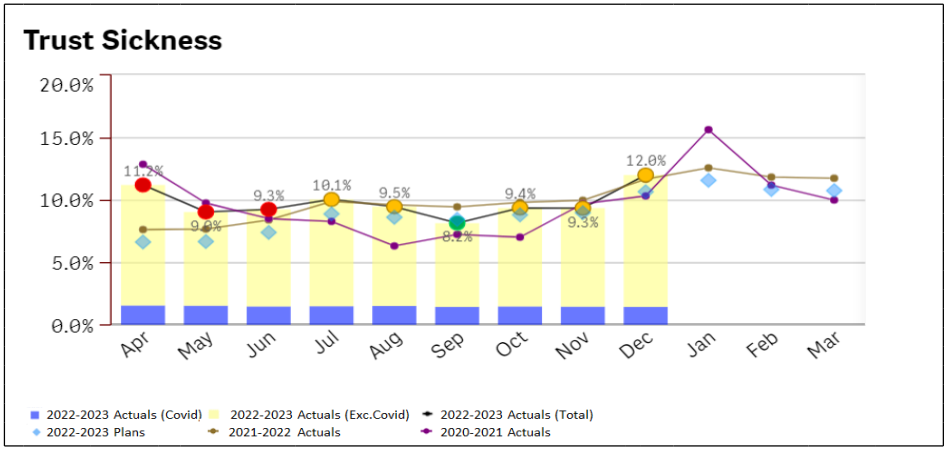
	Project	Month			YTD			Full Year			Commentary
		Actual	Budget	Var	Actual	Budget	Var	Forecast	Budget	Var	
A&E	Meal break Payments	0	5	(5)	0	35	(35)	0	50	(50)	Continued pressure on staff leading to missed meal breaks
	Other abstractions	149	65	84	1,116	449	667	1,450	623	827	Third manning phased return and alternative duties significantly less than PY
	Task time	0	285	(285)	0	1,565	(1,565)	0	2,263	(2,263)	all elements of the CIP were between one and two minutes longer than PY
	Sort vehicles	3	3	0	30	30	0	40	40	0	
	Sickness Trends	0	152	(152)	944	723	221	1,147	746	401	non Covid sickness was higher than PY, Covid sickness was lower. Total sickness was less but the CIP is based on non Covid
	Fuel & Leases DCA	50	50	0	449	449	0	599	599	0	
	Workforce Flowthrough	0	85	(85)	0	199	(199)	0	569	(569)	we had 109 fewer front line ops staff than plan in December.
	Mondeo Purchase	12	12	0	29	29	0	66	0	66	
	Subtotal Frontline Ops	**214**	**657**	**(443)**	**2,569**	**3,480**	**(911)**	**3,302**	**4,890**	**(1,588)**	
111	Attrition CIP	22	20	2	142	153	(11)	188	199	(11)	Health advisors 9.8 WTE leavers for the months 4 WTE below CIP Target
	Sickness CIP	0	19	(19)	34	161	(127)	91	218	(127)	High Sickness for December Non covid sickness HA 12.8% & CA 12%
	Clinical advisor handling time reduction	0	16	(16)	78	146	(68)	127	195	(68)	No data due to Adastra outage
	Subtotal 111	**22**	**55**	**(34)**	**254**	**460**	**(206)**	**407**	**612**	**(206)**	
Commercial	Reduction in abstraction	(17)	0	(17)	40	166	(127)	40	222	(182)	
	Increased SCAS staffing	0	227	(227)	0	385	(385)	0	766	(766)	Recruitment behind plan 49 WTE behind plan compared to 2021 actual WTE
	Logistics resource cost savings	0	1	(1)	0	23	(23)	0	46	(46)	Increased agency usage/high vacancy- no reduction in cost
	Reduction in CC OT	0	0	0	72	47	25	72	59	13	CIP finished OCt22 as incentive scheme started
	Improved Efficiency	116	124	(8)	1,944	620	1,324	2,473	993	1,480	Improved efficiency across all areas except Surrey
	Abort Reduction	0	14	(14)	0	115	(115)	0	156	(156)	No reduction in aborts
	Reduction in abstraction CC	0	3	(3)	0	29	(29)	0	39	(39)	Abstraction was higher than plan
	Moving to SMS to reduce cancelled calls	0	3	(3)	0	15	(15)	0	24	(24)	CIP not yet started
	Increase in VCD Hours	(5)	23	(28)	24	153	(129)	24	303	(279)	Reduced hours within MK and SHIP compared to 21/22
	Fleet savings	0	0	0	0	0	0	0	0	0	New CIP added at M6 -increased cost offsets benefit.
	Subtotal Commercial Division	**94**	**396**	**(302)**	**2,079**	**1,553**	**526**	**2,608**	**2,608**	**0**	
Corporate	Comms & PR	3	3	0	33	35	(2)	40	41	(2)	
	Estates	45	34	11	205	265	(60)	1,444	1,449	(5)	NHS Property services Cip behind, expected to catch up for year end.
	ICT	13	14	(1)	311	277	34	770	794	(24)	Included savings for SIP trunk migration. Esendex service not yet ceased, savings expected from Aug 2022
	New Corporate Cips	96	0	96	647	0	647	672	0	672	Added Corporate Affairs manager savings for free secondment
	Subtotal Corporate	**157**	**51**	**106**	**1,197**	**577**	**620**	**2,925**	**2,285**	**641**	
Trust Wide	**Organisation Stretch Target - Review of posts**	**61**	**83**	**(22)**	**553**	**750**	**(197)**	**737**	**1,000**	**(263)**	Process to review posts
	Target/(contingency)	0	(51)	51	0	(455)	455	809	(606)	1,415	Review of mitigations being undertaken.
	Total	549	1,193	(644)	6,652	6,365	287	10,788	10,788	(0)	

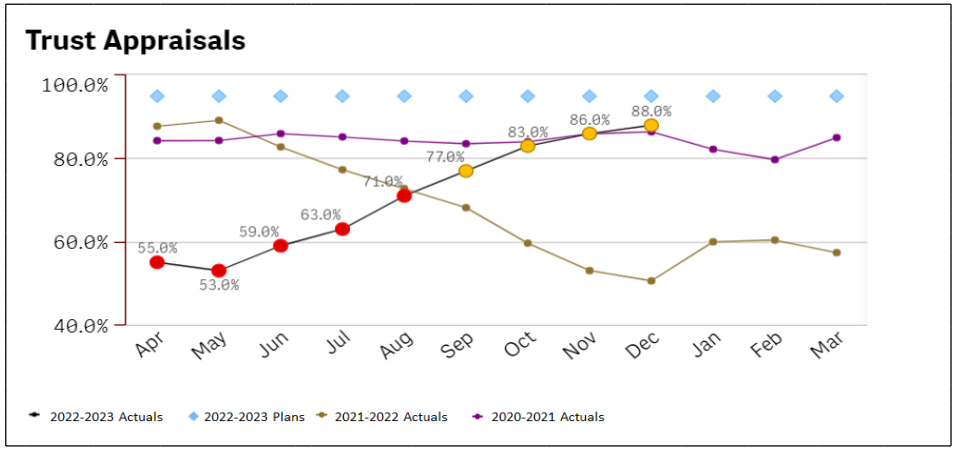
Quality & Workforce Impact Assessment of the Cost Improvement Programmes 2022-23

Workforce premium adds 50%

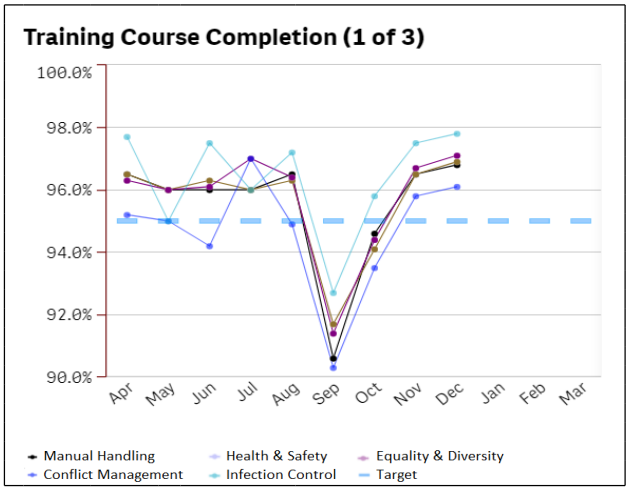
Scheme Name	£000's	Source of Saving	Consequence		Likely	Potential Impact to Quality/Delivery	Quality Risk Rating	Mitigating Actions	Quality Mitigated Risk Level	Workforce Risk Rating	Workforce Description and Mitigating Actions	Workforce Mitigated Risk Level	Combined Mitigated Risk Level
Meal Break Compliance	50	increase in meal break compliance	3	Q	1	Will be done in line with better staffing. More rested staff leading to better patient care	3		3	0	This should improve staff experience	0	3
Other Abstraction	623	1% Other abstraction	1	Q	1	Targeted at management of return to work and utilising staff in budgeted positions i.e. CCC	1		1	0	This should improve staff working environment and experience	0	1
Task Time Reduction	2,263	By reducing the task time of incidents you are able to reduce the volume of hours required to meet ARP targets	3	Q	2	If done effectively risk minimised. Risk increased if focus on time reduction and not on quality and patient outcome	6	Travel to scene is delivered with correct resource levels. On scene time has the PPE 4.5 mins built in. Largest element is handover delays in conjunction with the acutes	6	6	Reduction in task time, could additional pressure to staffing in complex decision making, especially if focus is on time taken rather than decision/clinical care provided.	6	9
Lease Benefits	40	Lease benefits outright purchase	0	Q	0	None	0		0	0		0	0
Sickness	746	reduction in sickness - non covid	1	Q	1	Lower sickness will benefit patients	1	Covid sickness is not targeted	1	0	Effective support and engagment with staff should result in better wellbeing outcomes and improved attendance	0	1
DCA Replacement	599	A more modern fleet will have lower VOR resulting in greater vehicle availability and lower mid shift VOR/lost hours	1	Q	1	This should enhance quality if greater availability on vehicles is achieved	1	more modern fleet for lower cost	1	1	This should improve staff working environment and experience	1	1.5
Workforce Flow Through	569	Cost difference between SCAS staff and private provider	1	Q	1	This should have a positive impact of patient safety and experience if achieved.	1	this is an annual CIP	1	1	Good engagement with staff needed to ensure teams feel secure and reassured that employment is not effected	1	1.5
111 Attrition	199	Reduction in attrition for call handlers and clinical advisors compared to 21.22	1	Q	1	Should have a positive impact as will likely reach our establishment requirement sooner if attrition levels reduce.	1		1	1	This should improve staff working environment and experience	0	1
111 Sickness	218	Reduction in sickness for call handlers and clinical advisors	1	Q	1	This should have a positive impact as staff will not be needed to as many additional hours at late notice.	1		1	1	Effective support and engagment with staff should result in better wellbeing outcomes and improved attendance	0	1
Clinical Advisor Handling Time	195	Reduction in average handling time from 12 minutes to 11:30 for clinicians	2	Q	2	This should improve quality/delivery as Clinicians that are current doing well over 12 minutes should improve allowing clinicians to answer more calls and less time for the patients to wait.	4	Audit data will be reviewed regularly	4	6	Reduction in average handling time, could additional pressure to staffing in complex decision making, especially if focus is on time taken rather than decision/clinical care provided.	0	6
Operational Abstraction	222	Reduction in Abstraction % - Surrey, Sussex, MK, Hants and TV	1	Q	1	This should have a positive impact on patient safety and experience if achieved.	1	Targeted at management of return to work and utilising staff in budgeted positions	1	0	Effective support and engagment with staff should result in better wellbeing outcomes and improved attendance	0	1
Recruitment	766	Increase SCAS Staffing (in-line with the IWP plan)	1	Q	1	This should have a positive impact on patient safety and experience if achieved.	1	Monitor progress through performance board and PTS reviews.	1	0	This should have a positive impact on existing staffing	0	1
Agency	46	Logistics resource cost savings (Reduction in OT and agency usage)	2	Q	1	Low impact if no stock impact	2		2	0		0	2
OT Contact Centre	59	Reduction in CC OT	3	Q	1	low impact as long as shift cover not compromised	3		3	4	Potential to impact on morale if opportunities to work additional hours are reduce	0	4
Improved Efficiency	993	Improved efficiency metric equivalent by 3.2% - equivalent to moving 1.5 patients per 100 hrs of operational resource time (on average across the year)	1	Q	1	This has no direct impact on quality	1		1	0		0	1
Aborts	156	Reduction in level of aborts by 5% on average across the year	1	Q	1	This should have a positive impact on patient safety and experience if achieved.	1		1	0		0	1
Contact Centre Abstraction	39	Reduction in abstraction % - Contact Centre	1	Q	1	This should have a positive impact on patient safety and experience if achieved.	1	Targeted at management of return to work and utilising staff in budgeted positions	1	0	Effective support and engagment with staff should result in better wellbeing outcomes and improved attendance	0	1
Reduce Cancel Calls	24	Moving to SMS to reduce cancel calls	1	Q	1	This should have a positive impact on patient safety and experience if achieved.	1		1	0		0	1
Increase VCD	303	Increase VCD hours and reduce the associated Private Provider and Taxi spend	1	Q	1		1	Training for VCDs	1	0	Good engagement with staff needed to ensure teams feel secure and reassured that employment is not effected	0	1
Comms and PR	41	Reduction in pay of senior team	0	Q	0	This has no direct impact on quality	0	N/A	0	0	No direct impact	0	0
Estates	1,449	Reduction in spend on Maintenance, F&F, Legal Fees & Consultancy Reductions	0	Q	0	This has no direct impact on quality	0	N/A	0	0	No direct impact	0	0
ICT Director	794	Reduction in Hardware spend pre-dominantly and also cessation of double running contracts	0	Q	0	This has no direct impact on quality	0	N/A	0	0	No direct impact	0	0
Trustwide Scheme	1,000	Organisation stretch target - review of posts	0	Q	0	Quality impact will need to be reviewed when posts identified	0	N/A	0	0	No direct impact	0	0

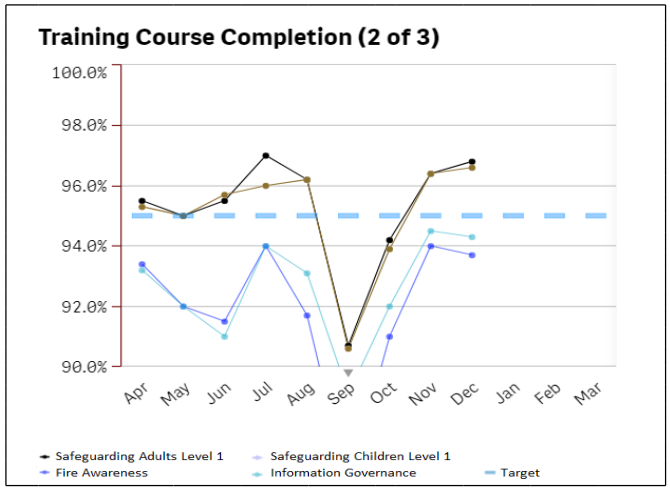
12 and 13 Statutory & Mandatory Training and Workforce

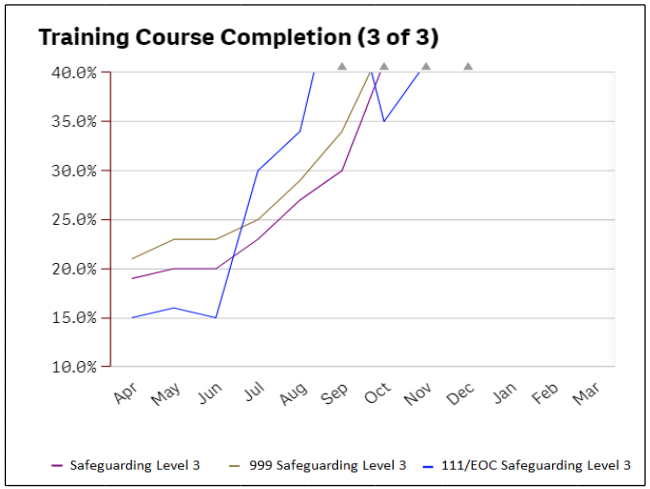




Comments:- Sickness remains high and slightly higher than forecast. Appraisal compliance as increased steadily and significantly since May.

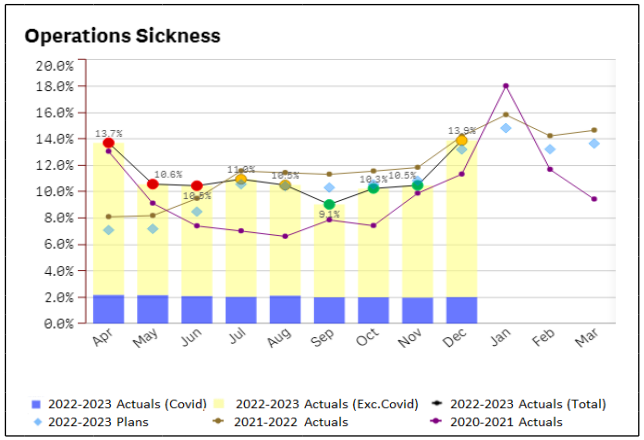


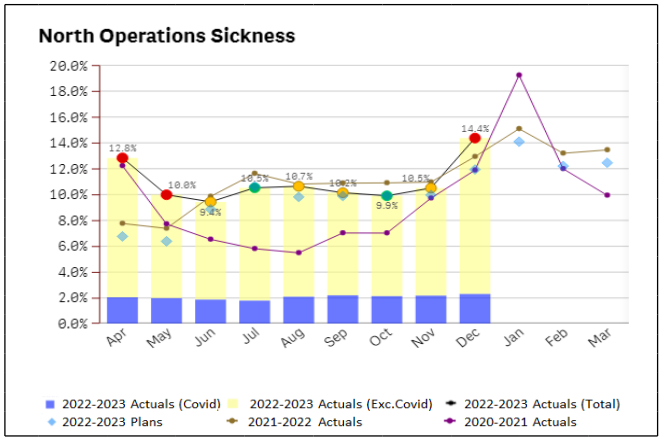


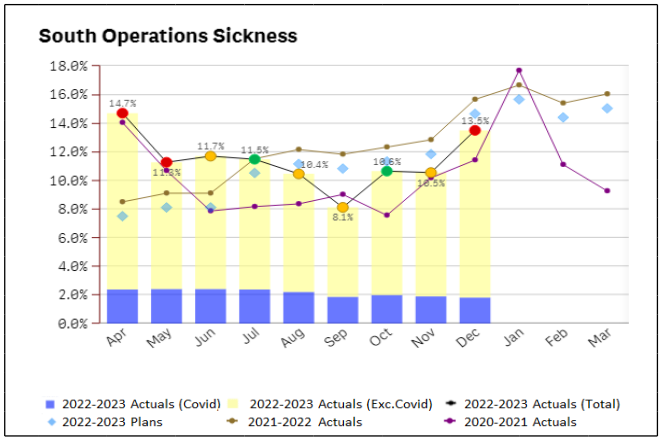


Comments:- -

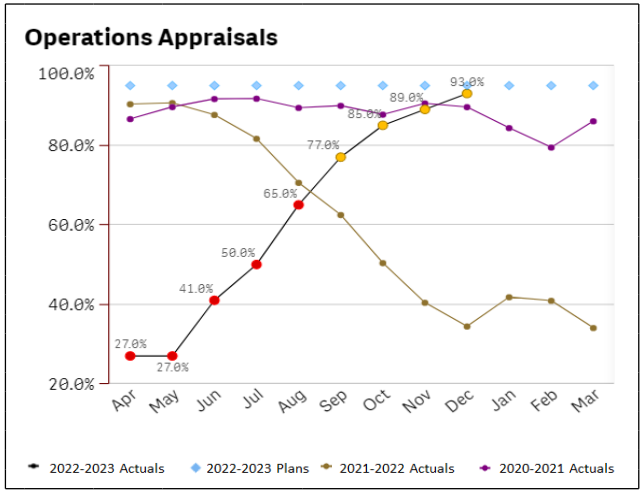
12 and 13 Statutory & Mandatory Training and Workforce

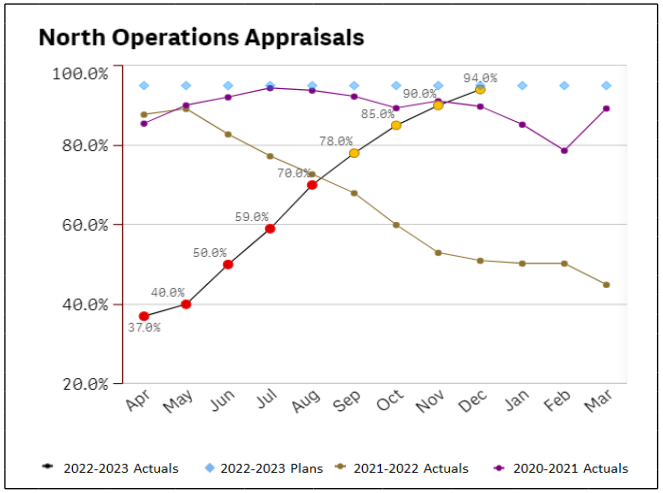


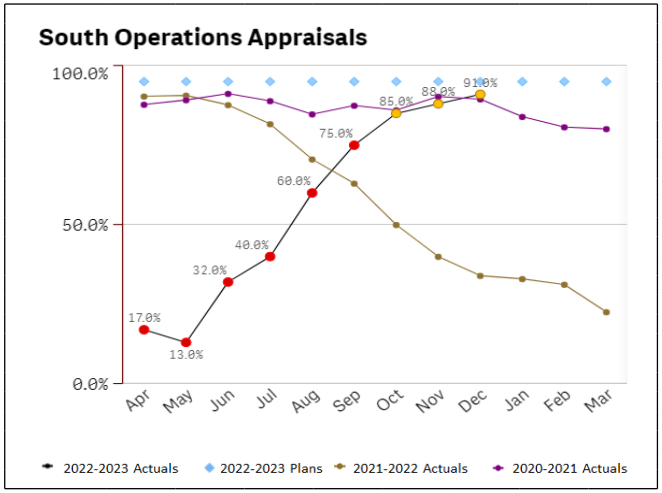




Comments:- Sickness in Operations remains high and slightly higher than forecast.

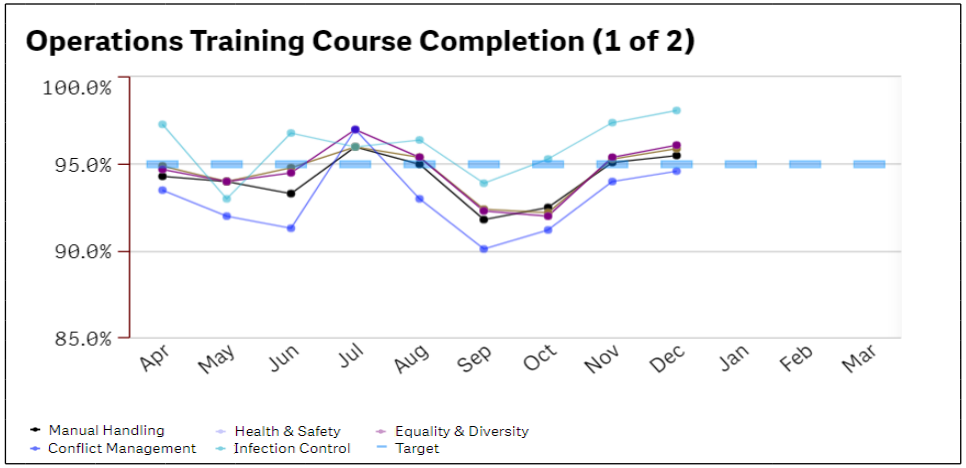


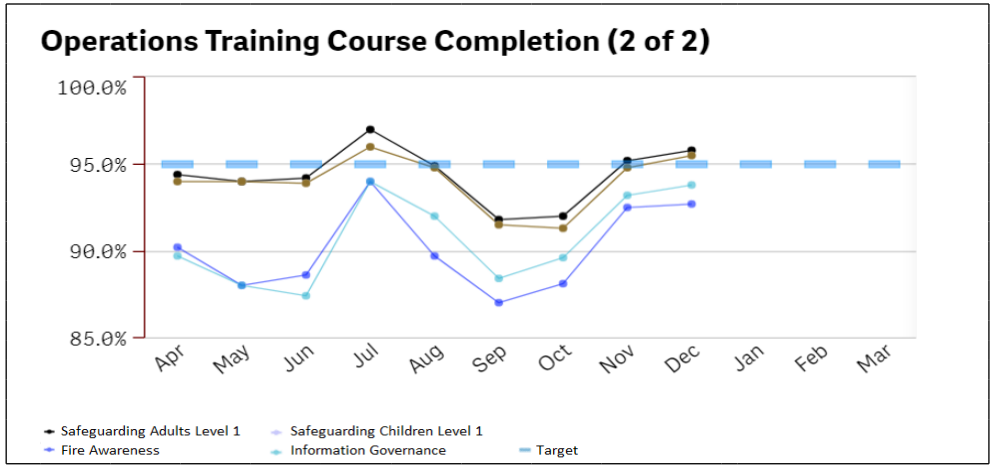




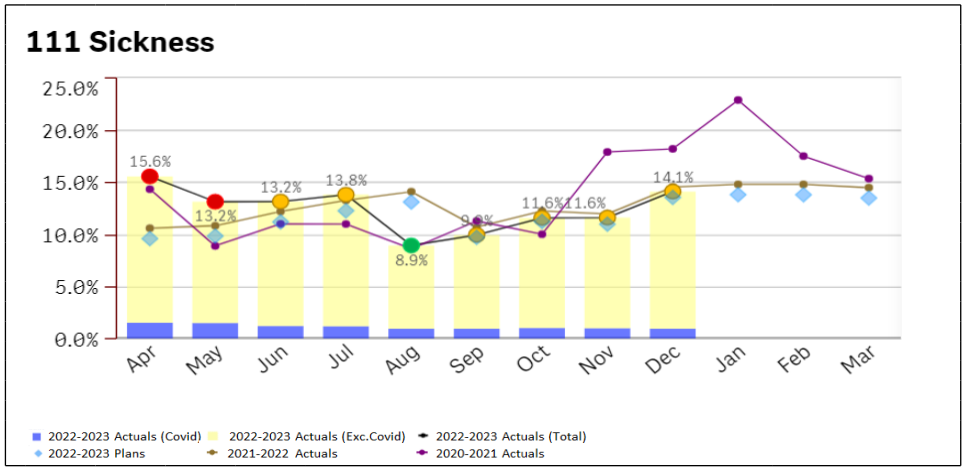
Comments:- PDR compliance in Operations is very good and the teams should be commended on their efforts to conduct meaningful PDRs whilst also managing significant operational pressures.

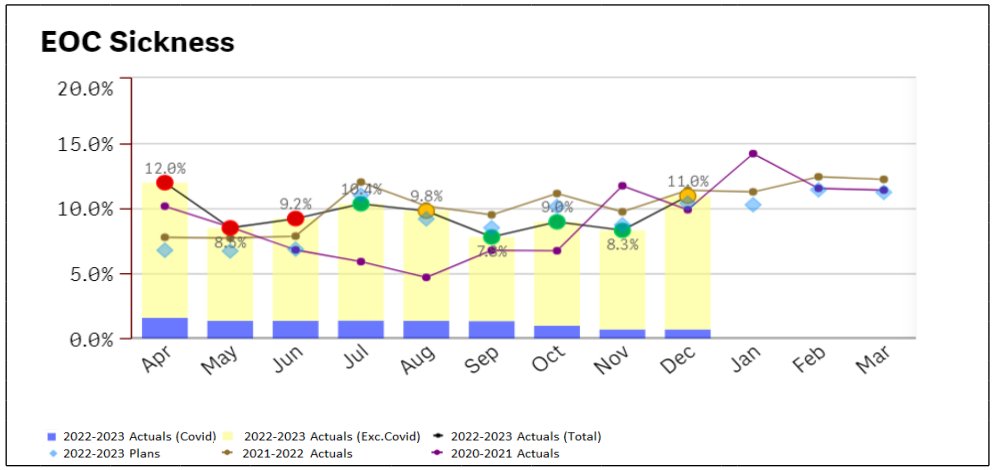
12 and 13 Statutory & Mandatory Training and Workforce





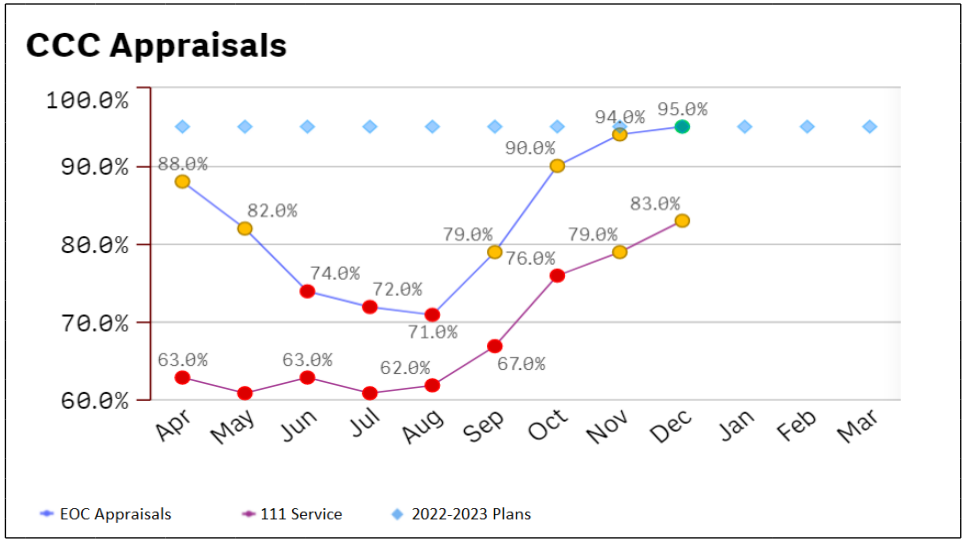
Comments:- -

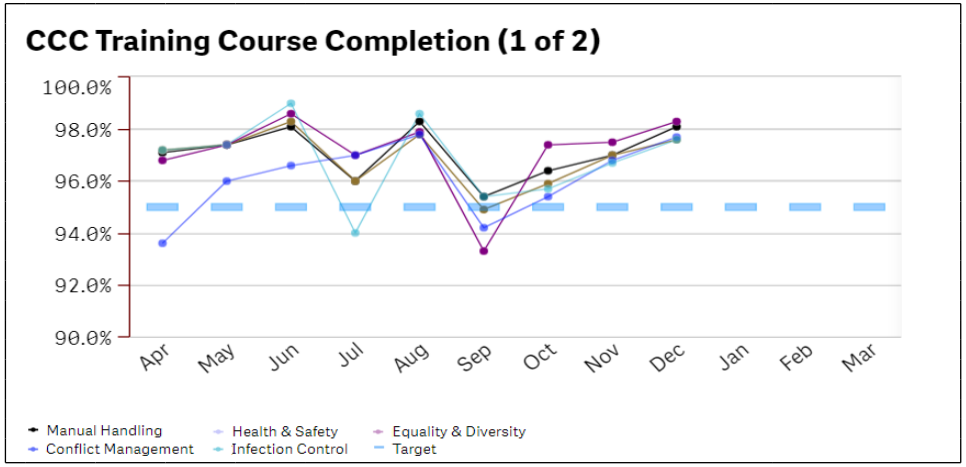


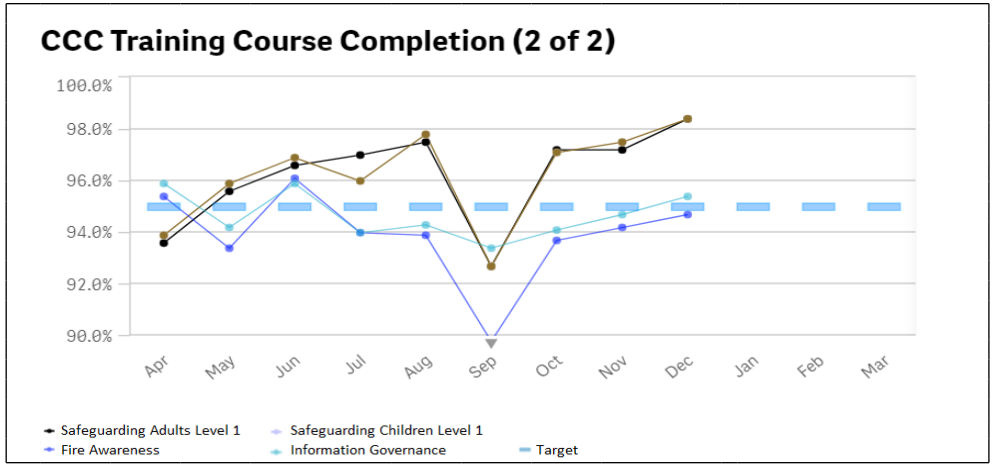


Comments:- 111 sickness is as forecast for this time of year. EOC sickness is slightly higher than forecast.

12 and 13 Statutory & Mandatory Training and Workforce





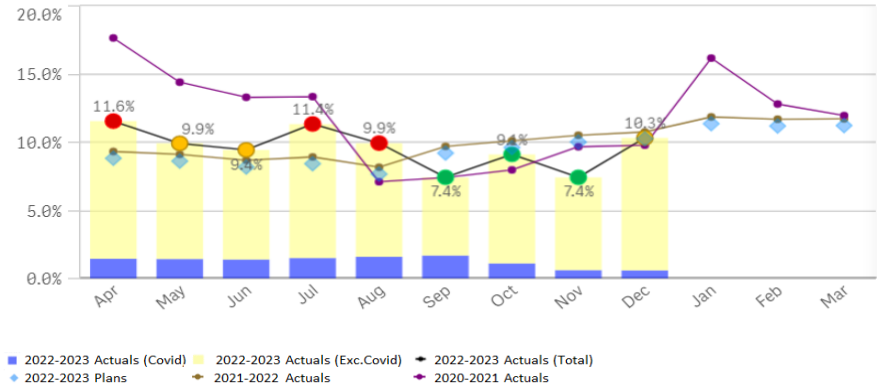


Comments:-

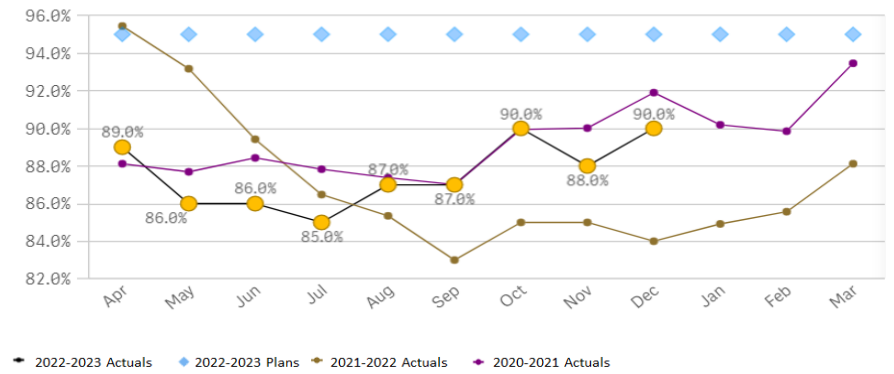
EOC managers should be commended for achieving the Trust PDR compliance rate of 95%. 111 have made very good progress with their PDR compliance.

12 and 13 Statutory & Mandatory Training and Workforce

PTS Sickness

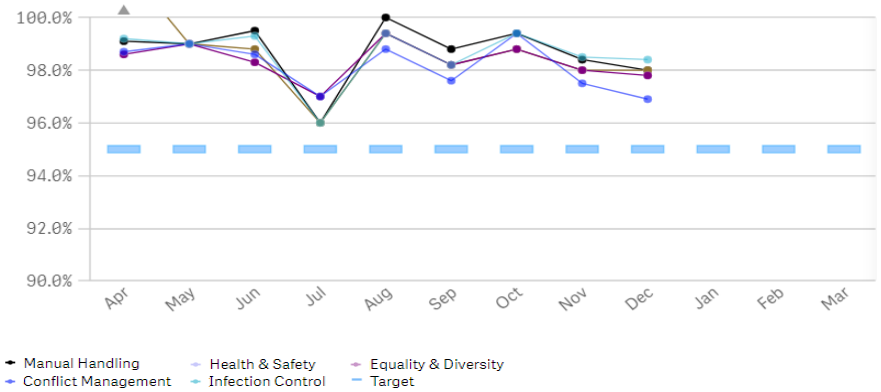


PTS Appraisals

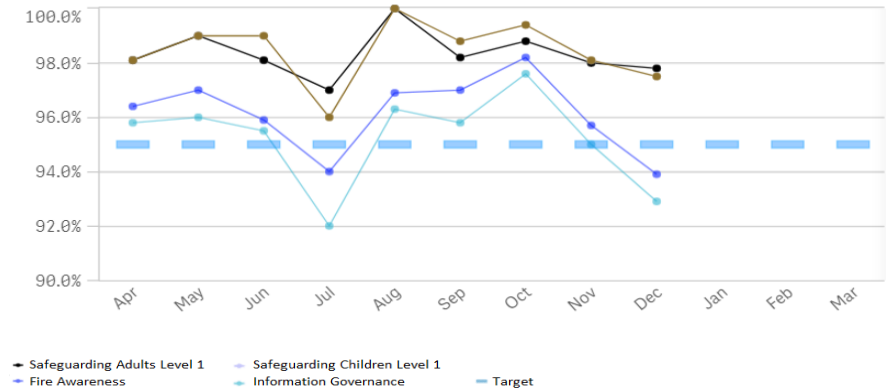


Comments:- PTS sickness has risen significantly between November and December but is as forecast for this time of year. Appraisal compliance remains high at 90%

PTS Training Course Completion (1 of 2)



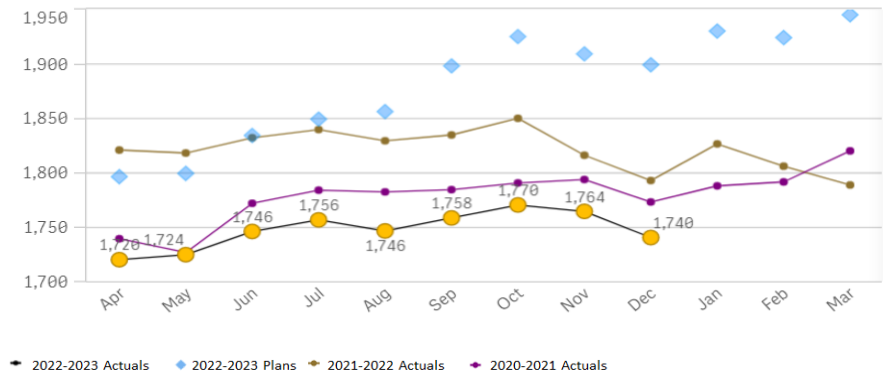
PTS Training Course Completion (2 of 2)



Comments:- -

12 and 13 Statutory & Mandatory Training and Workforce

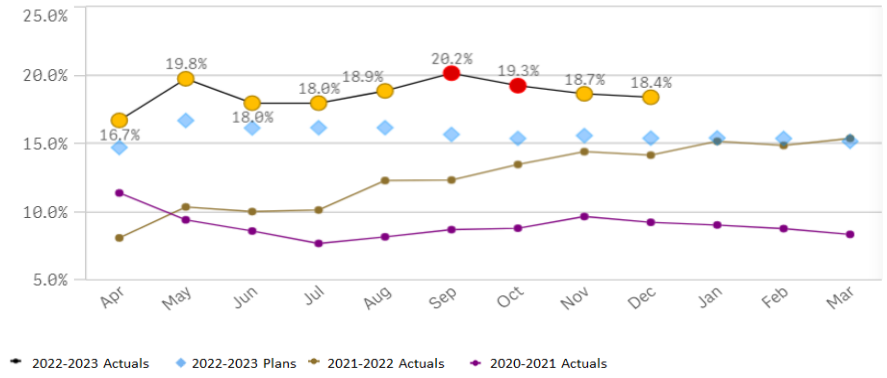
Total Frontline Workforce



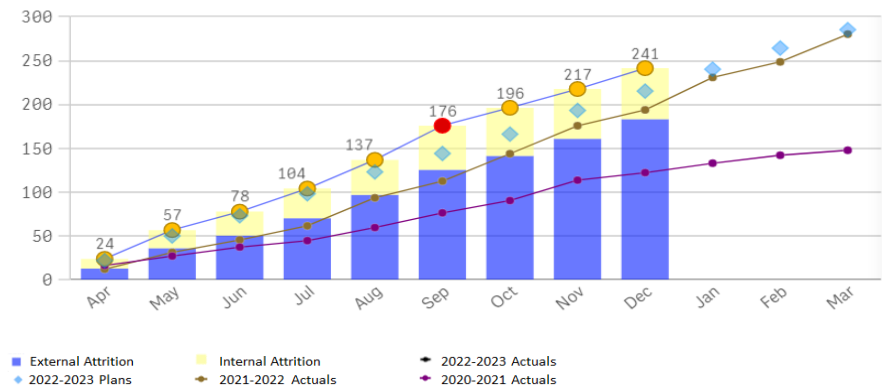
Frontline Recruitment (Cumulative)

Comments:- Frontline workforce numbers reduced in December, this was expected as we don't have new starter courses in December but we do still have leavers. We remain behind the plan for operations .

Frontline Attrition %

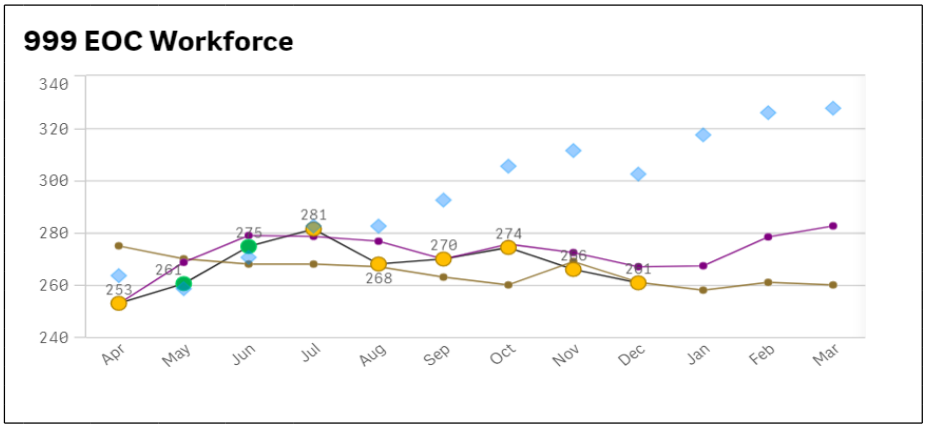


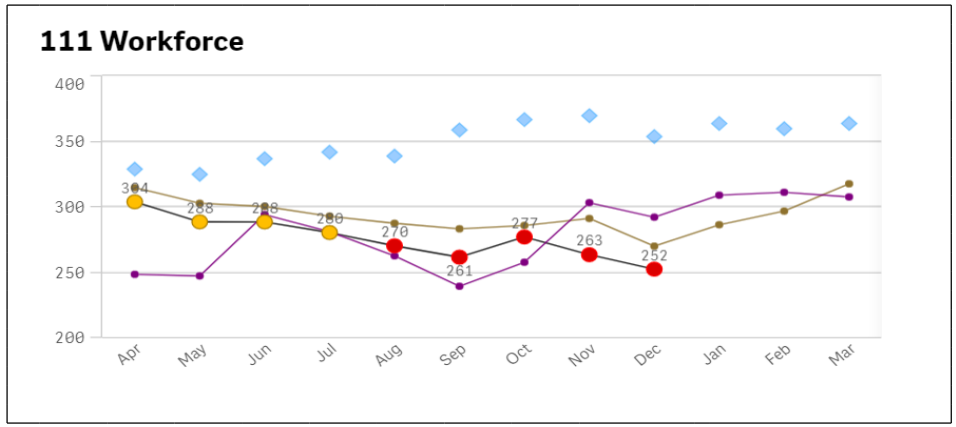
Frontline Attrition (Cumulative)



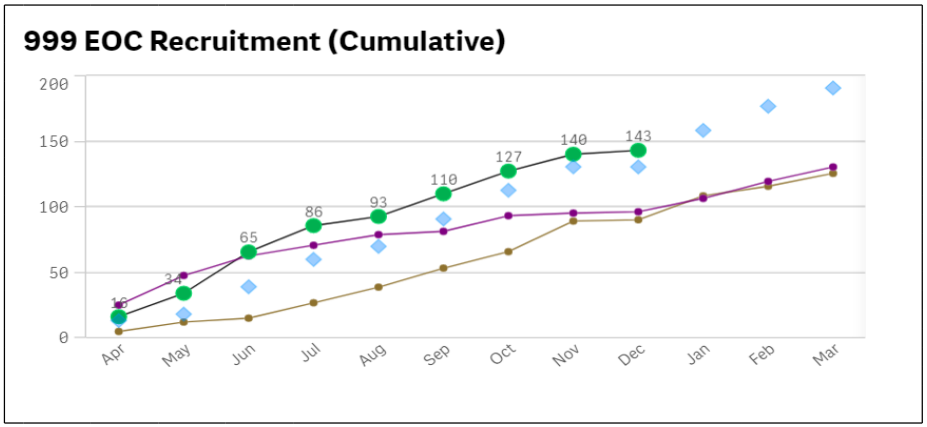
Comments:- Frontline attrition is high and higher than forecast, retention plans to address this are in operation.

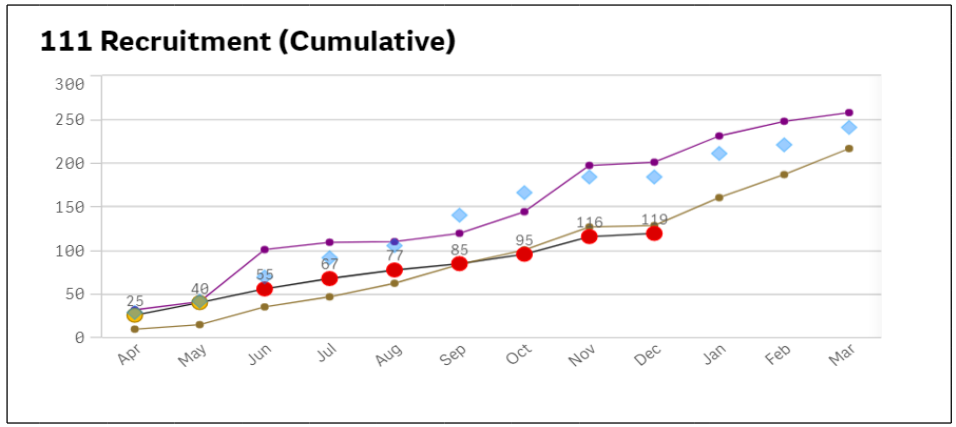
12 and 13 Statutory & Mandatory Training and Workforce





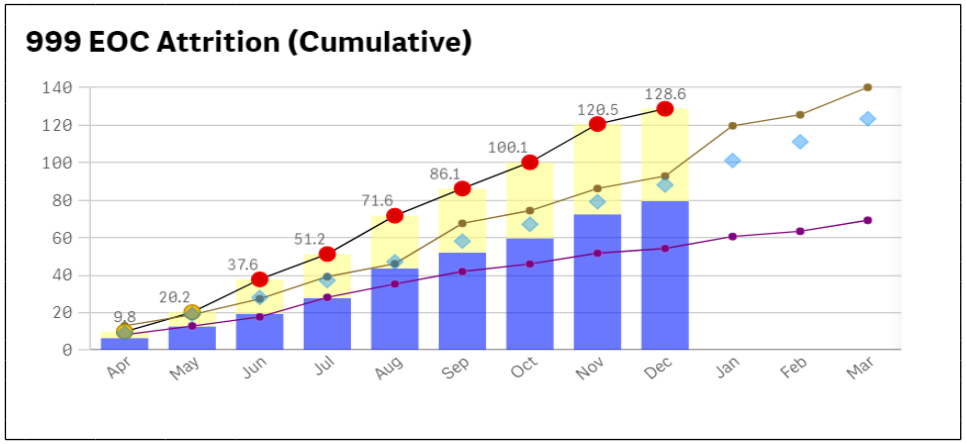
Comments:- Maintaining workforce levels for our call centre operations remain challenging.

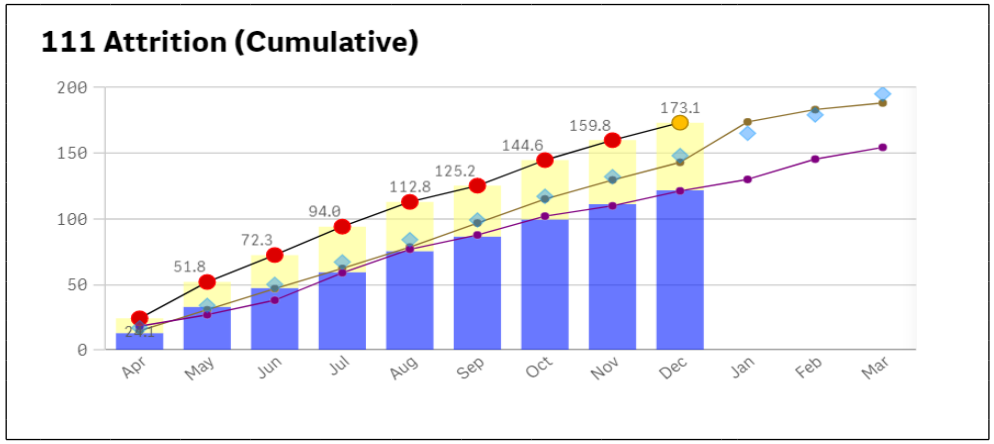




Comments:- We don't generally have new starter courses in December but we managed to bring in a small handful of additional people. Recruitment for EOC is ahead of plan but for 111 it remains difficult to find the part time people that we need.

12 and 13 Statutory & Mandatory Training and Workforce

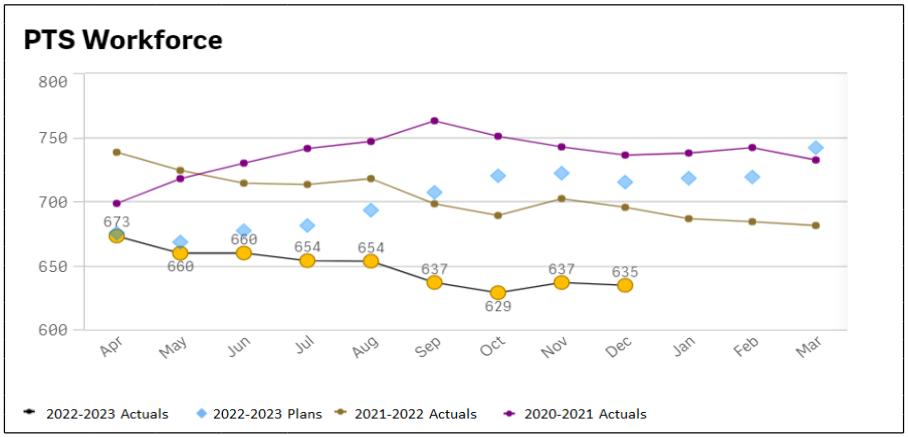




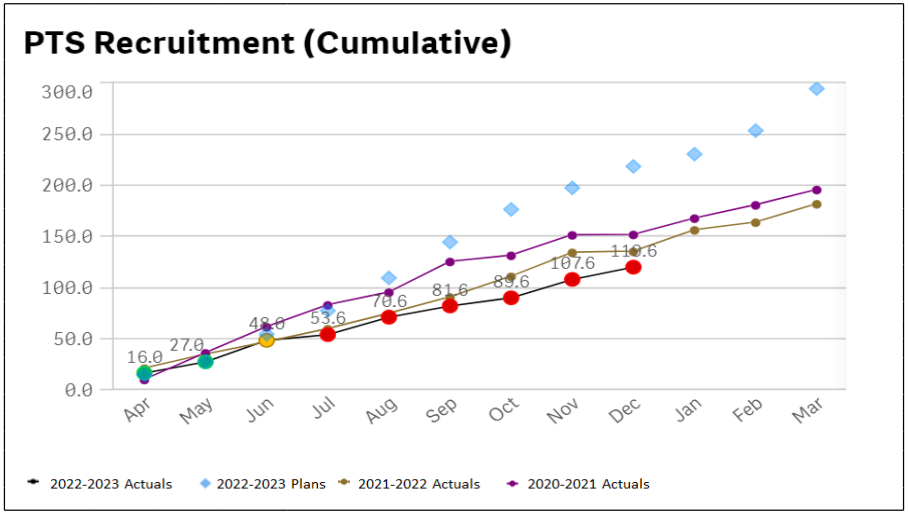
Comments:-

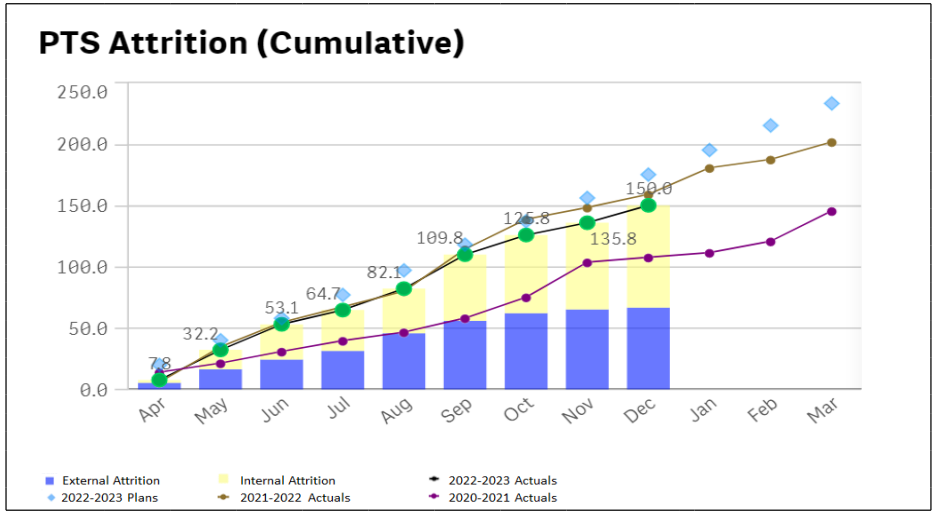
EOC attrition appears high but a significant % of this is internal attrition so the skills and expertise remain within SCAS. 111 attrition is higher than forecast

12 and 13 Statutory & Mandatory Training and Workforce



Comments:- PTS workforce numbers are below the plan for the year. Recruitment for PTS (band 2) has been much harder than in previous years.





Comments:- PTS attrition is looking reasonably healthy, below forecast and a significant proportion of internal movement. PTS recruitment remains difficult although there are some signs of improvement in the pipeline for Q4 this year.

National Ambulance Clinical Quality Indicators (CQI's)	
Cat 1	Time critical life-threatening event needing immediate intervention and/or resuscitation
Cat 2	Potentially serious conditions that may require rapid assessment, urgent on-scene intervention, and/or urgent transport
Cat 3	Urgent problem that needs treatment to relieve suffering and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.
Cat 4	Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe. 999 or 111 calls that may require a face to face ambulance clinician assessment.
Abandoned calls	The percentage of 999 callers who have hung up before their call was answered in an emergency control room.
Recontact 24hrs Telephone	The number of patients who have re-contacted the ambulance trust within 24 hours of them having called 999 and been offered clinical advice over the phone.
Recontact 24hrs On Scene	The number of patients who have re-contacted the ambulance trust within 24 hours of them having called 999 and then were discharged on scene following face to face ambulance assessment.
Frequent caller	The number of patients who have re-contacted the ambulance trust within 24 hours for whom a locally agreed frequent caller procedure is in place. These patients are referred to as "patients at risk" in SCAS.
Resolved by telephone	The proportion of 999 calls that have been resolved by providing telephone advice and no ambulance response.
Non A&E	The number of patients who have been cared for and treated at the scene of the 999 call or taken to somewhere other than an A&E department for treatment (for example, an NHS Walk-in Centre).
ROSC	The total number of patients who having had suffered a cardiac arrest and stopped breathing have then been recorded as having had a return of spontaneous circulation (a pulse/heartbeat) at the time of their arrival at hospital.
ROSC - Utstein	The number of patients who have been witnessed suffering a cardiac arrest and stopped breathing, whose heart was then in a rhythm which allowed it to be shocked with a defibrillator and have then been recorded as having had a return of spontaneous circulation (ROSC) at the time of their arrival at hospital.
STEMI - 60	The percentage of patients who have suffered an ST-elevation myocardial infarction (STEMI) – a type of heart attack – and who have received thrombolysis (treatment with a clot-busting drug) within 60 minutes of the original 999 call to attend them.
STEMI - 150	The percentage of patients who have suffered an ST-elevation myocardial infarction (STEMI) - a type of heart attack - and who then been directly transferred to a centre capable of delivering primary percutaneous coronary intervention (PPCI) and received angioplasty treatment within 150 minutes of the original 999 call to attend them.
STEMI - Care	The percentage of patients who have suffered an ST-elevation myocardial infarction (STEMI) - a type of heart attack - and who have received the correct treatment (appropriate care bundle) in line with ambulance guidelines.
Stroke - 60	The percentage of patients who have suffered a stroke, as confirmed by the face to face carrying out of a Face Arm Speech Test (FAST) and who were potentially eligible for stroke thrombolysis (treatment with a clot-busting drug) and who arrived at a hyper acute stroke centre within 60 minutes of the original 999 call to treat them.
Stroke - Care	The percentage of suspected stroke patients who were assessed face to face and who received the correct treatment (appropriate care bundle) in line with ambulance guidelines.

Cardiac - STD	The overall percentage of patients who having suffered a cardiac arrest and stopped breathing were successfully resuscitated and survived to be discharged from hospital.
Cardiac - STD Utstein	The percentage of patients who have been witnessed suffering a cardiac arrest and stopped breathing, whose heart was then in a rhythm which allowed it to be shocked with a defibrillator and were successfully resuscitated and survived to be discharged from hospital.
Time to Answer - 50%	The time taken to answer 999 calls in an emergency control room measured by the time below which 50% of calls were answered.
Time to Answer - 95%	The time taken to answer 999 calls in an emergency control room measured by the time below which 95% of calls were answered.
Time to Answer - 99%	The time taken to answer 999 calls in an emergency control room measured by the time below which 99% of calls were answered.
Time to Treat - 50%	The time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call, measured by the time below which 50% of patients were reached.
Time to Treat - 95%	The time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call, measured by the time below which 95% of patients were reached.
Time to Treat - 99%	The time taken for a health professional working for the ambulance trust to arrive at the scene of a Category A (immediately life-threatening) call, measured by the time below which 99% of patients were reached.

Other terms and abbreviations

Handover improvement	Hospital handover time is the time from hospital arrival by ambulance personnel to clinical handover to hospital clinical staff. This had a target of 15 minutes. Handover improvement is where the total handover time for all hospital arrivals has improved compared to the same period last year.
CQC	Care Quality Commission
HSE	The Health and Safety Executive
NHS Protect	NHS Protect leads on work to identify and tackle crime across the health service.
NPSA	National Patient Safety Agency
REAP	Resource Escalation Action Plan
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
CCG	Clinical Commissioning Group

Appendix B: Integrated performance Report (IPR) development plan and timeline – draft for discussion

Key actions and milestones

November 2022

BI team are working with external consultants to develop the calculations and Business Intelligence modelling required and automated feeds for SPC chart production. A template will be produced that can be applied to any metric.

Review of other ambulance and acute Trusts IPR's to determine what we want the new IPR to look like.

Mock up example of template using one performance metric – Hospital Handovers. Present October YTD data in an SPC format, alongside the current IPR.

Develop SPC chart training, development and implementation plan.

December 2022

Testing and application of SPC modelling and data feeds (BI team).

Present November YTD data in an SPC format for a further sample of operational KPI's, alongside the current IPR.

Develop the IPR to meets the demands of the governance workstream along while enabling better decision-making across operations.

Further engagement and feedback with key stakeholders on the IPR development.

January 2023

Terms of reference for the IPR to be considered and approved by the Trust board

Determine the format of the new IPR and work alongside the executive team to decide what data we want to include. Formats to be reviewed and approved by the board.

Provide training to management & other stakeholders on what SPC is and how it works. Explain why we are moving to SPC and the benefits this will bring to all parts of the Trust.

Further engagement and feedback with key stakeholders on the IPR development.

February 2023

Specification of the IPR completed and shared with Differentia

Funding request to the Delivery Group for approval

Draft IPR for the 999 Operational metrics shared internally with the operational and wider team for review and approval

March 2023

Further development and testing of the SPC IPR on QlikSense.

Draft the full IPR in SPC format for February M11 and share with the board for feedback.

April 2023

Update the IPR based on board feedback.

Second draft of the IPR in SPC format for March M12 and share with the board for feedback.

Final refinements to the IPR.

May 2023

Go Live with the new IPR in SPC format for the new financial year.

Report title:	**Board Governance Framework**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**11.a**
Executive Summary:	The Board considered the Board Governance Framework at its Seminar held on 15 December 2022, as attached at **Annex I.** The Framework had been developed in the light of the External Review of Governance which had made specific recommendations with regard to strengthening the Trust's corporate governance arrangements, based on sector best practice. Five key questions were posed within the Framework: **1.** Does the cycle of Board committees for the short to medium term reflect the existing risk in the organisation? **2.** Should Board committees review the relevant BAF risks at every meeting? **3.** Is there a need to establish a new Board Performance and Finance Committee? **4.** What is the Board's view on the function and status of the Strategy Group? **5.** Do Committee Chairs accept the specific recommendations from the External Review of Governance? Arising out of detailed discussion, the Board agreed the following actions: **i)** that the Board and Committee annual cycle of business be reviewed such that from April 2023, there would be much greater alignment and flow of information between the Board and assurance committees in addressing organisational risk; **ii)** that all Board Committees should have a standing item on relevant BAF risks at each meeting to ensure greater assurance and governance oversight; **iii)** that a Finance & Performance Committee be established and that expanded Terms of Reference be produced, following a review of other Board Committees' Terms of Reference to avoid duplication of effort;		

	iv) that the Strategy Group should continue to meet periodically as a Task & Finish Group in supporting the work of the Board in reviewing strategic issues; **v)** that Committee Chairs review specific recommendations relating to their Committees, as contained in the Review, and that the recommendations be formally considered at the next meeting of each Committee.			
Recommendations:	The Board is invited to **approve** the above actions in respect of the Board Governance Framework.			
Executive lead:	Mike Murphy, Executive Director of Strategy, Business Development and Corporate Governance			
Report author:	Michael Wood, Interim Director of Governance/Company Secretary			
Previously considered at:	Board Seminar on 15 December 2022			
Purpose of report:	Note ☐	Approve ☒	Assure ☐	
Paper Status:	Public ☒	Private ☐	Internal ☐	
Assurance level:	Significant ☒ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Strategic Objective(s):	All strategic objectives			
Links to BAF risks: (or links to the Significant Risk Register)	All BAF risks			
Quality Domain(s):	Not applicable			
Next Steps (what actions will be taken following agreement of the recommendations): Establishment of Finance & Performance Committee following finalisation of Terms of Reference; Further review of assurance role of Strategy Group; Revised Annual Cycle of Board and Committee Business to be in place by April 2023.				
List of Appendices: Board Governance Framework (Annex I)				

BOARD GOVERNANCE FRAMEWORK

(As considered at the Board Seminar on 15 December 2022)

1. Executive Summary

The purpose of this document is to present the External Review of Governance recommendations regarding Board governance and to seek the Board's view on the following questions:

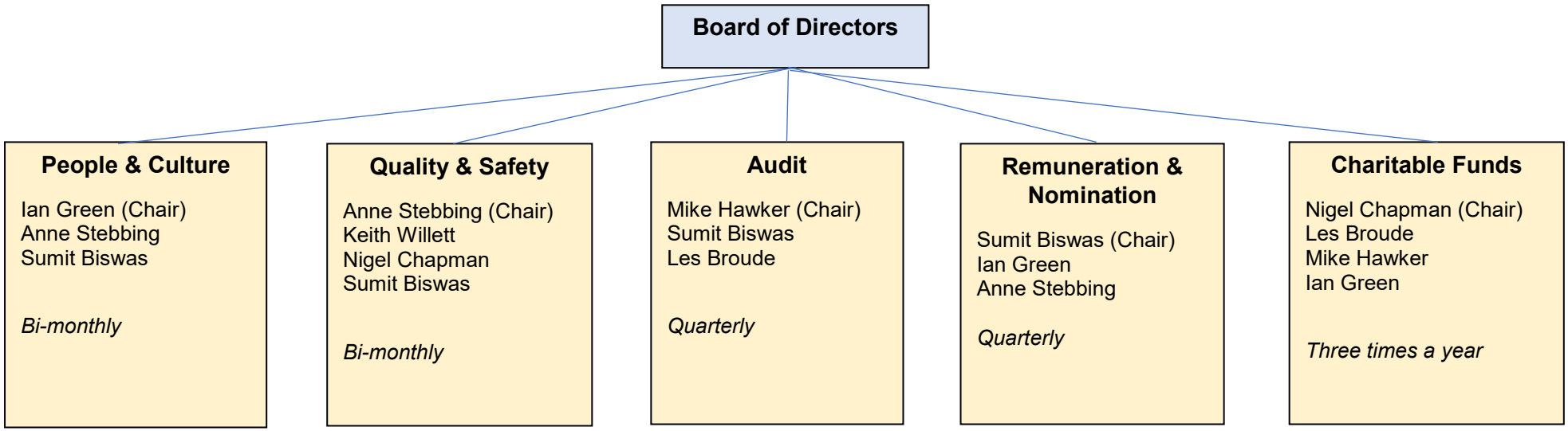
1. Does the cycle of Board committees for the short to medium term reflect the existing risk in the organisation?

2. Should Board committees review the relevant BAF risks at every meeting?

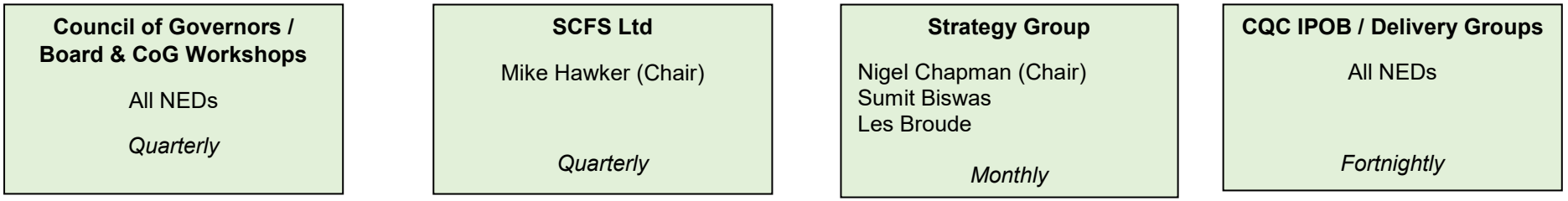
3. Is there a need to establish a new Board Performance and Finance Committee?

4. What is the Board's view on the function and status of the Strategy Group?

5. Do Committee Chairs accept the specific recommendations from the External Review of Governance?



Additional commitments



Question 1 - Does the cycle of Board committees for the short to medium term reflect the existing risk in the organisation?
Question 2 - Should Board committees review the relevant BAF risks at every meeting?

***N.B. *New NED appointments** – new Audit Chair to replace Mike Hawker, and new NED Dhammaka to replace Henrietta; Chair to confirm which Committees Dhammaka will join (and possibly replace other NEDs on Board Committees to balance NED commitments).*

Question 3: Is there a need to establish a new Board Performance and Finance Committee?

Recommendation:

> "Consider establishing a Performance and Finance Committee, reporting to the Board. This will provide better oversight in terms of performance, investment, CIPs and will engage a wider group of Executives and NEDs in finance related discussions.
>
> In addition, this would be an opportunity to review where the strategy agenda reports into from a governance perspective prior to discussions at Board. Currently, there is no formal assurance route other than directly at Board".

Part 1 - Performance and Finance Committee (PFC) Outline Terms of Reference

Purpose	The Committee will provide assurance to the Board that financial and operational performance is delivered in accordance with the agreed strategy, plans and trajectories.
Reporting	The Committee will receive assurance reports from the Executive Management Committee and Service Delivery Board. The Committee will report quarterly to the Audit Committee on the following areas for assurance: • Strategic objectives aligned to this Committee • BAF risks monitored by the Committee • Assurances and effectiveness of the Committee. The following triggers outline the framework for escalating an item from the Committee to the Board: • Performance or finance risks scoring 15 or higher residually, with inadequate mitigations in place or actions overdue / no assured plan to resolve • QCIP milestone non-delivery with no clear plan • Trajectory for financial or efficiency gain from QCIP programme off track by more than 10% • Variation of 10% from target or agreed trajectory • Variation from the year end projection.
Frequency	Six times a year
Membership	The Committee membership shall be appointed by the Board from amongst both the Executive Directors and Non-Executive Directors and shall consist of not less than three designated members. One Non-Executive member will act as Chair of the Committee.
Duties	Performance

	• Review areas of performance through deep dives into areas of focus and concern related to the IPR. This will include reviewing issues and risks for corrective action. • Provide information to other Board Committees on these key trends and issues. • Receive and review NHS benchmarking reports. • Seek assurance that actions to manage the Trust's compliance around activity levels are in line with contracted levels, financial limits and quality standards to meet contractual compliance for mandatory services. • Seek assurance that the measures incorporated in the Integrated Performance Report to the Board meet both internal requirements and those of external stakeholders to ensure the delivery of safe and effective services. • Seek assurance that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support the operational management of the organisation. <u>Finance</u> • Oversee and evaluate financial strategy. • See assurance on delivery of financial and operational targets (through IPR). • Consider forecasts for financial and operational information. • Review proposed annual, three and five year financial plans. • The effectiveness of the annual budget planning cycle. • Seek assurance on the financial position of the Trust including CIPs. • Oversee delivery of the financial sustainability plan. • Oversee the movement on reserve accounts, cash flow and balance sheet. • Monitoring of capital expenditure. • The effectiveness of appropriate policies. • To oversee delivery and planning for Cost Improvement Programme (CIP) and receive assurance on associated quality impact assessments and risk mitigations • To have oversight of the Trust's approach to bidding for new business, via the Commercial strategy.
Relationship to Audit Committee	The Board has determined that the Audit Committee will have responsibility for risk management, to gain assurance that appropriate systems of internal control are in place and are operating as intended, and that the Board Committee system is working appropriately. As such the Audit Committee has overall responsibility for the Board Assurance Framework and will delegate any appropriate areas to this Committee as required.

Options Appraisal for Performance and Finance Committee

	Option	Pros	Cons
1	Do nothing	No impact in terms of NED time commitment	Non-acceptance of recommendation which will need justification and explanation externally Gap in terms of how the Board seeks assurance in Finance, Performance and Strategy which gives rise to questions regarding Board effectiveness and assurance Limited time and assurance at Board meetings to delve into the relevant reports which do not satisfy the requirement.
2	Establish a Performance and Finance Committee	Accept recommendation from External Review Clear assurance map for Performance and Finance before main Board meeting – further mitigating risks in this area	Impact on NED and ED time (although this can be mitigated if NED membership is reviewed / reassigned in light of new NED appointments and / or NEDs stand down from CQC Delivery Groups - eventually IPOB). NED Chair to be appointed
3	Establish a Finance, *Investment* and Performance Committee	In addition to the outline Terms of Reference set out in Part 1, adding 'Investment' to the Committee's agenda means the Committee will not only provide oversight and challenge of the Trust's financial and operational performance, but will also review capital plans scrutinising major investments, including post evaluation reviews – approving business cases as required by SFIs and review the annual,	An extensive agenda that will require significant time from NEDs and Execs in order to be effective. Acceptance of recommendation which has been extended further to include investment remit

		three year and five-year capital plans for the Trust. A formal assurance route for significant business cases presented to the Board.	
4	Merge with Audit Committee	Either have a Part 1 / Part 2 approach and re-name as Audit and Finance Committee or, amend Terms of Reference so the AC receives the Finance report and IPR ahead of Board meetings. Based on existing Audit Committee membership	Additional time needed at Audit Committee Question how much time the Committee can spend on these additional areas when it already has a busy agenda

Question 4: What is the Board's view on the function and status of the Strategy Group?

The Strategy Group was established in July 2020 to consider and review strategic research, proposals and initiatives prior to their presentation to the Board. Its purpose is to help facilitate discussion and maximise time invested by challenge and review but is a non-decision making body. The Committee makes recommendation to the Board and is there to be called upon to advise. In particular, the Group was established to respond to a number of issues raised in the Carnell Farrar Well Led review.

Members:

- Nigel Chapman (Chair)
- Sumit Biswas
- Les Broude
- Mike Murphy
- Melanie Saunders
- Paul Kempster
- John Black.

Aims and Duties

The Group will:

- oversee the development of the medium- and long-term strategy and the strategic process
- review strategic, annual and short-term transformation and investment plans for suggestions and proposals for actions for later discussion/agreement by Trust Board
- review major business cases that relate to the Trust strategic agenda to ensure alignment and consider proposals for later discussion/agreement by Trust Board
- provide strategic assurance
- have a patient focus and be clinically led
- be staff focused, linking to the development/delivery of the OD strategy, supported by communications that support dissemination and the engagement of staff at appropriate points, allowing staff to "touch and feel it"
- help to focus debate at Board and ensure it can be drawn towards a clear conclusion
- respond to requests from Board to scrutinise strategic issues and review "feeder" strategies/plans
- be a sounding board (Challenge and review) for strategies/business cases on their way to Board
- be a test bed for ideas and thinking at Board level or further down the organisation
- the group will report a summary of activities and recommendations to Trust Board
- the group shall meet monthly, just prior to Trust Board meetings.

Options Appraisal for Strategy Group

	Option	Pros	Cons
1	Do nothing	Board members have a forum in which they can consider strategic process and strategic business cases	The external review advised that "currently, there is no formal assurance route other than directly at Board".
2	Establish a formal stand-alone Board Strategy Committee	Formal assurance route established with robust governance arrangements and delegated decision-making authority, as opposed to being a discussion forum. NEDs are already leading and attending this Group	The number of Board Committees will be 6 – 7 A Board Strategy Committee is not typically a long-standing Committee for NHS Trust Boards. A general view is that the Board agenda should be strategically focused, guided by its BAF.
3	Stand down NEDs in Strategy Group and convert this into an Executive Committee with assurance reporting up to Board Committees / Board	Puts ownership on the Executive to deliver the Strategy and provide upward assurance reports to Board / Board Committees. Strategy agenda item on Board agenda	Board Committees may need to make time on their agendas specifically for strategic updates in order to provide a more formal assurance route to Board.
4	Merge with another Board Committee – amend Terms of Reference for the Committee to function on Strategy e.g. People and Culture Committee	Using existing Board governance structure and with forward planning, the Board can receive assurance that Strategy has due attention at the Board Committee level before coming to main Board.	Strategy covers a wide range of areas so it will be difficult to assign this task to one Committee.

Question 5: Do Committee Chairs accept the specific recommendations from the External Review?

Committee	Recommendations	Notes
People & Culture *Ian Green / Melanie Saunders*	1. Review the committee workplan to clarify what papers go to the committee and what goes to the Board. If the Board needs the same paper, ensure the discussion from the committee is reflected in the paper 2. Ensure BAF is reviewed as well as risk register – the review should be of the risks, mitigations and actions 3. Improve the quality of papers - papers currently provide narrative and reassurance, not assurance/concerns that NEDs to be aware of. Writing for assurance training is recommended for those writing the reports 4. Ensure the committee identifies the items for escalation at the meeting to Board in the form of a committee upward report presented by the NED Chair of the committee 5. Use of data & benchmarking - discussion need to be driven by data and metrics. The use of IPR is recommended to enhance the discussion 6. Ensure papers are presented with a standardised front sheet, that has section providing level of assurance and purpose of the paper (for information, decision, assurance), which is also reflected on the agenda. They should also include a clear summary 7. Standardise upward reporting from other groups and meetings 8. Action tracker – use of a standardised template is recommended.	1- 5: Chair of Committee and MS to consider the recommendations 6, 7, 8: standardised front sheet and report template has been issued for Board Committees. Standard upward assurance report and action tracker template to be issued as part of Executive Governance Framework – December 2022.
Quality & Safety *Anne Stebbing / Helen Young*	1. Ensure the Committee has an updated detailed workplan and clear mapping against what papers were presented when 2. Ensure papers are presented with a standardised front sheet, that has section providing level of assurance and purpose of the paper (for information, decision, assurance), which is also reflected on the agenda	1. Chair of Committee and HY to consider. 2. Recommendation accepted – new cover sheet template to be used for all Board committees.

	3. Consider having a standardised format for operational groups to report to Board Committees; this would improve consistency, assurance and standardise reporting 4. This committee would benefit from better use of data. This would improve discussion around themes and 'so what' 5. Review the agenda so that upward reports get discussed earlier on the agenda - that is what provides the assurance to the Board 6. Considering the quality and safety challenges highlighted by CQC, review the frequency of the meeting 7. Board needs a session on BAF and risk appetite as well as PSIRF - spent far too long discussing the format of BAF and RR, rather than content 8. Avoid the duplication of items going to different committees - for ex: long wait and operational performance reports discussed here, unsure of the purpose. Why does the audit committee need to report to this committee - Need to be careful to avoid duplication - for ex: FTSU etc.	3. Standard upward reporting template to be issued to Executive as part of Executive Governance framework – Dec 2022. 4. Chair of Committee and HY to consider. 5. Chair of Committee and HY to consider. 6. Chair of Committee and HY to consider. 7. GGI are leading on BAF and risk appetite – Board Seminar in February 2023. HY to advise on Board session re: PSIRF. 8. Chair of Committee and Audit Committee / HY and AP to consider forward work plans and remits of Q&S and Audit Committee.
Audit *Mike Hawker / Aneel Pattni*	1. The Risk paper presented at this committee should be reviewed to provide assurance around risk identification, risk mitigation and risk management to the Audit Committee, rather than an update on BAF or Corporate risks 2. Consider an annual plan and review of the quality of papers; this will help move the Committee into a stronger assurance function and away from operational detail 3. The Executives should be held to account on Internal Audit actions at the Risk Assurance and Compliance Committee, to ensure there are no delays in completing the older actions.	1. GGI are reviewing this as part of their Statement of work. 2. Chair of Committee and CFO to consider an annual plan. Use of standard cover sheet and report template will improve assurance reporting. NHS Provider training to Senior Leaders and Exec on providing assurance reports to Board. 3. Recommendation accepted – IA action report is a standing agenda item at RACC going forward.

South Central Ambulance Service NHS Foundation Trust

Report title:	**Board Assurance Framework Update**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**11.b**
Executive Summary:	**The Board should note the following risks in particular:** **1: Poor Clinical Governance and Practices.** The Risk Assurance & Compliance Committee (RACC) met **on 11 January 2023 and** discussed the risk rating with the decision to move the **rating down** from 20 (Catastrophic x Likely) to 15 (Catastrophic x Possible) based on the significant improvements made through the completed actions in the workstreams (Patient Safety, Medical Devices and Safeguarding). Safeguarding ICT remains a significant risk area, as well as the PTS referral process. The team is working with ICT and Doc-works to improve the situation. **2: Inability to meet demand on services.** This risk continues to remain at 25, due to the issues experienced in handover delays as well as demand being above expectation due to the Strep A and other illnesses in the community. **7 & 8: Recruitment and retention of clinical and non-clinical staff.** This continues to be high risk area with a large volume of vacancies across the Trust, including in the EOC and 111 areas. External factors play a significant part in the risk with the on-going cost of living crisis reducing the value of pay increases and reducing the competitiveness of the roles within the market. **10: Poor IT Resilience.** RACC discussed the current IT resilience risk and have **raised** the risk rating to 20 (Catastrophic x Likely) from 16 (Major x Likely) based on the on-going issues within the PTS space with Cleric and the Safeguarding system, Doc-works. Should these issues continue then there could be a potential deterioration of commercial revenue and reputational impact to the Trust. **New Risk** **12: Inability to respond to a major incident.** Following the request at the previous Board meeting, a new risk has been assessed, and has been reviewed at RACC and assigned to Quality & Safety. It has been determined that the risk is low due to the controls in place (dedicated teams such as HART and SORT as well as the immediate release of ambulances).		

Recommendations:	The Board is invited to **approve** the above changes to the Board Assurance Framework.			
Executive lead:	Mike Murphy, Executive Director of Strategy, Business Development and Corporate Governance			
Report author:	Steven Dando, Corporate Risk Manager			
Previously considered by:	Quality & Safety Committee, 12 January 2023 Risk, Assurance and Compliance Committee, 11 January 2023			
Purpose of report:	Note ☐	Approve ☒	Assure ☐	
Paper Status:	Public ☒	Private ☐	Internal ☐	
Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Strategic Objective(s):	All strategic objectives			
Links to BAF risks: (or links to the Significant Risk Register)	All BAF risks			
Quality Domain(s):	Not applicable			
Next Steps (what actions will be taken following agreement of the recommendations): • Any changes recommended by the Board will be made to the Board Assurance Framework.				
List of Appendices: Risk Dashboard				

South Central Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2022/2023

Reporting Dates:

Risk, Assurance & Compliance Committee……05/01/2023

Quality & Safety Committee……..12/01/2023

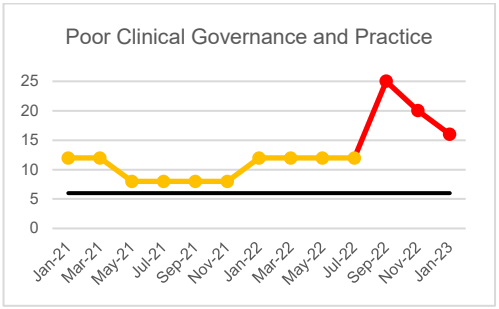
Audit Committee……N/A

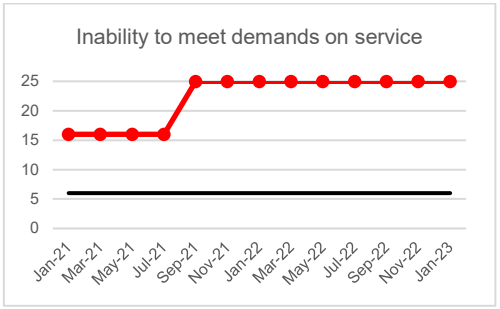
Board……26/01/2023

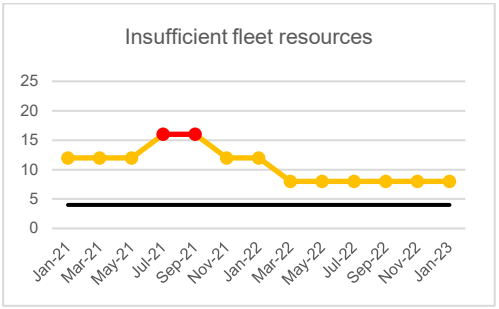
Board Assurance Framework Dashboard

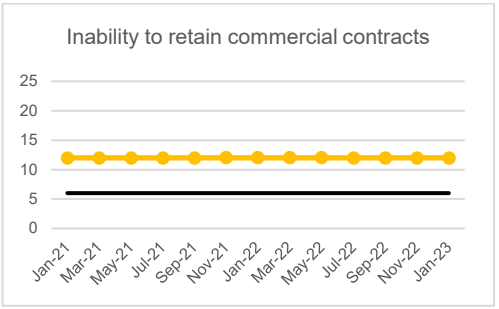
Risk #	SCAS Objective	Risk Title	2021					2022						2023
			Mar	May	Jul	Sep	Nov	Jan	Mar	May	Jul	Sep	Nov	Jan
1	Clinically-Led	Poor clinical governance and practices	12	8	8	8	8	12	12	12	12	25	20	15
2	Service Quality & Patient Experience	Inability to meet demand on services	16	16	16	25	25	25	25	25	25	25	25	25
3		Insufficient fleet resources	12	12	16	16	12	12	8	8	8	8	8	8
4		Inability to retain commercial contracts	12	12	12	12	12	12	12	12	12	12	12	12
5	Partnership & Stakeholder Engagement	Lack of SCAS representation at health economies	6	6	6	6	6	6	6	6	6	6	6	6
6	Finance & Sustainability	Sufficient and stable financial resources	12	12	12	12	12	12	12	12	12	12	12	12
7	People & Organisational Development	Inability to recruit and/or retain non-clinical staff	9	9	9	20	20	20	20	20	20	20	20	20
8		Insufficient clinical staff to meet demand	8	8	8	8	8	8	8	8	8	20	20	20
9		Loss of corporate memory	9	9	9	9	9	12	12	12	12	16	16	16
10	Technology Transformation	Poor IT resilience	12	12	12	12	12	12	12	12	12	12	16	20
11	All Objectives	Inability to maintain operations due to a business continuity event	20	20	20	20	20	20	20	20	20	12	12	12
12	Service Quality & Patient Experience	Inability to respond to a major incident												8

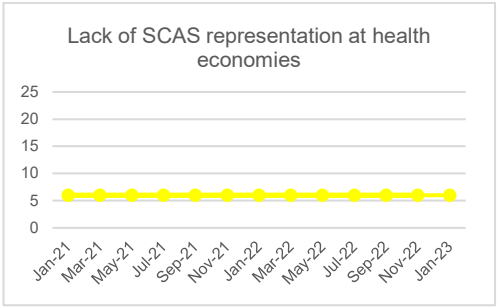
Board Assurance Framework Dashboard- Graphs

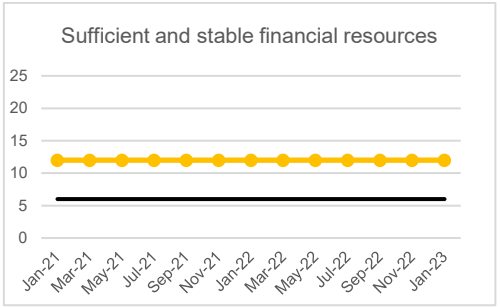


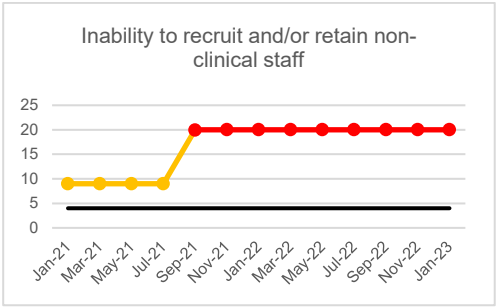


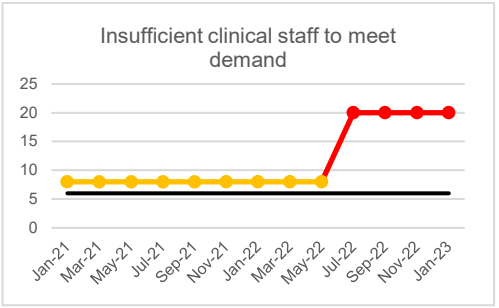


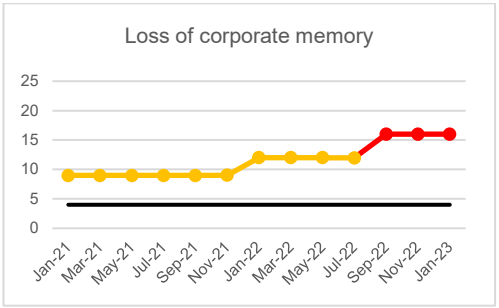


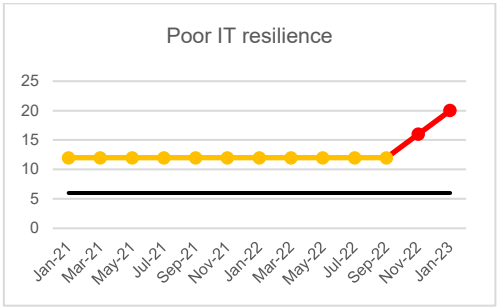


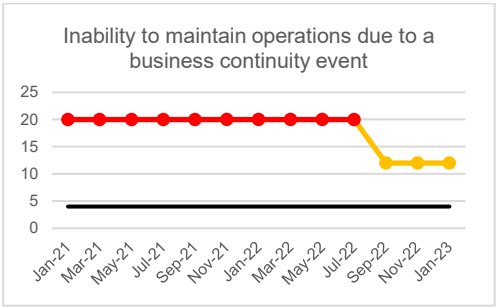


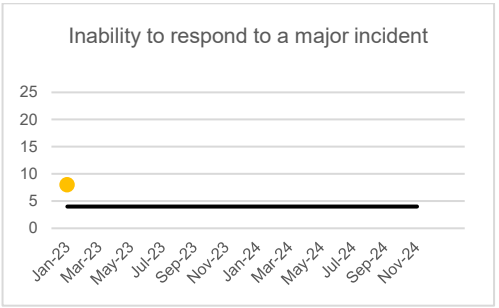












Target Rating = ———

Where the current risk exposure is at the target rating, only the current rating will show.

NHS
South Central Ambulance Service
NHS Foundation Trust

Report title:	**Finance and Estates Report for the month ended 31st December 2022**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday 26 January 2023**	**Agenda Item:**	**12**
Executive Summary:	1. The reported financial position for the month of December was a surplus to plan of £2k after a profit from disposal (£2k). 2. The year-to-date position is £58k adverse to plan. 3. The forecast for the year remains at the budgeted, break-even, level. 4. Cash and capital: a. The Trust's cash balance at the end of December stood at £48,986k. b. Capital spend to date is reported as £2,137k against a capital budget of £4,246k. 5. NHS Improvement Use of Resource – overall rating is 2. The budgeted rating is 1. 6. Cost savings – Overall, the savings were £549k in the month, £644k below plan in the month.		
Recommendations:	The Trust Board is asked to: Note the current financial position of the Trust.		
Executive lead:	Aneel Pattni, Chief Finance Officer		
Report author:	Nuala Donnelly, Head of Finance		
Previously considered by:	December 2022 and every bi-monthly Board meeting in public		

Purpose of report:	Note ☒	Approve ☐	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Strategic Objective(s):	Finance & Sustainability
Links to BAF risks: (or links to the Significant Risk Register)	Risk 6 - Sufficient and stable financial resources
Quality Domain(s):	All Quality Domains
Next Steps (what actions will be taken following agreement of the recommendations):	

List of Appendices:

Appendix A1: Financial Results for Month 9 ended 31st December 2022
Appendix B: Financial Results for Month 9 ended 31st December 2022 – Income Analysis
Appendix C: Key Operational Spend
Appendix D: NHS Improvement Use of Resource Rating
Appendix E: Cashflow 2022-23
Appendix F: Capital Expenditure 2022/23
Appendix G: Balance Sheet, as at 31st December 2022

NHS
South Central Ambulance Service
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FINANCE REPORT

PURPOSE

1 The purpose of the paper is to:

- Present an update on the Trust's latest financial position, covering income and expenditure; cash, capital, and liquidity; NHS Improvement financial Use of Resource rating; and cost savings.
- Provide assurance to the Board that actions are in place to address any areas where the Trust's financial performance is adversely behind plan at this stage of the financial year.

EXECUTIVE SUMMARY

2 *Income and expenditure* – The reported financial position for the month of December was a surplus to plan of £2k after a profit on disposal of £2k. The year-to-date position is £58k adverse to plan (£168k adverse to plan after system reporting adjustments for profits on disposal and IFRS16 leases).

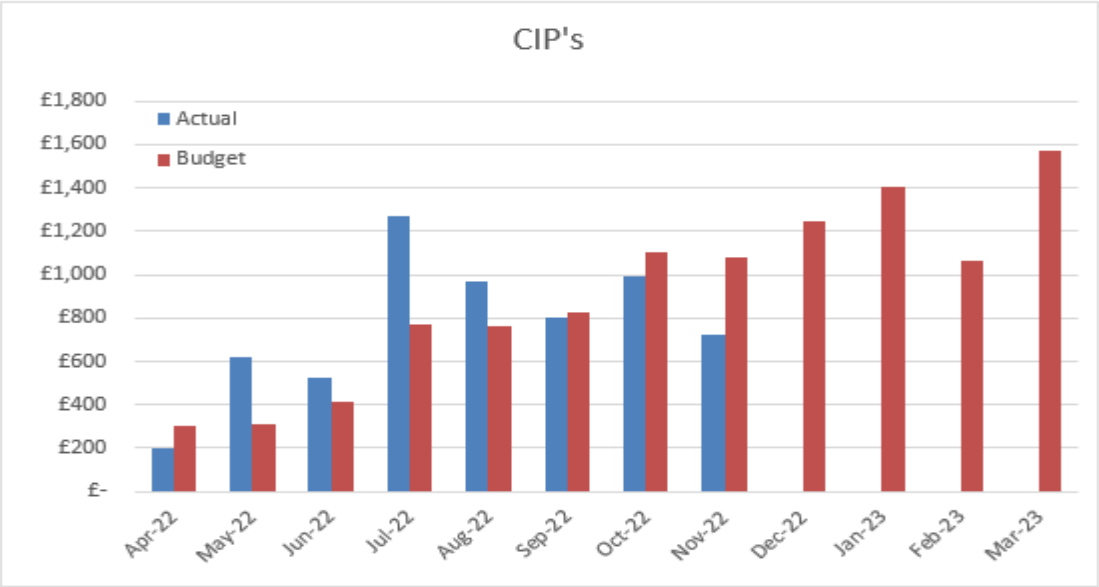
3 Cash and capital -

- The Trust's cash balance at the end of December stood at £48,986k.
- The total capital spend is therefore £3,771k on an original budget of £4,246k with £2,212k additional capital CDEL (Capital Department Expenditure Limit) agreed by NHS England.
- The 90-day debtor total stood at £357k at the end of December (up from £253k in November) representing 14.2% of total sales debt (up from 7.21% in November).

4 NHS Improvement Use of Resource – the NHS Improvement Use of Resource rating overall is 2. The budgeted rating is 1. This comprises a capital service cover (debt interest cover) rating which is a 1, a liquidity rating which is a 1, I&E Margin rating is a 2 and I&E Margin variance from plan rating, which is a 1 for November 2022. The Agency Rating is 3.

5 Cost savings – plans to deliver savings of £10,788k have been incorporated into the financial plan for the year. Overall, the savings were £549k in the month, £644k below plan in the month. Details of the scheme's performance can be found in the integrated

performance report. The table below provides a trend line for actual and planned savings.



INCOME AND EXPENDITURE

6 As can be seen from the table below, the reported financial position for the month of December was a break-even position before a surplus of £2k on the profit on disposal. Overall, the surplus was £2k better than planned. The year-to-date position is £58k adverse to plan.

Income was £1,140k higher than budget. For emergency services, income was above budget by £838k. Income from National Covid Services was £70k above planned budget. The covid recharge was £7k more than plan. Corporate income was higher than budget by £100k. Non-emergency services income was £125k higher than budget.

Overall costs were £1,140k higher than budget. Spend on Emergency services was £873k higher than plan. Spend for the National Covid Services was above plan by £25k. The covid recharge was more than planned by £7k. There was an overspend of £114k on non-emergency services. Corporate costs were £121k higher than budgeted.

		Month			Year to date			Full Year		
		Actual	Budget	Budget Variance	Actual	Budget	Budget Variance	Forecast	Budget	Variance to budget
Profitability										
SCAS Income	£k	28,000	26,860	1,140	245,328	239,608	5,720	327,259	319,994	7,265
SCAS Contribution	£k	4,170	4,149	21	35,425	37,931	(2,506)	47,633	50,377	(2,744)
% Contribution	%	15%	15%	(1%)	14%	16%	(1%)	15%	16%	-1%
Corporate overheads	£k	4,170	4,149	(21)	35,716	37,931	2,214	47,634	50,377	2,743
EBITDA	£k	(126)	(0)	(126)	(913)	(0)	(913)	(1,087)	(0)	(1,419)
EBITDA %	%	(0%)	(0%)		(0%)	(0%)		(0%)	(0%)	
Net Surplus/(Deficit)	£k	0	(0)	0	(291)	(0)	(291)	(0)	(0)	0
% Surplus/(Deficit)	%	0%	(0%)	0%	(0%)	(0%)	(0%)	(0%)	(0%)	0%
Profit/(Loss) on Disposal		(2)	0	(2)	232	0	232	232	0	232
Overall Surplus/(Deficit)		(2)	0	(2)	(58)	0	(58)	232	0	232

In reporting to the ICB (Integrated Care Board), the year-to-date position is £168k adverse to plan after system reporting adjustments for profits on disposal and IFRS16 leases.

System Achievment Adjustments									
Overall Surplus/(Deficit)	(2)	0	(2)	(58)	0	(58)	232	0	232
Less gains on disposal of assets	2	0	2	(232)	0	(232)	(232)	0	(232)
IFRS 16	14	0	14	123	0	123	0	0	0
System Reported Surplus/(Deficit)	14	0	14	(168)	0	(168)	0	0	0

7 The spend includes agency costs to support the Covid and CQC related workstreams. For the month, agency costs of £624k were incurred of which £144k relates to Covid workstreams, 175k in relation to improvement and CQC workstreams and other operational spend of £305k.

NHS Improvement sets expenditure ceilings on the total amount individual trusts can spend on agency staff across all staff groups, for SCAS this is £3,595k for the year, £300k per month. The Trust performance against its agency ceiling is being monitored monthly.

8 Further information can be seen in the following appendices:

- Appendix A1 – income and expenditure monthly position
- Appendix C – key operational ratios for income and expenditure

CASH AND CAPITAL

9 A capital plan of £6,405k has been agreed for the financial year. In December, a further unfunded £2,212k was added centrally by NHSE/I to our capital plan specifically for the increase in ambulance numbers. Detail of the plan is included as Appendix F.

10 Capital spend to date stood at £2,137k against a capital budget of £4,246k.

11 The Trust's cash balance at the end of December stood at £48,986k.
Receipts were £29,544k, capital spend was £108k, capital spend on sale and lease back was £31k and payments were £33,221k.
Capital cash spend stood at £2,134k at December set against the capital cash budget of £4,246k. Capital spend on the sale and leaseback ambulances stood at £1,637k up to December. The expected sale and leaseback of the 2022/23 cohort has now been pushed back to April 2023 due to issues meeting the BN1789:2020 standard.

The total capital spend is therefore £3,771k on an original budget of £4,246k with £2,212k additional capital CDEL (Capital Department Expenditure Limit) agreed by NHS England. The year-to-date variance of £14,048k on working capital reflects revised profiling on changes to provisions, payables, and receivables.

		Month			Year to date			Full Year		
		Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Variance to budget
Cash and capital position										
EBITDA	£k	1,733	1,675	57	10,730	12,807	(2,077)	17,565	17,832	(267)
Working capital mov't	£k	(4,994)	(200)	(4,793)	(14,146)	(98)	(14,048)	(21,656)	(3,243)	(18,413)
Capital Expenditure	£k	(108)	(560)	452	(2,134)	(4,246)	2,112	(6,405)	(6,405)	0
IFRS 16 Leases	£k	(605)	(915)	310	(5,123)	(5,967)	844	(8,712)	(8,712)	0
Capital Sale and Leaseback Ex	£k	(31)	0	(31)	(1,637)	0	(1,637)	2,212	4,903	(2,691)
Capital Sale and Leaseback Inc	£k	0	0	0	0	0	0	0	(4,903)	4,903
Capital Disposals	£k	0	0	0	0	0	0	0	0	0
PDC paid	£k	0	0	0	(360)	(600)	240	(960)	(1,200)	240
Interest	£k	189	0	189	746	0	746	1,171	0	1,171
Other	£k	0	0	0	0	0	0	0	0	0
Cashflow	£k	(3,816)	0	(3,816)	(11,924)	1,896	(13,820)	(16,785)	(1,728)	(15,057)
Cash balance	£k	48,986	60,929	(11,943)	48,986	60,929	(11,943)	41,913	59,182	(17,269)

12 The 90-day debtor total stood at £357k at the end of December (up from £253k in November) representing 14.2% of total sales debt (up from 7.21% in November). The residual debt at risk of falling into the 90-day category is £262k.

13 Further information can be seen in the following appendices:

- Appendix D – key financial ratios, including liquidity.
- Appendix F – capital expenditure 2022/23
- Appendix G – balance sheet and budget to 31 March 2023

FUTURE PERFORMANCE

14 The forecast for the year remains at the budgeted, break-even, level.

15 The Executive Team will monitor the position closely and take mitigating actions when risk start to manifest.

RECOMMENDATIONS TO THE BOARD

16 The Board is asked to note the current financial position of the Trust.

Aneel Pattni
Chief Finance Officer

South Central Ambulance Service NHS Foundation Trust (Appendix A1)

Financial results for Month 9 ended 31st December 2022

	Month			Year to date			Full Year				
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Prior Year	Variance to budget	Variance to Prior Year
	£000's	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*
TOTAL SCAS INCOME	**28,000**	**26,860**	**1,140**	**245,328**	**239,608**	**5,720**	**327,259**	**319,994**	**331,507**	**7,265**	**(4,248)**
Emergency Services (inc. 111)											
Income	21,724	20,817	907	188,133	185,210	2,923	251,122	247,468	241,976	3,654	9,146
Direct costs	18,144	17,246	(898)	158,196	152,893	(5,303)	210,725	204,398	195,580	(6,327)	(15,145)
Gross contribution	3,580 16%	3,571 17%	10 -1%	29,937 16%	32,317 17%	(2,380) -2%	40,396 16%	43,070 17%	46,395 19%	(2,673)	(5,999)
Covid-19											
Income	794	787	6	7,259	7,080	179	9,440	9,440	17,118	0	(7,678)
Direct costs	794	787	(7)	7,259	7,080	(179)	9,440	9,440	17,119	0	(7,679)
Gross contribution	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	(0) 0%	0	0
Non-Emergency Services											
Income	5,143	5,017	125	46,651	45,156	1,495	62,193	60,207	56,917	1,986	5,276
Direct costs	4,553	4,439	(114)	41,163	39,542	(1,621)	54,957	52,900	49,935	(2,056)	(5,022)
Gross contribution	590 11%	578 12%	12 0%	5,488 12%	5,614 12%	(126) -1%	7,237 12%	7,307 12%	6,983 12%	(70)	254
Contribution Operational Activities	**4,170**	**4,149**	**21**	**35,425**	**37,931**	**(2,506)**	**47,633**	**50,377**	**53,378**	**(2,744)**	**(5,745)**
Central Costs											
Clinical Services	466	495	30	4,072	4,294	222	5,905	5,779	5,158	(126)	(747)
Finance	322	310	(12)	2,579	2,807	228	3,591	3,736	3,991	146	400
Estates	855	791	(64)	7,061	7,123	62	9,634	9,498	9,340	(136)	(293)
IM&T	321	843	522	6,873	7,589	716	9,620	10,119	9,303	499	(317)
Human Resources	396	363	(33)	3,186	3,218	32	4,234	4,306	3,990	72	(244)
Education Services	473	473	0	4,294	4,186	(109)	5,644	5,603	5,409	(40)	(234)
Service Development	459	167	(292)	2,299	1,453	(846)	3,598	1,954	1,792	(1,645)	(1,806)
Communications & Public Engag't	49	56	7	450	506	56	594	675	521	81	(73)
Corporate	71	72	1	585	650	65	827	867	988	40	161
Other	159	(200)	(359)	(1,590)	(900)	690	(3,700)	(1,500)	1,342	2,200	5,042
Loss/(Profit) on disposal	0	0	0	0	0	0	0	0	0	0	0
Depreciation	639	678	39	5,753	6,106	353	7,776	8,140	10,608	364	2,468
Financing Costs	(40)	100	140	154	900	746	(87)	1,200	911	1,287	998
Total overhead costs	**4,170**	**4,149**	**(21)**	**35,716**	**37,931**	**2,213**	**47,634**	**50,377**	**53,354**	**(2,743)**	**5,355**
Net surplus/(deficit)	**0**	**(0)**	**0**	**(291)**	**(0)**	**(291)**	**0**	**(0)**	**23**	**0**	**(23)**
Profit/(Loss) on disposal	**2**	**0**	**2**	**232**	**0**	**232**	**232**	**0**	**272**	**232**	**(41)**
Surplus/(deficit) for the year	**2**	**(0)**	**2**	**(59)**	**(0)**	**(59)**	**232**	**(0)**	**295**	**232**	**(64)**
System Reporting Adjustments	0			0					0		
Less gains on disposal of assets	**(2)**	**0**	**(2)**	**(232)**	**0**	**(232)**	**(232)**	**0**	**(272)**	**(232)**	**(41)**
IFRS 16 - Peppercorn Lease	**14**	**0**	**14**	**123**	**0**	**123**	**0**	**0**	**0**	**0**	**0**
Surplus/(deficit) for the year	**14**	**(0)**	**14**	**(168)**	**(0)**	**(168)**	**0**	**(0)**	**23**	**0**	**(104)**
Depreciation	**639**	**678**	**39**	**5,753**	**6,106**	**353**	**7,778**	**8,142**	**10,608**	**364**	**2,829**
Public dividend capital	**100**	**100**	**0**	**900**	**900**	**0**	**1,000**	**1,200**	**960**	**200**	**(40)**
Net interest payable	**(140)**	**0**	**140**	**(746)**	**0**	**746**	**(1,087)**	**0**	**(49)**	**1,087**	**1,038**
Profit on disposal	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**272**	**0**	**(272)**
EBITDA	**602**	**778**	**(177)**	**5,847**	**7,006**	**(1,159)**	**7,923**	**9,342**	**11,543**	**(1,419)**	**(3,620)**
%	2.1%	2.9%	0.0%	2.4%	2.9%	0.0%	2.4%	2.9%	3.5%	0%	0%

South Central Ambulance Service NHS Foundation Trust (Appendix B)

Financial results for Month 9 ended 31st December 2022

Income analysis	Month Actual	Month Budget	Month Variance	Year to date Actual	Year to date Budget	Year to date Variance	Full Year Forecast	Full Year Budget	Full Year Prior Year	Variance to budget	Variance to Prior Year
	£000's	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*
Emergency Services											
E&U Contract	16,253	16,084	169	142,657	140,410	2,247	191,359	188,662	176,021	2,697	15,338
HART income	332	312	20	2,872	2,810	62	3,747	3,747	3,708	0	39
111 Service	3,755	3,234	521	30,182	29,109	1,073	40,606	38,811	37,658	1,794	2,948
National Covid Services	620	550	70	7,087	7,231	(145)	8,515	8,689	18,098	(174)	(9,583)
Public Events	8	8	(0)	290	76	214	327	101	251	226	76
CBRN/Flu funding	96	177	(81)	924	1,591	(667)	1,232	2,121	897	(889)	335
RTA Recoveries	27	27	0	205	240	(35)	320	320	250	0	70
Training funding from Health Education England	0	44	(44)	345	399	(54)	532	532	727	0	(195)
Workshop Income	32	44	(12)	305	320	(15)	452	452	273	0	178
Other Income	600	336	264	3,265	3,025	240	4,033	4,033	4,092	0	(58)
AfC Transfer	0	0	0	0	0	0	0	0	0	0	0
Total Emergency Services	**21,724**	**20,817**	**907**	**188,133**	**185,210**	**2,923**	**251,122**	**247,468**	**241,976**	**3,654**	**9,146**
Covid Recharge	**794**	**787**	**7**	**7,259**	**7,080**	**179**	**9,440**	**9,440**	**17,118**	**0**	**(7,678)**
Corporate Income	**339**	**239**	**100**	**3,286**	**2,162**	**1,123**	**4,503**	**2,879**	**15,495**	**1,625**	**(10,992)**
Non-Emergency Services											
Total Non-Emergency Services	**5,143**	**5,017**	**125**	**46,651**	**45,156**	**1,495**	**62,193**	**60,207**	**56,917**	**1,986**	**5,276**
Total income	**28,000**	**26,860**	**1,140**	**245,328**	**239,608**	**5,720**	**327,259**	**319,994**	**331,507**	**7,265**	**(4,248)**

South Central Ambulance Service NHS Foundation Trust

Appendix C

Key Operational Spend (£k)	Actual Dec-22	Budget Dec-22	Variance Dec-22 +/(-)	Actual YTD	Budget YTD	Variance YTD +/(-)	Forecast	Budget	Variance Full Yr +/(-)	Prior year Full Yr
Overtime										
- A&E - North	266	24	-243	2,793	969	-1,824	3,386	1,131	-2,255	3,384
- A&E - South	383	219	-163	2,496	1,229	-1,267	3,424	1,508	-1,916	2,463
- A&E - Control	108	8	-100	949	236	-713	1,224	243	-981	682
- A&E - Comm Resp/Emer Plan/Fleet	157	35	-122	895	318	-577	1,119	425	-695	634
- Commercial Division - PTS	153	107	-46	951	960	9	1,429	1,280	-149	1,354
- Commercial Division - non-PTS	3	3	-0	24	24	-0	33	33	-0	34
- Other	76	87	10	1,145	725	-420	1,352	932	-420	2,913
Total Overtime	**1,146**	**482**	**-664**	**9,253**	**4,462**	**-4,791**	**11,967**	**5,552**	**-6,415**	**11,464**
Private Providers										
- A&E - North	1,333	1,564	232	11,033	12,880	1,847	14,854	17,287	2,433	12,823
- A&E - South	440	346	-94	3,183	2,583	-600	4,533	3,568	-965	4,125
- PTS	1,941	1,670	-271	17,629	15,200	-2,429	23,353	20,213	-3,140	15,476
Total private providers	**3,713**	**3,580**	**-133**	**31,845**	**30,663**	**-1,182**	**42,739**	**41,068**	**-1,672**	**32,424**
Fuel										
- A&E	387	357	-29	3,523	3,323	-200	4,688	4,396	-292	2,636
- Commercial Services	162	147	-14	1,567	1,325	-242	2,127	1,767	-360	1,301
- Fleet central	0	0	0	0	0	0	0	0	0	0
- Other	60	36	-24	501	325	-176	398	433	34	428
Total fuel	**609**	**540**	**-68**	**5,592**	**4,974**	**-618**	**7,213**	**6,595**	**-618**	**4,365**

South Central Ambulance Service NHS Foundation Trust

Appendix D

NHS Improvement Use of Resource Rating

	Dec-22 Actual	Dec-22 Budget	Dec-22 Variance	YTD Actual	YTD Budget	YTD Variance	Full Year Forecast	Full Year Budget	Full Year Variance
Capital Service Cover	1	1	0	1	1	0	1	1	0
Liquidity	1	1	0	1	1	0	1	1	0
I&E Margin	2	2	0	2	2	0	2	2	0
I&E Margin Variance From Plan	1	1	0	1	1	0	1	1	0
Agency	3	1	2	3	1	2	1	1	0
Overall (Financial Sustainability Risk Rating)	**2**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**0**

	Dec-22 YTD	Nov-22 YTD	Oct-22 YTD	Last Year Full year	Comments
Better payment practice target					
- Non-NHS by number	96%	95%	95%	95%	
- Non-NHS by £ value	97%	97%	97%	97%	
- NHS by number	96%	96%	96%	94%	
- NHS by £ value	100%	100%	100%	99%	
Debtors > 90 days (£k)	357	253	478	220	
As % of total debts	14.2%	7.1%	11.3%	4.9%	
% cost improvements secured (actual)	61.7%	56.4%	49.8%	100.2%	
% cost improvements secured (plan)	59.0%	47.8%	38.4%	100.0%	

South Central Ambulance Service NHS Foundation Trust

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Appendix E

CASHFLOW 2022-23	Apr-22 £000 Actual	May-22 £000 Actual	Jun-22 £000 Actual	Q1 £000 Actual	Q1 £000 Budget	Q1 £000 Variance	Jul-22 £000 Actual	Aug-22 £000 Actual	Sep-22 £000 Actual	Q2 £000 Actual	Q2 £000 Budget	Q2 £000 Variance	Oct-22 £000 Actual	Nov-22 £000 Actual	Dec-22 £000 Actual	Q3 £000 Actual	Q3 £000 Budget	Q3 £000 Variance	Jan-23 £000 Forecast	Feb-23 £000 Forecast	Mar-23 £000 Forecast	Q4 £000 Forecast	Q4 £000 Budget	Q4 £000 Variance
Income																								
SL Receipts	30,843	25,356	25,247	81,446	78,645	2,801	27,505	28,244	27,718	164,913	155,188	9,725	29,086	28,236	28,339	250,574	234,076	16,498	27,785	27,786	27,735	333,880	312,807	21,073
Fixed Asset Receipts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest	0	0	128	128	0	128	53	88	88	357	0	357	91	109	137	694	0	694	150	150	125	1,119	0	1,119
Capital Lease and Saleback	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Income/PDC/VAT/RTA	1,227	998	533	2,758	1,941	817	1,309	741	986	5,794	3,894	1,900	1,020	801	1,068	8,683	5,594	3,089	767	867	869	11,186	7,297	3,889
Other (PDC)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash In	32,070	26,354	25,908	84,332	80,586	3,746	28,867	29,073	28,792	171,064	159,082	11,982	30,197	29,146	29,544	259,951	239,670	20,281	28,702	28,803	28,729	346,185	320,104	26,081
Expenditure																								
Pay expenditure	15,977	16,394	15,959	48,330	48,171	(159)	15,716	15,642	17,930	97,618	97,089	(529)	18,493	16,817	16,661	149,589	146,947	(2,642)	16,610	16,622	16,623	199,444	196,252	3,192
Non Pay expenditure	14,931	9,831	14,278	39,040	28,450	(10,590)	9,684	11,764	12,426	72,914	54,461	(18,453)	12,177	11,986	15,955	113,032	80,014	(33,018)	11,132	11,968	11,211	147,343	107,386	39,957
Capital expenditure	232	176	81	489	458	(31)	302	403	305	1,499	1,814	315	176	351	108	2,134	4,246	2,112	1,939	1,098	1,234	6,405	6,405	0
Dividends on PDC	0	0	0	0	0	0	0	0	360	360	600	240	0	0	0	360	600	240	0	0	600	960	1,200	(240)
Loan Repayment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Lease and Saleback	0	0	35	35	0	(35)	0	0	1,491	1,526	0	(1,526)	0	80	31	1,637	0	(1,637)	575	0	0	2,212	0	2,212
IFRS 16 Leases	537	537	537	1,611	1,611	0	537	537	537	3,222	3,222	0	629	667	605	5,123	5,967	844	2,165	915	615	8,818	8,712	106
Year End Capital Creditors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Cash Out	31,677	26,938	30,890	89,505	78,690	(10,815)	26,239	28,346	33,049	177,139	157,186	(19,953)	31,475	29,901	33,360	271,875	237,774	(34,101)	32,421	30,603	30,283	365,182	319,955	45,227
Net Cash In/(Out)	393	(584)	(4,982)	(5,173)	1,896	(7,069)	2,628	727	(4,257)	(6,075)	1,896	(7,971)	(1,278)	(755)	(3,816)	(11,924)	1,896	(13,820)	(3,719)	(1,800)	(1,554)	(18,997)	149	(19,146)
Balance B/fwd	60,910	61,303	60,719	60,910	59,033	1,877	55,737	58,365	59,092	60,910	59,033	1,877	54,835	53,557	52,802	60,910	59,033	1,877	48,986	45,267	43,467	60,910	59,033	1,877
Balance C/fwd	61,303	60,719	55,737	55,737	60,929	(5,192)	58,365	59,092	54,835	54,835	60,929	(6,094)	53,557	52,802	48,986	48,986	60,929	(11,943)	45,267	43,467	41,913	41,913	59,182	(17,269)

CASHFLOW RECONCILIATION	Apr-22 £000	May-22 £000	Jun-22 £000	Q1 Actl	Q1 Budget	Q1 Variance	Jul-22 £000	Aug-22 £000	Sep-22 £000	Q2 Actl	Q2 Budget	Q2 Variance	Oct-22 £000	Nov-22 £000	Dec-22 £000	Q3 Actl	Q3 Budget	Q3 Variance	Jan-23 £000	Feb-23 £000	Mar-23 £000	Q4 Actl	Budget £000	Q4 Variance
EBIT	(857)	(1,700)	(22)	(22)	448	(470)	(74)	(80)	(84)	(84)	896	(980)	(79)	(106)	(146)	(146)	1,407	(1,553)	1,577	1,747	1,918	1,918	1,918	0
Depreciation & Amortisation	639	1,278	1,918	1,918	1,980	(62)	2,557	3,196	3,835	3,835	3,960	(125)	4,475	5,114	5,753	5,753	5,940	(187)	6,600	7,260	7,920	7,920	7,920	0
IFRS 16 Depreciation & Interest	537	1,074	1,463	1,463	1,463	0	1,951	2,369	2,855	2,855	2,926	(71)	3,341	3,989	5,123	5,123	5,460	(337)	5,968	6,813	7,727	7,727	7,994	(267)
EBITDA	319	652	3,359	3,359	3,891	(532)	4,434	5,485	6,606	6,606	7,782	(1,176)	7,737	8,997	10,730	10,730	12,807	(2,077)	14,145	15,820	17,565	17,565	17,832	(267)
Stock (Inc)/dec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Debtors (Inc)/dec	3,787	4,541	2,232	2,232	0	2,232	606	2,113	1,007	1,007	0	1,007	322	45	965	965	0	965	965	965	965	965	0	965
Creditors Inc/(dec)	(2,987)	(4,027)	(8,540)	(8,540)	(1,803)	(6,737)	(4,402)	(5,270)	(6,819)	(6,819)	(2,127)	(4,692)	(7,665)	(8,302)	(14,070)	(14,070)	(1,975)	(12,095)	(16,213)	(20,587)	(17,921)	(17,921)	(1,243)	(16,678)
Provisions Inc/(dec)	43	125	(217)	(217)	0	(217)	(390)	(501)	(619)	(619)	0	(619)	(783)	(895)	(1,041)	(1,041)	0	(1,041)	(1,041)	(1,041)	(4,700)	(4,700)	(2,000)	(2,700)
Capital expenditure	(232)	(408)	(489)	(489)	(458)	(31)	(791)	(1,194)	(1,499)	(1,499)	(1,814)	315	(1,675)	(2,026)	(2,134)	(2,134)	(4,246)	2,112	(4,941)	(5,489)	(6,405)	(6,405)	(6,405)	0
IFRS 16 Leases	(537)	(1,074)	(1,611)	(1,611)	(1,611)	0	(2,148)	(2,685)	(3,222)	(3,222)	(3,222)	0	(3,851)	(4,518)	(5,123)	(5,123)	(5,967)	844	(6,882)	(7,797)	(8,712)	(8,712)	(8,712)	0
Capital expenditure - Sale and Leaseba	0	0	(35)	(35)	0	(35)	(35)	(35)	(1,526)	(1,526)	0	(1,526)	(1,526)	(1,606)	(1,637)	(1,637)	0	(1,637)	(2,212)	0	0	0	0	0
Capital disposals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Free Cashflow pre finance	393	(191)	(5,301)	(5,301)	19	(5,320)	(2,726)	(2,087)	(6,072)	(6,072)	619	(6,691)	(7,441)	(8,305)	(12,310)	(12,310)	619	(12,929)	(16,179)	(18,129)	(19,208)	(19,208)	(528)	(18,680)
Interest	0	0	128	128	0	128	181	269	357	357	0	357	448	557	746	746	0	746	896	1,046	1,171	1,171	0	1,171
Dividends on PDC	0	0	0	0	0	0	0	0	(360)	(360)	(600)	240	(360)	(360)	(360)	(360)	(600)	240	(360)	(360)	(960)	(960)	(1,200)	240
Free Cashflow	393	(191)	(5,173)	(5,173)	19	(5,192)	(2,545)	(1,818)	(6,075)	(6,075)	19	(6,094)	(7,353)	(8,108)	(11,924)	(11,924)	19	(11,943)	(15,643)	(17,443)	(18,997)	(18,997)	(1,728)	(17,269)
PDC Payment/(Repayment)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Loan repayments	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lease Borrowings	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital Loan from DH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Cash In/(Out)	393	(191)	(5,173)	(5,173)	19	(5,192)	(2,545)	(1,818)	(6,075)	(6,075)	19	(6,094)	(7,353)	(8,108)	(11,924)	(11,924)	19	(11,943)	(15,643)	(17,443)	(18,997)	(18,997)	(1,728)	(17,269)
Opening Bal	60,910	60,910	60,910	60,910	60,910	0	60,910	60,910	60,910	60,910	60,910	0	60,910	60,910	60,910	60,910	60,910	0	60,910	60,910	60,910	60,910	60,910	0
Closing Bal	61,303	60,719	55,737	55,737	60,929	-5,192	58,365	59,092	54,835	54,835	60,929	-6,094	53,557	52,802	48,986	48,986	60,929	-11,943	45,267	43,467	41,913	41,913	59,182	-17,269

SOUTH CENTRAL AMBULANCE NHS FOUNDATION TRUST

Appendix F

CAPITAL EXPENDITURE 2022/23

For the period to
31 March 2023

Capital resources available	Forecast	Original Budget
Core Depreciation	15,914	15,914
Disposal Receipts	0	0
Cash Reserves	(1,679)	(1,679)
IFRS16 Leases	(7,830)	(7,830)
Total capital resources used	**6,405**	**6,405**
Total disposal Income	0	0
Net CDEL	**6,405**	**6,405**

Expenditure summary	Forecast	Revised Budget
Training	36	0
Estates	6,085	4,882
Operations	449	376
Fleet	2,228	2,212
IT	1,153	1,422
PDC	0	0
Contingency	(1,334)	(275)
Total	**8,617**	**8,617**

Scheme Description	Company	Project Code	Revised Budge 2022/23 £000	Actual Spend Profile: April Actual £000	May Actual £000	June Actual £000	July Actual £000	August Actual £000	September Actual £000	October Actual £000	November Actual £000	December Actual £000	January Forecast £000	February Forecast £000	March Forecast £000	**Total £000**
ESTATES																
New Build																
High Wycombe	SCAS	908	78										1			**1**
High Wycombe RC Feasibility	SCAS	856													6	**6**
High Wycombe	SCAS	986					3	6	5	6	8		9			**37**
Mtc																
NH Training Rooms	SCAS	835	262			41	26	150								**217**
Bracknell RC Garage Doors	SCAS	839						26								**26**
Didcit RC Garage Doors	SCAS	840			26											**26**
Adderbury Garage Lights	SCAS	841						6								**6**
Didcot RC Garage Lights	SCAS	842						9								**9**
WERC Garage Lights	SCAS	844						8								**8**
SH Mezzanine Lighting	SCAS	845	72					1								**1**
Bracknell RC Refurbishment	SCAS	846	456				246	71		31	16	15	77			**456**
SH Desk Replacements CCC	SCAS	847					4				8	3				**15**
SH Desk Replacements 111 & PTS	SCAS	848	123						5	4	8	1			40	**58**
Oxford Remedial	SCAS	853	110			5	25	20	12	10			45	9		**126**
SH East Wing 1st Floor Reconfiguration	SCAS	858						10			2	78	98	22		**210**
MK CCC Fit Out	SCAS	859	1150						16	1	41	1	280	229	583	**1,151**
NH Welfare & Wellbeing Facilities	SCAS	860									87	79	1			**167**
EV Charger Installation	SCAS	861							33		8	25	1			**67**
Oxford RC Concrete Columns Refurbishment	SCAS	862									26		9			**35**
Sluice Replacement Bracknell	SCAS	865							18				4			**22**
Portsmouth PTS Electrical	SCAS	870											60			**60**
Didcot PTS and Medicines	SCAS	875	163									3			194	**197**
Adanac North Southampton	SCAS	876											310	333	616	**1,259**
Reading Refurbishment	SCAS	893							20	8						**28**
Stoke Mandeville Refurbishment	SCAS	894	378	102		-44	24		10	82	152	-140	18	45	172	**421**
Nursling Refurbishment	SCAS	901	228	74	81	66	4		0							**225**
Southern Training Building	SCAS	950		8			-4									**4**
PTS East Surrey	SCAS	981					2	1								**3**
Wexham RC Boiler System Upgrade	SCAS	996	25					17		1						**18**
Data Centre	SCAS	997											55			**55**
Wexham Lighting	SCAS	998		7												**7**
Temperature Control	SCAS	TBC	100													**0**
Medicines Improvement	SCAS	TBC	160												160	**160**
Electriv Charging Points	SCAS	TBC	469										154	75	173	**402**
Oxford Medicine Storage	SCAS	TBC	24													**0**
Northern House UPS Battery	SCAS	TBC	95													**0**
MK A/C Replacement	SCAS	TBC	24													**0**
Booker Aerial Mast	SCAS	TBC	50													**0**
One Consulting Project Management Support	SCAS	TBC	109													**0**
One Consulting Hard Services Tender	SCAS	TBC	45													**0**
Nursling Pidgeon Control	SCAS	TBC	25													**0**
Unit 6 WWF Fit Out	SCAS	TBC	149													**0**
OSD Re-development of Area	SCAS	TBC													37	**37**
Sluices	SCAS	TBC	587										150	187	228	**565**
OPERATIONS																
EQUIPMENT																
Workforce, Workplace Futures	SCAS	TBC	376													**0**
AED's	SCAS	866										37	356			**393**
DCA Radio's	SCAS	804			8	-8										**0**
Morphine Safes	SCAS	983				21										**21**
Education Zolls	SCAS	836											36			**36**
FLEET																
Roller Brake Tester	SCFS	805					6						10			**16**
Ambulance Radio's etc	SCAS	803			14				-2		-12					**0**
DMA 19/20 Radio's	SCAS	816													32	**32**
20 Winter vehicles	SCAS	979		14			-15						4			**3**
DCA 22/23	SCAS	805	2212		35			1,437	54		80	31	575			**2,212**
INFORMATION TECHNOLOGY																
WIFI Enhancements	SCAS	993	220		4			4	3	2	2		36			**51**
Microwave Link Replacement - Bucks	SCAS	995		10						4					10	**24**
Proactis Upgrade 21	SCAS	809													18	**18**
Microwave Link Replacement - Bicester	SCAS	811		2			14						2			**18**
Microwave Link Replacement - Adderbury	SCAS	837										14				**14**
Digital Network - North Node	SCAS	838									1		1			**2**
CAD Developer Days	SCAS	959		9	7		13		23	5	4		10			**71**
GRS Development 21	SCAS	962														
Hexagon CAD Developer	SCAS	868	190						18	22		7	212			**259**
Stock Control System	SCAS	872												67	34	**101**
Radio Site Cabin Maintenance	SCAS	TBC	40												40	**40**
Homeworking Enhancements	SCAS	TBC	50												50	**50**
PAT Testing/Electrical Installation Recertifications	SCAS	TBC	25												25	**25**
ESMCP (ARP) - CRS	SCAS	855	295					31					3			**34**
Virtual Server Network Upgrade (VXLAN)	SCAS	854	442						167			123	134		18	**442**
ADASTRA	SCAS	TBC	50												50	**50**
GP Upgrade 2022	SCAS	869											13			**13**
Workforce Management	SCAS	813	60				-12						62			**50**
EPR	SCAS	918										-138				**-138**
Conduit MK 111	SCAS	922							-8							**-8**
PTS Sussex ICT	SCAS	978							-3							**-3**
Integrated Urgent Care (111) and Health System I	SCAS	828														**0**
Telephony upgrade	SCAS	823	50	3	3			45								**51**
Contingency																
Contingency IT	SCAS	TBC	-275												-212	**-212**
Contingency Estates	SCAS	TBC													-906	**-906**
Contingency Equipment	SCAS	TBC													-163	**-163**
Contingency Training	SCAS	TBC													-36	**-36**
Contingency Fleet	SCAS	TBC													-16	**-16**
PDC																**0**
TOTAL NON IFRS 16 PROGRAMME				**229**	**178**	**81**	**336**	**1,842**	**359**	**176**	**431**	**139**	**2,726**	**967**	**1,153**	**8,617**
IFRS 16																
DCA 22/23	SCAS	805											641		2050	**2,691**
PTS Fiat Ducato WAV x 39	SCAS	**LEA256013**								2,776	- 892					**1,884**
PTS Ford Tourneo WAV x 10	SCAS	**LEA250937**							537		- 166					**371**
PTS Ford Tourneo WAV x 13	SCAS	**LEA253735**							584		- 120					**464**
PTS Vehicles 2	SCAS	TBC											3,349			**3,349**
PTS Ford Tourneo WAV x 20	SCAS	**LEA249939**						725	912		- 892					**745**
Skoda Superb RRV	SCAS	TBC											348			**348**
Medicines/Logistics - Adanac North, Southampton	SCAS	**876**									1,045					**1,045**
MK Call Centre - Partis House	SCAS	TBC									3,299					**3,299**
PTS South Oxon building	SCAS	875											631			**631**
Skoda Superb RRV	SCAS	TBC											596			**596**
Kia EV6	SCAS	TBC											1,023			**1,023**
LEVC TX Shuttle	SCAS	TBC											1,231			**1,231**
Education Vehicles	SCAS	TBC											304			**304**
RRV Replacements	SCAS	TBC											629			**629**
~~PTS Vehicles - E-Ducato~~	SCAS	TBC														**0**
Contingency										-					5459	**5,459**
TOTAL IFRS 16 PROGRAMME				**-**	**-**	**-**	**-**	**725**	**2,033**	**2,776**	**2,274**	**-**	**8,752**	**-**	**2,050**	**24,069**
Total				**229**	**178**	**81**	**336**	**2,567**	**2,392**	**2,952**	**2,705**	**140**	**11,478**	**967**	**3,202**	**32,686**

BALANCE SHEET As at 31 Dec 22	Actual As at 31 Dec 22 (£k)	Actual Audited As at 31 Mch 22 (£k)	Forecast As at 31 Mch 23 (£k)
FIXED ASSETS			
Property, Plan & Equipment	65,165	68,092	67,187
Intangible assets	1,532	2,110	1,440
IFRS 16 RoU Assets	50,997		57,766
Pension Allowance Charge Compensation Scheme	20	20	20
	117,714	**70,222**	**126,413**
CURRENT ASSETS			
Stocks & Work In Progress	**1,220**	**1,220**	**1,220**
Assets held for resale	0	0	0
Sales Ledger Debtors	2,478	9,219	4,785
Prepayments & Accrued Income	10,569	6,351	11,286
Other Debtors	3,708	736	250
Trade & Other Receivables	**16,755**	**16,306**	**16,321**
Cash and cash equivalents	**48,986**	**60,910**	**41,916**
TOTAL CURRENT ASSETS	**66,961**	**78,436**	**59,457**
CREDITORS			
Purchase Ledger Creditors	(2,046)	(6,123)	(2,750)
Accruals & deferred income	(20,278)	(32,564)	(15,446)
Other Creditors Incl Pensions, PAYE & NI	(7,253)	(4,051)	(6,750)
Capital Accruals	(63)	(775)	(191)
Borrowings (IFRS 16) < 1 year	(8,169)	0	(9,684)
Provisions < 1 year	(6,610)	(9,414)	(7,414)
CURRENT LIABILITIES	**(44,419)**	**(52,927)**	**(42,235)**
NET CURRENT ASSETS/(LIABILITIES)	**22,542**	**25,509**	**17,222**
TOTAL ASSETS LESS CURRENT LIABILITIES	**140,255**	**95,731**	**143,635**
Borrowings (IFRS 16)	(33,338)	0	(38,468)
Provisions	(6,366)	(4,603)	(4,603)
Other Financial Liabilities	0	0	0
Non-Current Liabilities	**(39,704)**	**(4,603)**	**(43,071)**
TOTAL ASSETS EMPLOYED	**100,551**	**91,128**	**100,564**
FINANCED BY:			
TAXPAYER'S EQUITY			
Public Dividend Capital	(64,758)	(64,758)	(64,758)
Revaluation Reserve	(18,448)	(18,448)	(18,448)
Other Reserve	350	350	350
Retained Earnings	(8,272)	(8,272)	(8,272)
I & E YTD	68		0
IFRS 16 I&E	(9,491)		(9,436)
TOTAL TAXPAYERS EQUITY	**(100,551)**	**(91,128)**	**(100,564)**

Summary of Upward Reporting: Issues identified.

Upward reporting from the: **People & Culture Committee** **to:** SCAS Trust Board January 2023

Date of meeting: **05 January 2023**

Items with issues not achieved/compliant	**Issue**	**Action Taken**
PDR (Appraisal)	Noted continued improvement across all service lines in the completion of Personal Development Reviews. PDRs had ceased during Covid and REAP4, committee noted Trust ongoing support and priority placed by leaders to deliver PDRs to colleagues over the recent and coming months	Committee to continue to monitor improvements.
S&M Training	Noted ongoing improvement and maintenance of mandatory training across the Trust	Committee to continue to monitor improvements.
Areas of Concern/Risk	**Issue**	**Action Taken**
Retention	Committee noted the continued challenge with recruitment and retention across the Trust. A range of initiatives to improve recruitment and retention were noted and discussed. Committee received detailed analysis of attrition across the Trust, reviewing comparisons over recent years. Key areas of risk and concern noted included: High proportion of staff leaving within 12 months of joining Higher proportion of females leaving due to 'caring' commitments	The attrition analysis provided at Trust level will now be deliver by service line to each of the IWP groups. IWP groups will be responsible for identifying improvement actions/plans with any key themes or risks being considered by workforce board and monitored via this committee.

Industrial Action	Committee noted that GMB and RCN achieved the target figure with a majority in favour of industrial action. RCN announced industrial action in December at three trusts in the SCAS footprint but no dates have been announced for SCAS as of yet. GMB intends to undertake IA on 21 December 2022 and 11 January 2023, derogation discussions and agreements have been achieved. UNISON and Unite failed to meet the 50% threshold and advised SCAS that their intention to re-ballot.	Should RCN decide to undertake strike action in SCAS derogations will need to be agreed Should UNISON and Unite re-ballot be successful, discussion regarding derogations and strike planning will take place.
Ofsted Inspection	The committee received an update on the recent Ofsted inspection which took place early December 2022. The inspection focused on 5 key domains 1. Quality of Education 2. Behaviours and Attitudes 3. Personal Development 4. Leaderships and Management 5. Safety of learners includes Safeguarding [Apprenticeships] Feedback from the inspectors at the end of the visit including areas of good practice along with some areas identified as needing improvement. The draft report has been received and is subject to factual accuracy checking by SCAS, prior to final publication. As such the initial rating remains under embargo and subject to Ofsted quality assurance process.	Committee to monitor and review any recommended improvements identified by Ofsted.
Items for awareness/assurance	**Item**	**Action Taken**

HEE Self-Assessment	In accordance with the contract rules the Trust is required to sign-off a self-assessment process with HEE on an annual basis, failure to complete can result in funding being with-held. The committee received a copy of the assessment which has been completed by the Trusts HEE team with oversight from the Assistant Director of Education and Chief People Officer.	Committee gave approval for sign off
FTSU Self-assessment	The committee received and noted the working draft FTSU Board Self-Assessment tool which has been completed by the FTSU Guardian and received oversight from the Chief People Officer. Committee members and other stakeholders have been asked to review the self-assessment and provide feedback to FTSU Guardian. The assessment highlights 5 keys areas ○ Detriment & barriers ○ Communications ○ Education and learning ○ Timeliness of concern	Committee to review final draft at end of financial year.
Best Practice/excellence	**Item**	**Action Taken**
ED&I	SCAS had been shortlisted for an award at NHS Employers in relation to a video highlighting accessibility - https://www.youtube.com/watch?v=NLpsBK9BSAI Unfortunately SCAS lost to Virgin Media, but the video was highly praised at the event.	Committee recognised the contributions and efforts of our teams working on improving access for disability workers and noted the particular involvement of Polly Frank (Non-Clinical Educator) who featured in the video.

NHS
South Central Ambulance Service
NHS Foundation Trust

Report title:	**Board Committee Upward Reports**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**13**
Executive Summary:	✓ To provide a verbal update		
Recommendations:	The Trust Board is asked to: Note the updates		
Executive lead:			
Report author:	=		
Previously considered by:			

Purpose of report:	Note ☒	Approve ☐	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	All BAF risks
Quality Domain(s):	All Quality Domains
Next Steps (what actions will be taken following agreement of the recommendations):	
List of Appendices:	

Summary of Upward Reporting: Issues identified.

Upward reporting from the: **Quality and Safety Committee (Q&S)** **to:** SCAS Trust Board January 2023

Date of meeting: **12th January 2023**

Items for escalation	**Issue**	
	See items in BOLD in report below	
Items with issues not achieved/compliant	**Issue**	**Action Taken**
CQC report following inspection in May 2022 published August 2022	SCAS rated as inadequate. Are services safe? Evidence from improvement plan progress, Patient Safety Delivery Group, and upwards reports to Q+S indicates much improved safety culture and processes.	Noted that work is beginning on phase 2 of improvement plan. More specific detail under individual concerns / risks below.
Areas of Concern/Risk	**Issue**	**Action Taken**
1. Medical Equipment	Medical devices review group now meeting monthly and associated actions have made good progress. Stock-take of devices, their location and service records now complete. Medical device policy nearing completion. E-learning package developed to capture and assure previous learning and training on medical devices. Q+S noted current process for tracking maintenance of devices, using information from third party provider of the servicing.	Q+S note significant progress and much greater mitigation of risks associated with use of medical devices. Continued focus on training requirements for new devices. **Q+S highlighted need to receive robust assurance perhaps by reporting of KPI's for safe deployment and maintenance of equipment going forward**.

	Recent case study has demonstrated much improved reporting and escalation of issues concerning equipment. (See best practice below).	
2. Safeguarding	Substantial improvements noted. Policies complete. Safeguarding (SG) committee now meeting regularly (every 2 months). Safeguarding team recruitment nearly complete, (one final vacancy out to advert.) Board safeguarding training took place in December 2022. Level 3 training for registrant still tracking planned trajectory and now at 44% of registrants. On track for 95% of registrants by June 2023. Training needs assessment has been reviewed and recommended best practice would be to extend level 3 training to additional staff groups. Planning for additional group training to start from April 2023, training provision being scoped and new trajectory required to show progress against all groups identified. Executive committee have approved increased IT hardware (server) to support safeguarding software, to enhance stability. **Other IT improvements being pursued via business cases.** Q+S noted increased numbers of safeguarding concerns being raised, and that SG team are better sighted on allegations against staff. It was noted that no "Prevent" issue have been raised under safeguarding and this is being investigated (see Training point (6) below as well)	Q+S noted substantial assurance from: • upward report to Q+S from safeguarding committee, (and better timing of meeting SG occurred earlier this week) • external review by ICB and system partners, (including detailed QA visit / interviews mid December, report awaited, but positive comments from ICB rep at Q+S • NED (Q+S chair), with portfolio responsibility for SG attends most SG committee meetings. **Q+S requested sight of training plans including new trajectory to include all staff groups identified as requiring level 3 training at next meeting**
3. Patient Safety	The committee noted:	Q+S noted an update on SCAS approach to delivering the National Patient Safety Strategy. This will result in a significant change to current processes, with the aim of

	Good progress against the improvement actions required and that the plans for phase 2 are being developed. Incident Review Panels are being held regularly to discuss incidents that are or may be Serious Incidents (SI's). The panel includes ICB partner(s) Q+S chair met with members of patient safety team to discuss how to provide better assurance on the learning from incidents. **There is still a need to ensure Q+S (and Board) are adequately sighted on SI's and the outcome from the investigations, particularly the learning**.	focusing the organisation, (and wider NHS) on learning and preventing patient safety events, rather than investigation and looking backwards, which tends to provide "blame" focus. Q+S noted a board seminar briefing on the patient Safety Strategy is planned and made some suggestions as to how it might be best "brought to life" and understood. It was noted that SCAS will be a later implementer of the strategy, (given all the other improvement work that received recent focus), but this may enable greater learning from other organisations on how to be successful.
4. Infection Prevention and Control (IPC) Concerns	Good progress made against the actions required and phase 2 plans drafted. From the most recent Infection , Prevention and Control Ctee **current risks include:** • **resources within the IPC team** • **poor compliance with number of audits required to assure premise and vehicle hygiene, (affected by recent escalation to REAP4)** • **Poor compliance with level2 IPC training** • **Poor adherence to needle stick injury policy** • **Rodent infestations at Southern House**	Q+S noted continued progress against the improvement plan, but some new issues which affirms the need for further improvements. Q+S received assurance from the steps being taken to mitigate the risks outlined.
5. Medicines Management	Q+S received assurance on progress against the improvement plan. Phase 2 plans have been drafted, and continue to focus on medicines estate, policies and processes, workforce in the medicines management team and training.	**Q+S noted need for additional resource to embed improvements and help to deliver some of the larger project elements to phase 2**. Q+S noted that this and other areas has required business cases which are being evaluated as part of the budget setting process.

6. Statutory and Mandatory training	Q+S noted fairly good compliance with e-learning training, except IPC level2 as above. Prevent training was also noted to be slightly low. **Face to face(F2F) training remains much below target, except in PTS, where significant improvements have been made**. This is risk for safe patient care.	Q+S noted that F2F training had been maintained even while at REAP2 to try and help improve compliance rate. Q+S also noted that several additional areas of training are under review as to whether they should be a mandatory requirement, and this poses the risk of not being able to deliver due to very large increase in the abstraction time required to achieve compliance.
Items for awareness/assurance	**Item**	**Action taken**
7. BAF / Risk Register	Q+S discussed the current BAF and corporate risk register and noted that RACC had met the day prior to Q+S. BAF risk 1 (clinical governance) had been reduced to 15 (in line with much of the improvement outlined above). RACC had also recommended an increase in the IT resilience risk to 20.	Q+S supported the changes to the BAF risks, as it reflected the discussion during the earlier part of Q+S
8. Clinical audit	Q+S noted this report and examples of learning from the completed audits	
9. Patient Safety Learning from Experience report	Q+S welcomed additional data within this report to give a clearer insight into trends in incident reporting / themes from learning etc. A brief summary of each SI declared in the last 2 months was noted.	Further suggestions were made on how the data presentation could be made clearer still, using advice of "Making Data Count" **As per item 3 above, Q+S requested a summary of each SI investigation that has completed, with clear identification of the learnings, be included in next report as well.**
10. Quality priorities	Q+S noted potential areas for focus as quality priorities next year. Q+S also noted that no national guidance had been received as yet, and it was not clear whether they would be requirement to return to previous Quality Report requirements.	Q+S encouraged the senior members of the clinical directorate to re-consider what might be aspirational quality improvements for SCAS, its staff and its patients, rather than just follow previous format. It was also noted that involvement of governors could be considered once this has been re-discussed. It was agreed further thought would

		be shared by email with NEDS, to help obtain agreement as to approach prior to the next meeting
11. Upward reports from other committees	Q+S received and discussed upward reports from: Learning from Deaths Clinical review group (Nov and Dec) Patient Safety Group Commercial Division Infection Prevention and Control National Covid Services	Significant items have been included in the reporting above/ It was noted that the Patient Experience review group had not met as the meeting was cancelled.
Best Practice / Excellence	**Item**	**Action taken**
12. Equipment concern reporting	Q+S was pleased to note that SCAS staff had effectively identified, reported and escalated (including nationally and to the MHRA) problems with a device used to support patient ventilation. Q+S noted that this is a single use item widely used in the NHS, and prompt reporting had identified a manufacturing concern. Alternative supplies of replacement devices have been sourced and are now in use by SCAS, while the national investigation completes.	Q+S agreed this is an indication of a much improved reporting culture and response from the organization when faced with equipment issues.
13. Research undertaken by SCAS	Q+S noted the continued involvement by SCAS in several research activities, including international trials.	Q+S congratulated the teams on a variety of regional, national and international recognition. Q+S also congratulated the teams on successful bids for additional funding streams, which had enabled the research work and amounted to more than doubling of their baseline budget
14. Positive Quality Assurance visit	ICB partners conducted this visit in mid December. Q+S noted the report was due imminently, but the author of the report noted at Q+S, that this was a very positive visit, demonstrating that a lot had been achieved in the	Q+S were pleased to receive such positive verbal feedback and thanked all involved in making this improvement.

	patient safety arena, and this should be noted in the upward report to Board.	
Compliance with terms of reference		
	Q+S were quorate for this meeting Q+S covered the standing agenda items and reports expected from the workplan Q+S continues to meet bi-monthly (an increased frequency from the 2021/2022 year) Next meeting 9 March 2023	Following the external governance review, a different sequence to agenda was tried, and feedback obtained from members at the end of the meeting. Next meeting will include review of TOR (last reviewed March 2022), Draft workplan for the year, and an update on Quality Improvement, as well as the standing items.

The Audit Committee met on 7 December 2022

Internal audit

The internal auditors presented their report. They confirmed that the 22/23 audit plan was progressing well.

The internal auditors confirmed a change to the 22/23 audit plan. The risk maturity assessment review has been moved to the 23/24 plan following consultation with executive team.

The committee approved this change.

Reports received

The 'Clinical Audits' audit resulted in an opinion of substantial for design and moderate for effectiveness. The committee was very pleased with this result but did ask for the scope of the audit to be considered in the light of the wider review of audit activity taking place.

A review of the Safeguarding Referrals System resulted in an opinion of moderate for design and effectiveness. The review was commissioned to understand the underlying causes of the weaknesses recently identified in the referrals process. The review identified weaknesses in the software performance; the change management process; the standard operating procedure document; and the quality of referrals. These are all being addressed but the review reinforced the need for effective management of all processes; not just the core ones.

In accordance with the requirement of Julian Kelly (CFO for NHSE/i) the internal auditors report on the self-assessment process to determine if the core elements are in place to support board assurance over an NHS organisation's financial sustainability. The auditors report that the Trust is able to demonstrate a high level of compliance with the self-assessment questions. The committee noted that this is assurance about process and is not assurance about the adequacy of funds.

Implementation of audit recommendations

The internal auditors continued to expres disappointment at the delay in the implementation of some of their recommendations. The CEO did attend the meeting and was able to confirm that this is taken seriously and will be monitored by the Risk, Assurance and Compliance

committee. This recognises that the failure to implement audit recommendations potentially increases the likelihood of a risk materialising.

External Audit

The external auditors presented their draft plan which will encompass the revised set of requirements for audits of financial statements commencing on or after 15 December 2021. They set out the implications of the new requirements in an appendix. The overall

impression is of a requirement to adopt a more sceptical and questioning approach. This is likely to put more pressure on a relatively inexperienced finance team.

Assurance and Risk

The committee received a report on the Board Assurance Framework (BAF) and the Corporate Risk Register.

The committee received the minutes of the Risk, Assurance and Compliance Committee held on 17 November.

The committee continued to recognise that the BAF and the Risk Register are being reviewed. They noted the significant improvement in both documents. However they reserved their detailed comments until this process is complete,

The committee continued to recommend a more structured approach to the determination of the Trust's risk appetite and understand that this will be part of an upcoming seminar.

Counter Fraud

RSM presented their usual comprehensive report.

The work of RSM is important to demonstrate the Trusts commitment to the elimination of fraud. The typical frauds are not material and only involve a very small minority of staff.

The committee noted that some cases (working while sick) were referred to HR; the committee would like to know the outcome of that referral.

Quality and Safety Committee (Q&S)

The committee received a summary report from Q&S. There were no matters requiring additional support from the Audit Committee or a new allocation of Internal Audit resource.

Losses register

The committee noted the report

Policies

The committee reviewed the Policy Tracker and was assured by the commitment of the executive team to keep on top of the review process .

The committee noted that the successful completion of policy related workstreams in the Improvement Programme would significantly enhance assurance in this area.

Mike Hawker 10 January 2023

South Central Ambulance Service NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC 26 January 2023

Charitable Funds Committee – Upward Report

PURPOSE

1 This paper seeks to update the Board on the key issues for the Charity as recently discussed at the CFC meeting11 January 2023.

EXECUTIVE SUMMARY / TOP THREE ISSUES FOR BOARD ATTENTION

2 Financial Update
3 Fundraising Update
4 Charity Comms

KEY ISSUES

Financial Update

5. M8 accounts were reviewed at the meeting and a reforecast of income and expenditure agreed. 2022-23 is likely to show an end of year deficit position of c£120k. This is currently a very difficult time for fundraising nationally and that is having a marked impact on our unrestricted income.
6. A draft budget for 23-24 was discussed. The budget provisionally included income and expenditure from the expected legacy. Income is predicted at a cautious level with little growth. There is little prospect of further restricted grant income next year but hope that corporate fundraising can continue to grow at a steady rate. The budget will be revised in line with discussion and signed off at the extraordinary CFC meeting scheduled for 12 March.
7. There is no further development on the expected legacy which will come in Q1/2 next year. We await further details from solicitors.

Fundraising Update

8. As mentioned above the fundraising climate is extremely difficult currently. Our CFRs have however, had a really good year and community fundraising is moving back towards pre-COVID levels. This is really encouraging and we thank our volunteers for their continued enthusiasm and commitment to raising funds.
9. The CFC agreed that corporate fundraising is an area of potential growth for the Charity. Income has risen this year through new approaches to corporates. With funding from NHS Charities Together and the Charity, we have agreed to develop this further by engaging Remarkable Partnerships to do some consultancy work with the Charity. This will enable us to make more of a step change in this area. The CFC agreed it was important that we invest in the future in developing income streams.

Charity Comms

10. The Charity and SCAS Comms team are working closely together to create a new internal and external comms plan. With some funding from NHS Charities Together this work will create a compelling mission and vision for the Charity.
11. A regular programme of communications both internal and external will help us to engage more people and build awareness and a real buzz around the Charity.

CONCLUSIONS AND RECOMMENDATIONS TO THE BOARD

12. I would like to record my thanks to David Ross who will step down in March as our CFR Governor. Dave has been an active and energetic champion of the charity and its fund-raising in the community and we are grateful for his regular attendance at the CFC. Tim Ellison will take on this role from March and we look forward to working with Tim.
13. The Board is asked to note the report.

Nigel Chapman
Non-Executive Director
12 January 2023

NHS
South Central Ambulance Service
NHS Foundation Trust

Report title:	**National Covid Response Service Update**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**14**
Executive Summary:	The purpose of the paper is to provide the SCAS Board with an update on the activities of the National Covid Response Services including the National Covid-19 Vaccination Booking Service (NVBS), NHS Covid Pass Service (NCPS) and Vaccine Data Resolution Service (VDRS). Services are all managed by SCAS on behalf of NHS England (NHSE) and NHSX 1 **National Covid-19 Vaccination Programme** – SCAS provides support to a range of COVID-19 vaccination programme related services from making and updating vaccination appointment bookings, answering questions about vaccines and covid passes, ordering covid pass letters, taking referrals to the Vaccination Data Resolution Service. 2 **Transition of Services** – SCAS were unsuccessful in their bid to continue provision of the 119 Business Management Service and as such transition of the 3 live services to other providers is now progressing. 3 **The National Covid-19 Vaccination Booking service (NVBS)** The service has reduced its headcount from 500 FTE to 100 FTE by the end of December 2022. This service has now answered 17.4 million calls since the start and made 6.29 million vaccination appointment bookings on behalf of citizens. In addition, numerous citizens have been supported to locate walk-in Covid-19 vaccination centres. 4 **The Vaccination Data Resolution Service (VDRS)** The VDRS service has now reduced its opening hours, due to reduced call volumes and staff numbers, the service is now active between 09:00-17:00 Mon, Tues, Weds and Sat, Sun and between 11:00-19:00 Thurs & Fri these times are the optimum hours for us to be able to contact citizens to resolve their data issues. Since the service went live it has handled 339,676 referrals. 5 **The NHS Covid Pass Service (NCPS)** has now answered 3.8 million calls to date and requested 1.73 million letters on behalf of citizens.		
Recommendations:	The Trust Board is asked to: Receive the paper and note the report		

Executive lead:	Professor Helen Young Executive Director of Patient Care and Service Transformation / Chief Nurse			
Report author:	Emma Manaton – PMO Jamil Yunis – Operations Director			
Previously considered by:	SCAS Board CRS Board			
Purpose of report:	Note ☒	Approve ☐	Assure ☐	
Paper Status:	Public ☒	Private ☐	Internal ☐	
Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Strategic Objective(s):	All strategic objectives			
Links to BAF risks: (or links to the Significant Risk Register)	Not applicable			
Quality Domain(s):	All Quality Domains			
Next Steps (what actions will be taken following agreement of the recommendations):				
List of Appendices:				

South Central Ambulance Service NHS Foundation Trust

PUBLIC TRUST BOARD PAPER

Title	National Covid Response Service Update
Author	Emma Manaton – PMO Jamil Yunis – Operations Director Professor Helen Young - SRO for NHS 111 COVID-19 Response Services / Executive Director of Patient Care and Service Transformation / Chief Nurse.
Responsible Director	Professor Helen Young
Date	10 January 2023

1. Purpose

The purpose of the paper is to provide the SCAS Board with an update on the activities of the National Covid Response Services including the National Covid-19 Vaccination Booking Service (NVBS), NHS Covid Pass Service (NCPS) and Vaccine Data Resolution Service (VDRS). Services are all managed by SCAS on behalf of NHS England (NHSE) and NHSX.

2. Executive Summary

1 **National Covid-19 Vaccination Programme** – SCAS provides support to a range of COVID-19 vaccination programme related services from making and updating vaccination appointment bookings, answering questions about vaccines and covid passes, ordering covid pass letters, taking referrals to the Vaccination Data Resolution Service.

2 **Transition of Services** – SCAS were unsuccessful in their bid to continue provision of the 119 Business Management Service and as such transition of the 3 live services to other providers is now progressing.

3 **The National Covid-19 Vaccination Booking service (NVBS)** The service has reduced its headcount from 500 FTE to 100 FTE by the end of December 2022. This service has now answered 17.4 million calls since the start and made 6.29 million vaccination appointment bookings on behalf of citizens. In addition, numerous citizens have been supported to locate walk-in Covid-19 vaccination centres.

4 **The Vaccination Data Resolution Service (VDRS)** The VDRS service has now reduced its opening hours, due to reduced call volumes and staff numbers, the service is now active between 09:00-17:00 Mon, Tues, Weds and Sat, Sun and between 11:00- 19:00 Thurs & Fri these times are the optimum hours for us to be able to contact citizens to resolve their data issues. Since the service went live it has handled 339,676 referrals.

5 **The NHS Covid Pass Service (NCPS)** has now answered 3.8 million calls to date and requested 1.73 million letters on behalf of citizens.

Operational Highlights:

:

National COVID-19 Vaccination Booking Service

6 Service performance for the service since opening[1]:

- 18.1 million offered calls
- 17.4 million answered of which 87.5% were within 60 seconds.
- 3.8% of offered calls were abandoned after 30 seconds
- average speed to answer 47.9 seconds
- average handling time 387 Seconds
- bookings made 6.29 million
- staff utilisation at the end of December was running at 47% (YTD 37%)

7 Staffing has been reduced from 300 Full Time Equivalent (FTE) to 100 FTE.

8 The service continues to support the Covid-19 vaccination of all citizens who turned five by 31 August 2022. In addition to activity related to COVID-19 Vaccination bookings, this service also continues to support citizens needing support for registering their COVID-19 vaccination invite preferences, making appointments to validate COVID-19 vaccinations given abroad and making referrals to the Vaccine Data Resolution Service (VDRS) Team.

9 The service also provides support to vulnerable citizens who cannot access covid 19 vaccination for the housebound via their own GP surgery. The agents can take details that are then passed onto the regional coordination points for housebound vaccination services

10 For citizens who need access to assessment for an alternative covid-19 vaccine (Nuvaxovid) who cannot receive support from their own GP surgery. The agents can take details that are then passed onto the regional coordination points for alternate vaccinations

11 Work is in progress to transition the service management to the UKSHA team in early 2023

NHS Covid Pass Service (NCPS)

12 NHS Covid Pass service performance for the service since opening[2]:

- 4.1 million offered calls
- 3.8 million answered of which 89.5% were within 60 seconds[3]
- In December 99.8% of calls met the new call answering standard
- 0.4 % of offered calls were abandoned after 30 seconds.
- average speed to answer 53.3 seconds
- average handling time 356 seconds
- staff utilisation was within commissioner agreed parameters
- letters requested 1.73 million

13 The ongoing reduction in international covid related restrictions is reflected in the downsizing of the service to 25 Full Time Equivalent (FTE) resources at the end of December 2022.

14 The Service is now modelled on a digital first approach and which is reflected in the reduced number of calls ending in the request of a hard copy letter. An

[1] Until 31-12-2022
[2] Data until 31-12-2022
[3] Change to reporting KPI in October saw a change to > 85 % calls answered in 120 Seconds.

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emailable version that works alongside text to speech readers is now available making sure those with visual issues can receive a copy of their records at the earliest opportunity.

15 Over 29 million citizens have now registered to use the NHS App.

16 Work is in progress to transition the service management to the NHS BSA team in early 2023

Vaccination Data Resolution Service (VDRS)

17 To date, the Vaccination Data Resolution Service (VDRS) had 339,676 calls referred from the 119 call agents.

18 The service has made 961,818 calls to citizens who have issues with their vaccination data (some of these will be call backs as we ring a citizen three times in total) which may prevent them from having a complete and accurate record to allow them to obtain their COVID-19 pass.

19 Referrals to the service have reduced in number week on week, and average around 98 during each weekday to around 30 over the weekend. The reduction of referrals over the weekend is due to the reduced hours of the COVID pass and Vaccine Booking service on these days, these both are now closed Saturday from 13:00 and all day on Sunday.

20 There are currently 14.5 Full Time Equivalent (FTE) agents working on the service, alongside 5.0 FTE Team leaders, and 4.6 FTE Quality Assurance coaches (QACs), we continue to reduce staff numbers by natural attrition.

21 The service creates synthetic records. This allows the agent to add data to the citizens vaccination record to reflect the correct vaccine, dose, date, and location; this is all verified with the citizen at the time. The agents can now edit or delete any erroneous data to allow the citizen to continue to receive their full COVID-19 vaccination course or to be able to download or request their Covid certification, again, this is after full verification from the citizen at the time. To date we have created 27,999 synthetic records and amended 11,397 records to reflect a true representation of the citizens actual vaccination history.

Clinical Governance

22 A workshop to share learning resulted from a Vaccine Data Resolution Service root cause analysis investigation has been successfully held.

23 The audit of the Covid-19 Vaccine Booking Service (VBS) referral to GP disposition was completed, which concluded that 49% of the referrals into primary care from VBS were appropriate. Positive feedback was received from the GP auditor with regards to the overall quality of the calls and the rapport of call agents with citizens.

Patient Experience (PE) – Feedback from Patients

24 For Covid-19 Response Service 1 and 2, (CRS 1 and 2), and the Covid Clinical Assessment Service 1 (CCAS 1) we have no open Patient Experience cases.

25 No complaints have been received from Covid-19 Response Service 3 (CRS3.

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26 The Vaccine Booking Service (VBS) that SCAS (South Central Ambulance Service) provide, is to be transferred and migrated over to UKHSA (Health Security Agency). All relevant complaints documentation (process & guidance documents) are to be transferred over.

27 The Patient Experience team engaged in regular quality assurance meetings for complaint workshops and levelling sessions with our service providers.

28 No cases are currently open with Parliamentary Health Ombudsman (PHSO).

Finance Update

29 SCAS continue to provide business and operational support for all of the Covid Response Services (CRS) in dormancy and the National Vaccine Booking Service (NVBS), the Covid Pass Service (CPS) and the Vaccination Data Resolution Service (VDRS) for which all costs incurred are fully recovered.

30 Invoicing for the recovery of costs has been agreed with all Commissioners – for both SCAS governance wrap and direct Operational costs.

31 Revised forecasts for services for the financial year 2022-23 are being regularly reviewed and shared with Commissioners, to ensure resource changes are in line with the agreed financial envelope.

32 The transition of the service to other providers is now progressing. Financial arrangements for existing services will continue to the agreed Transition end dates which are the end of the financial year (March 2023) or sooner but the spend and income is anticipated to reduce as service provision changes incrementally during the last three months of the financial year. The finance team will work with Commissioners to review ongoing costs and recovery of income, and any financial liability arising.

3. Areas of Risk

To deliver clinical /operational excellence and the delivery of leadership and staff engagement. All risks are detailed in the Trust Risk Register and Board Assurance Framework.

4. Recommendations

The Board is invited to note the report.

Name and Title of Author: Professor Helen Young
Date: 10 January 2023

South Central Ambulance Service
NHS Foundation Trust

Report title:	Freedom To Speak Up (FTSU) Update		
Report to:	Trust Board (Part 1)		
Date of Meeting:	Thursday, 26 January 2023	Agenda Item:	15
Executive Summary:	✓		
Recommendations:	The Trust Board is asked to: Note		
Executive lead:	Melanie Saunders, Chief People Officer		
Report author:	Simon Holbrook, FTSU Guardian		
Previously considered by:	People & Culture Committee		

Purpose of report:	Note ☒	Approve ☐	Assure ☐
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

FTSU is a core element of the Trust Culture and Wellbeing improvement plan. As the Trusts moves into stage 2 of those plans it is expected that assurance and confidence in the delivery of FTSU mechanisms and objectives will increase.

Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	All BAF risks
Quality Domain(s):	All Quality Domains

Next Steps (what actions will be taken following agreement of the recommendations): FTSU updates will be provided to the People and Culture committee, in future FTSU will be included within the upward report to the Trust Board. In addition, the FTSU Guardian will provide the Trust Board with twice yearly reports in public. Draft updated baseline assessment of FTSU arrangement has been shared with the People and Culture Committee and other key stakeholders for their inputs. A final draft will be presented to the next People and Culture Committee for approval.
List of Appendices:

Title	Freedom To Speak Up (FTSU) Update
Author	Simon Holbrook, FTSU Guardian
Responsible Director	Melanie Saunders, Chief People Officer
Date	12th January 2023

1. Purpose

The purpose of this report is to provide update on recent FTSU activity and on the transition of FTSU from the Clinical Directorate to the People Directorate. This report provides high-level update from the more detailed report presented to the People and Culture Committee on the 6th January 2023.

2. Updates and Links to Previous Papers

For FTSU, governance is provided by the People and Culture Committee (P&CC) and on-going guidance and support is provided via the Organisational Development team, including the Trust Head of ED&I.

Issues and/or concerns are highlighted to other Trust Committees to be considered, as and when appropriate. The FTSU Guardian regular has formal meeting with the Lead Executive Director (Chief People Officer) the Non-Executive lead for FTSU and the Chief Executive.

Following the development of the Trusts improvement programmes, in particular the culture and wellbeing programme, FTSU also features as a regular update through the Trust Improvement Programme Oversight Board.

Further assurance is found in the NHSE update to its FTSU board self-assessment tool kit (2022). The P&CC received an introduction and an update on progress made on this to date by the FTSU Guardian.

(NB although the phraseology used by NHSE is “Speaking up”, this guide is viewed through the lens of the wider aspects of Speaking, Listening and Following up as a whole)

The guide, and the accompanying self-reflection tool, will help us to:

- ✓ build a culture and behaviours that is responsive to feedback from workers
- ✓ ensure that our organisation focuses on learning, to continuously improve quality of care and the experience of staff, patients and service users alike
- ✓ improve staff survey scores and other worker experience metrics
- ✓ demonstrate to regulators or inspectors the work we are doing to develop our speaking-up arrangements

The *Freedom to Speak up: A summary of the reflection and planning tool* has three stages (please refer to illustration one below)

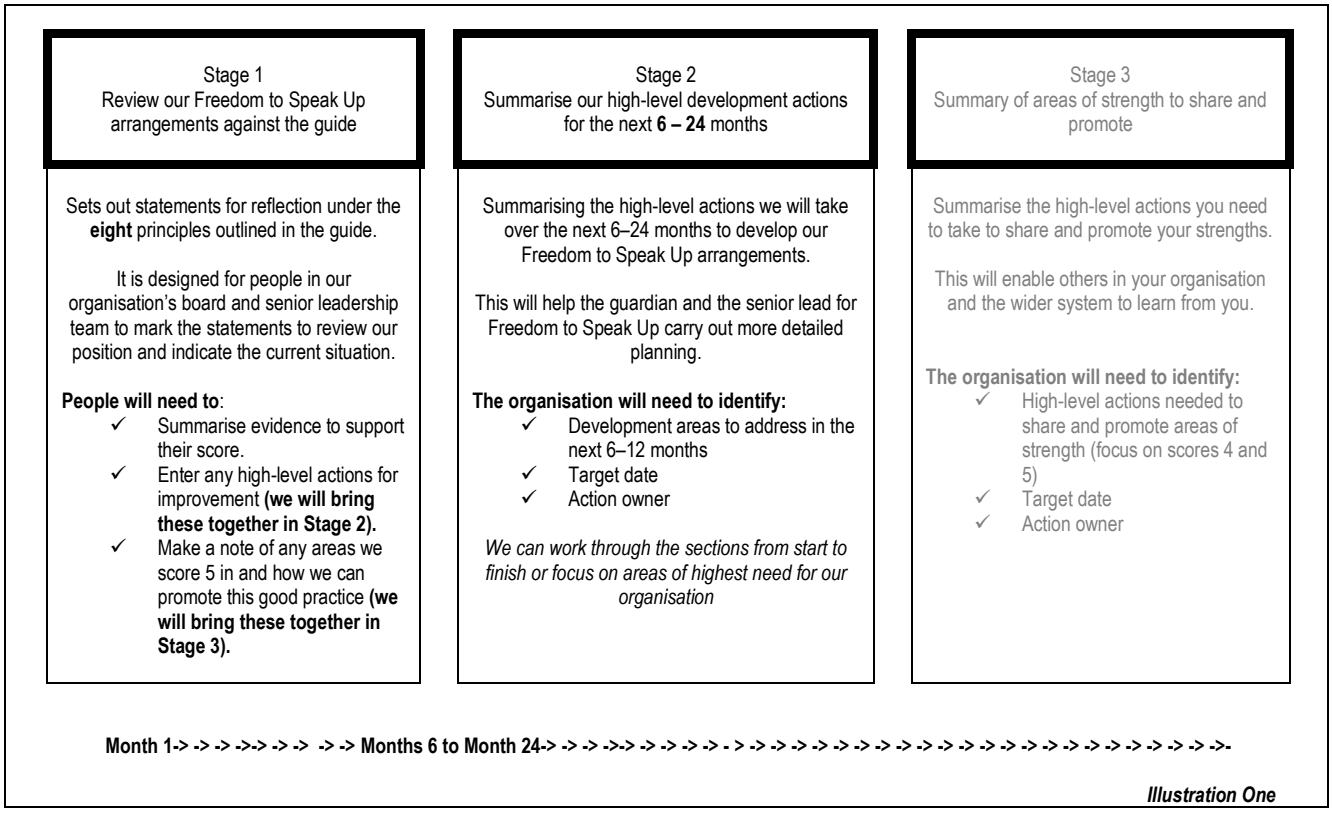


Illustration One

Following this initial work by the FTSU Guardian, the areas scoring low were highlighted as priorities to the P&CC, these are:

- **Detriment & Barriers**-(Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture & Principle 7: Identify and tackle barriers to speaking up)

- **Communication**-(Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so)

- **Education and eLearning**-(Principle 4: When someone speaks up, thank them, listen and follow up)

- **Timeliness of concerns**-(Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements)

The working draft updated baseline assessment of FTSU arrangement has been shared with the People and Culture Committee and other key stakeholders for their inputs. Following stakeholder input a final draft will be presented to the next People and Culture Committee for approval.

3. FTSU Team

During Q3 2022/23, the FTSU portfolio successfully transitioned to the People Directorate. Working alongside the Assistant Director of Organisation Development this places FTSU central to the development of our 'People Voice' work, whilst ensuring FTSU also continues to have direct access to the Chief Executive as required.

The FTSU team has also successfully increased with one full-time six-month secondment commencing for the role of Deputy FTSU Guardian, and the substantial full-time Deputy FTSU Guardian position is due to start in post & training by M11.

The deputy FTSU Guardian who started on November 2022 is now work effective having successfully completed their induction programme, including the National Guardians Office Guardian training and is taking SCAS FTSU concerns

The introduction of FTSU Champions is underway, with cohort 1 (n8) being supported by their line managers and training due to be completed by end of M10 2022/23.

4. Key activities during since last update

Other key activities undertaken by the FTSU Team since the last update include:

- External Safeguarding Allegation management training for SCAS
- NHSE Health and wellbeing team's training course on difficult situations (previously known as compassionate conversations
- National Guardians Office, Supporting an Inclusive Speak Up Culture for Black and Minority Ethnic People training
- NHSE Civility and Respect programme: Reach Out, Speak Up, Take Care: a series of events.
- NGO Freedom to Speak Up Guardian Network Chair meeting
- SCAS; Men's health panel, Health and wellbeing day, Leadership webinars and Suicide prevention webinar
- SCAS ED&I steering group
- University of Portsmouth (face to face) Oxford Brookes University (via teams) year one inductions (other university inductions planned)
- Support calls with NHSE

The Board is invited to **note** this update from the more detailed report presented to the People and Culture Committee on the 6th January 2023.

Simon Holbrook, FTSU Guardian
Melanie Saunders, Chief People Officer
12th January 2023

NHS
South Central Ambulance Service
NHS Foundation Trust

Report title:	**Gender Pay Analysis Report 2022/23**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**16**
Executive Summary:	✓		
Recommendations:	The Trust Board is asked to: CEO/Executive Board engagement to enhance Gender Equality		
Executive lead:	Melanie Saunders		
Report author:	Dipen Rajyaguru		
Previously considered by:	Remuneration & Nominations Committee		

Purpose of report:	Note ☒	Approve ☐	Assure ☒
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

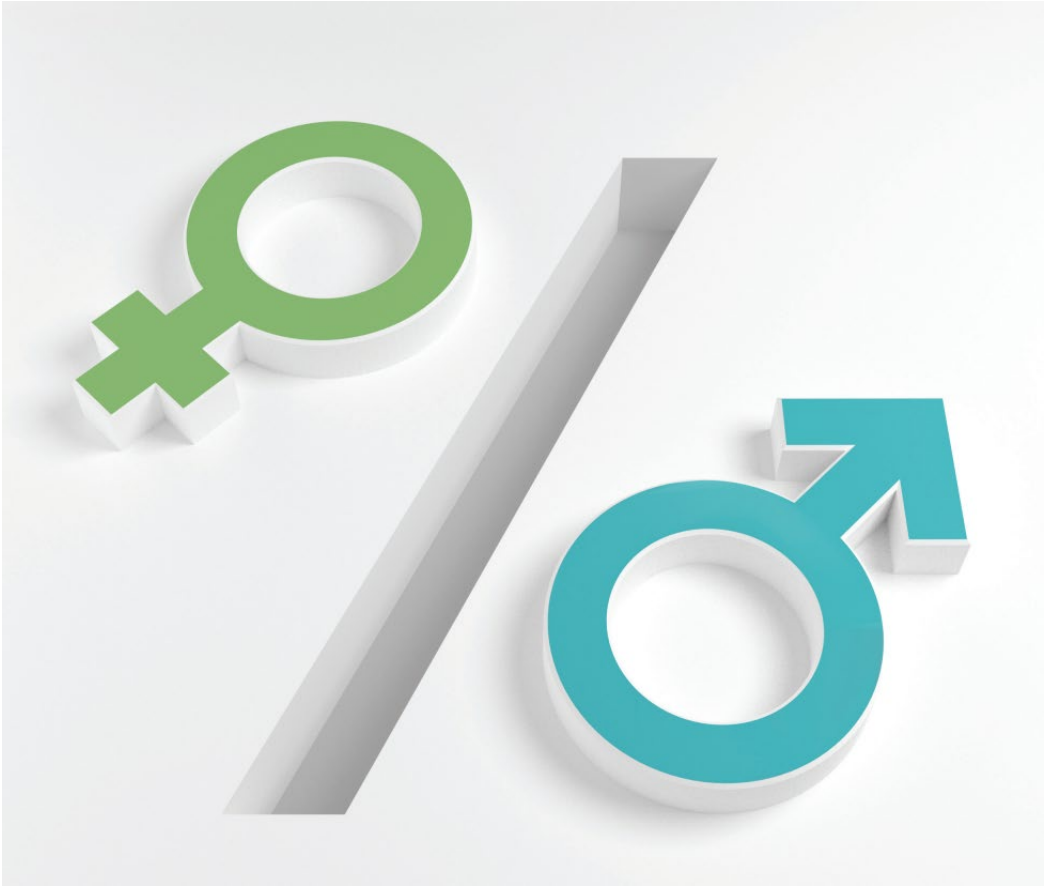
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	Risk 2 - Recruitment and retention
Quality Domain(s):	All Quality Domains

Next Steps (what actions will be taken following agreement of the recommendations): The Trusts GPG report will be formally published during March 2023 as part of International Women's wee. Continued improvements as set out within the report will be monitored through the People and Culture Committee.
List of Appendices:

Title	Gender Pay Analysis Report 2022/23
Author	Dipen Rajyaguru
Responsible Director	Melanie Saunders
Date	January 2023

Gender Pay Analysis Report 2022/23*



*As of 31 March 2022 (snapshot date)

Content

1. Introduction

Since April 2017, all organisations with more than 250 employees have been required to publish details of their gender pay gap. Gender pay reporting is different to equal pay which deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. The gender pay gap shows the difference in the average pay between all men and women in an organisation. Although we are only required to report on pay differentials between men and women, we do recognise that Gender is a spectrum that extends beyond the binary definition of male/female and men/women. We hope that national and local data gathering becomes more sophisticated and as more people feel comfortable to define their non-binary status (to prevent identification of individuals) to include and analyse wider (non-binary) pay.

This gender pay gap report for South Central Ambulance Service (SCAS) provides a 'snapshot' on 31 March 2022. The data for this report has been drawn from the organisation's Electronic Staff Records (ESR) and pay roll database.

The pandemic will have continued to impact on our statistics directly or indirectly and further work will be required to understand any long-term impact. Possible impacts may be that, proportionately more women would be involved as carers or men who generally have a greater adverse impact from the virus will be taking extended career breaks or sickness leave.

2. Our Vision and our Values

At South Central Ambulance Service NHS Foundation Trust (SCAS) we are committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, ethnicity, gender, religion/belief, sexual orientation, gender reassignment, domestic circumstances, social and employment status, political affiliation or trade union membership, HIV status or any other basis not justified by law or relevant to the requirements of the post.

By committing to our policy of encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce and actively seeks to benefit from their differing skills, knowledge, and experience to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within its own workforce and in any other area where it has influence.

The Trust, therefore, takes every reasonable step to ensure that individuals are treated equitably and fairly, with dignity and mutual respect, and that decisions in recruitment, selection, training, promotion and career management and the right to request flexible working and service provision are based solely on objective organisational factors and job-related criteria.

3. Message from Human Resources

“I confirm this report is accurate and reflects a snapshot of our organisation on 31st March 2022. We have identified several actions we will continue to undertake to improve and maintain gender pay parity. We will undertake annual audits and publish data on our website as required by the regulations.”

Chief People Officer

4. What this Audit covers

The purpose of a gender pay gap audit is to focus on comparing the pay of male and female employees and shows the difference in the average earnings.

This report provides information on the following indicators:

Mean gender pay gap in hourly pay – adding together the hourly pay rates of all male or female full-pay and dividing this by the number of male or female employees. The gap is calculated by subtracting the results for females from results for males and dividing by the mean hourly rate for males. This number is multiplied by 100 to give a percentage.

Median gender pay gap in hourly pay – arranging the hourly pay rates of all male or female employees from highest to lowest and find the point that is in the middle of the range.

Proportion of males and females in each pay quartile – ranking all of our employees from highest to lowest paid, dividing this into four equal parts (‘quartiles’) and working out the percentage of men and women in each of the four parts.

Mean bonus gender pay gap – add together bonus payments for all male or female employees and divide by the number of male or female employees. The gap is calculated by subtracting the results for females from results for men and dividing by the mean hourly rate for men. This number is multiplied by 100 to give a percentage.

Median bonus gender pay gap – arranging the bonus payments of all male or female employees from highest to lowest and find the point that is in the middle of the range.

Proportion of males and females receiving a bonus payment – total males and females receiving a bonus payment divided by the number of relevant employees.

South Central Ambulance Service NHS Foundation Trust has utilised the standard NHS Gender Pay Report provided as part of the NHS Business Intelligence Tool. This ensures that information is accurate, reliable, and easily contrastable and comparable with other healthcare partners and wider employers.

5. Our Workforce Gender profile

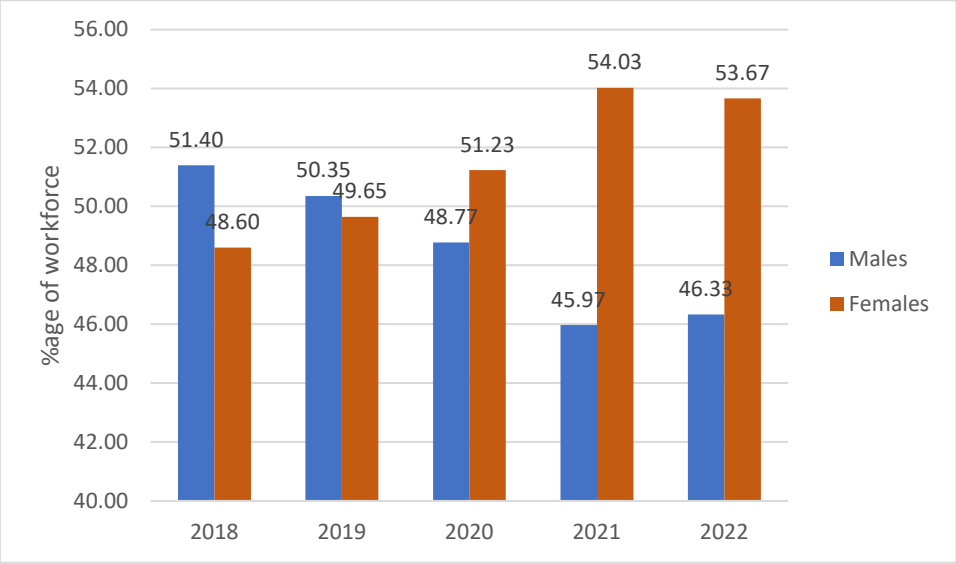
As of 31 March 2022, there were 4690 staff in post (a drop of 604 from the previous reporting period), the gender split remains as 46% (2173 staff) male employees and 54% (2517 Staff) female as shown in Table 1 below.

Table 1: Total headcount and percentage

Gender	Headcount	Percentage of workforce (rounded)
Male	**2173**	**46%**
Female	**2517**	**54%**

What is worth noting is the proportion of female workforce has gradually increased over the last 5 years. However, there was slight dip of 0.36% from last year. The Chart (1) below shows the gender split/balance across five years showing a gradual shift towards greater number of female staff.

Chart 1 (gender split over 5-year period)



6. Our Gender Pay audit

6.1 The Mean and Median gender pay gap

Table 2: Mean & Median pay gap (hourly rate)

	Male	Female	% Gap
Mean Gender Pay Gap (hourly rate)	**£16.02**	**£15.64**	**2.41%**
Median Gender Pay Gap (hourly rate)	**£13.46**	**£13.36**	**0.70%**

The table above shows that men have a greater **Mean** hourly pay rate than women by a gap of 2.41%. This is a shift from the previous year when for the first time there was negative Mean hourly rate figure for men at -9.70% (a change of 12.11%), the table (3) shows the changes over a 5-year period. We are returning to 2019 levels, which could suggest an impact due to the pandemic and other contributory factors such as the drop in workforce and reduction of national services. We have included actions in our Next steps for 2022/23 to gain a better understanding.

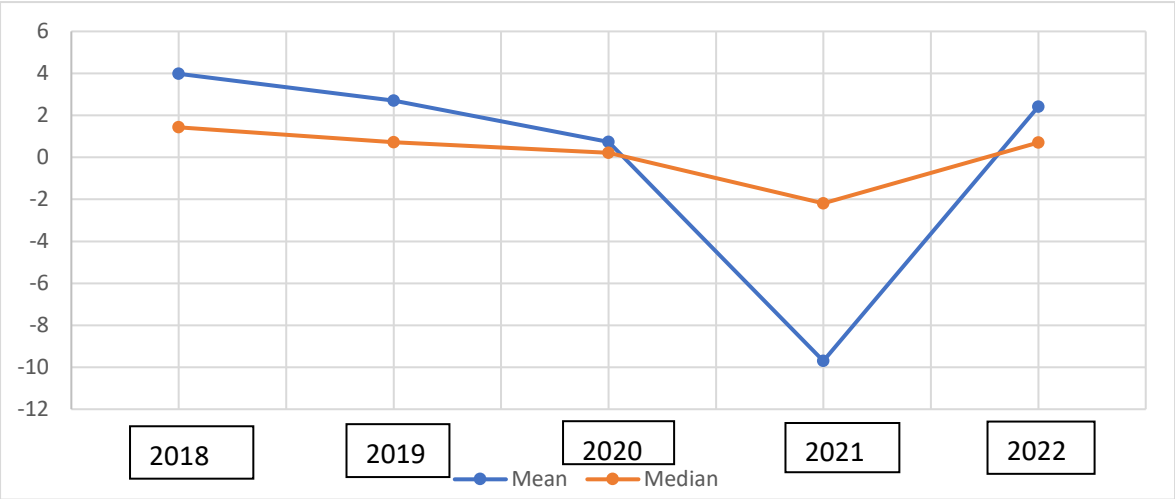
The **Median** hourly pay is also slightly greater for men by a gap of 0.70%. Again, this is a shift from the previous year when (for the first time) there was negative Median hourly rate figure for men at -2.19% (a change of 1.49%)

Tables 3 and chart 2 (below) shows the change over a 5-year period.

Table 3 (Mean & Median pay gap over 5-year period)

	2018	2019	2020	2021	2022
Mean	**3.98**	**2.7**	**0.74**	**-9.7**	**2.41**
Median	**1.43**	**0.72**	**0.22**	**-2.19**	**0.7**

Chart 2 (changes over a 5-year period)



The Office for National statistics (ONS) has reported that among all employees in the UK in all sectors, the gender pay gap decreased to 14.9%, from 15.1% in 2021, and remains below the levels seen in 2019 (17.4%).

Figures from the last audited period 2021/2022 from the Gender Pay Gap service published on the Gov.uk website reveal that of the ten Ambulance services in England SCAS had the lowest Mean and Median pay gap (between male to female). The table below provides the last published comparable figures as of 31 March 2021, this periods figures will be published in March 2023 (1 year in arrears).

Table 4: SCAS in relation to Ambulance Trusts in England

Ambulance Trusts (England) 2021/2022 data	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)
South Central Ambulance Service NHS Foundation Trust	-9.7	-2.2
London Ambulance Service N H S Trust	13.3	12.5
Yorkshire Ambulance Service NHS Trust	6.9	10.6
East Midlands Ambulance Service NHS Trust	5.3	4.8
North East Ambulance Service NHS Foundation Trust	-1.7	-0.4

North West Ambulance Service N H S Trust	10.9	9.3
South Western Ambulance Service Foundation Trust	6.1	7.8
West Midlands Ambulance Service NHS Foundation Trust	10.9	12.8
East Of England Ambulance Service NHS Trust	6.6	3.4
South East Coast Ambulance Service NHS Foundation Trust	10	11.1

6.2 Our Pay Quartiles

This data ranks all our employees (by hourly pay rate) and dividing them into **four equal parts** or quartiles and calculating the percentage of men and women in each of the quartiles. Table 5 below contains data that ranks all our employees from lowest (Quartile 1) to highest paid (Quartile 4). The percentage figures given are a breakdown of each quartile gender split. The gender split overall for the Trust is 46% males and 54% female.

Table 5 – Quartile proportions by gender

	Male	***Female***	***22/23 Difference***	***21/22 Difference***
Gender Proportions in Pay Quartile 1 (Lower pay)	**49.19%**	**50.81%**	**1.62%**	**0.3%**
Gender Proportions in Pay Quartile 2 (Lower Middle)	**42.24%**	**57.76%**	**15.52%**	**10.58%**
Gender Proportions in Pay Quartile 3 (Upper Middle)	**42.63%**	**57.37%**	**14.74%**	**10.3%**
Gender Proportions in Pay Quartile 4	**51.28%**	**48.72%**	**-2.56%**	**9.78%**

More women are employed in three quartiles but the greatest difference between male and female is in Quartile 4 highest paid. This represents an overall shift from last year of 12.34% for female staff in Quartile 4.

Quartile 1 had lowest split between the genders. Quartile 2 had the largest split. Quartile 3 had a split of 14.74% and Quartile 4 had a (negative) split of -2.56% fewer women in this quartile.

6.3 Mean and Median Bonus pay gap

The mean bonus gender pay gap adds together bonus payments for all male and female pay and divides this by the respective number of male or female employees.
Due to the small numbers of bonus payments made in 2022 potentially rendering recipients identifiable if published, the Trust will not be publishing any data for this part of the Gender Pay Gap report. Bonus payments are considered and awarded in line with Very Senior Managers contracts and associated policy.

7. Our 2022/23 Actions

Some actions we have taken to promote and advance gender equality include:

Enhanced Recruitment Practices

We widened our recruitment drive and used social media, specifically Facebook to target groups that may not be drawn by traditional media.

Developing our people

Compassionate, inclusive and collaborative leaders build resilient and engaging teams. At SCAS we believe in supporting our people through coaching and mentoring so we have our **SCAS Leader programme** and the **Essential Skills for People Managers** (ESPM) as part of our leadership and management offer. These courses provide our growing number of female leaders and managers with the confidence and skills required to build effective teams which drives inspiring and transformational leadership. A significant number of our SCAS Leader programme have been female and they are role modelling women in leadership.

Focus on employee health and wellbeing

We understand that taking a holistic approach to our employee health and wellbeing increases our retention rates and improves organisational performance. To further support our female workforce, we are focusing on issues that affect them such as our menopause café that provides a ‘safe space’ to discuss issues and find support.

Sexual Safety Campaign

The Campaign will create a positive cultural shift to recognising and challenging inappropriate and sexual behaviour. The intended outcome will be to empower any vulnerable person at risk of abuse and enable allies and upstanders to reduce the escalation

of any harm, seek appropriate resolution and action. The Campaign consists of several long-term actions and communications to ensure our staff never feel uncomfortable, frightened, or intimidated in a sexual way by the public or other colleagues

Flexible Working

We are committed to ensuring that our staff maintain a healthy work life balance to retain talent. This is a challenge particularly in relation to operational staff and those who work shifts; we know we must do more and encourage open conversations around flexible work with support from our senior leadership team. To enable this happen we set up a Workforce, Workplace Futures (WWF) Transformation project group.

Staff Networks

We have our Staff networks which have been established to promote inclusion within SCAS. Our Lesbian, Gay, Bisexual and Transgender + (LGBT+) network, Black and Minority Ethnic (BME) network, the Multifaith Network, our Disability Equality & Inclusion network, and our new Women's Network exist to drive equality within our workforce. The Networks have a role to support and provide opportunities to share their lived experiences, promote diversity and inclusion within our Trust.

Additionally, we have started the conversation for a Men's network to provide support and a safe space to discuss issues that affect Men particularly in relation to men's health and allyship in relation to other genders.

Our next steps for 2023/24

Objective	Action	Lead	Timeline	Improvement measure
Collate data build on our positive outcomes and address any imbalances within our Trust	Continue to undertake further analysis of directorate and departmental data	HR and Data analysts	Reporting period 2023/2024	Reports of and to departments to identify local actions
Continue to promote positive action to bring about pay equity	Understand and further analyse the actions that we have taken to promote, support more women across the Quartiles and ensure that we safeguard against any bias (conscious or unconscious)	HR	Reporting period 2023/2024	Narrowing of Mean & hourly Gender pay gap
Board Leadership visibility	Continue with Listening events to further engage our female workforce	CEO/Executive Board	Reporting period 2023/2024	Regular CEO/Executive Board engagement to enhance Gender Equality
Report to the Equality, Diversity & Inclusion (ED&I) Steering Group to act as key conduits in raising gender specific issues	Equality and Diversity Steering Group to oversee trust wide initiatives relating to the Gender Pay Gap.	CEO & Head of EDI	Reporting period 2023/2024	• Regular meetings • Established governance pathways
Support for the Women's Network	• To formally launch the Network • Communicate network functions • Establish resources to support the work the network • Help with our Sexual Safety Campaigns • To highlight gender pay differentials	Head of EDI	Reporting period 2023/2024	• Establishment of Network • Provide a 'safe space' • Examine gender issues experienced by staff to improve staff experience and increase retention
Engagement with the national Ambulance (and other NHS) Staff networks	link the Women's Network in with other gender staff networks across UK, particularly the NHS to source good practice.	Women's Network Head of EDI	Reporting period 2023/2024	The Trust has intelligence relating to good practice from other Trust's staff Women's/Gender networks

Recruitment and selection practices are inclusive for all staff and of all genders	Analyse recruitment and attrition data to explore rates by roles and service areas Analysis of any gender differentials using staff surveys, People Voice, FTSU and ER cases Review and analyse inclusivity of recruitment materials (including where adverts are placed)	Recruitment FTSU Communications	Reporting period 2023/2024	Recruitment policies and literature is reviewed to ensure that all genders are welcomed to apply for roles. To analyse and find out any negative experiences and seek to reduce them
Explore opportunities for more flexible or alternative shift working across the organisation.	Consider how flexible working and alternative duties could be introduced into a wider range of roles Ensure equity of pay and training for those who are pregnant and their longer-term career prospects To understand why women have left SCAS	Recruitment HR Equality & Diversity steering group	Reporting period 2023/2024	Flexible working is established and used that will reduce potential discrimination and encourage more diverse applicants To reduce female workforce attrition

Name and Title of Author: Dipen Rajyaguru, Head of Equality, Diversity and Inclusion
Date: January 2023

South Central Ambulance Service
NHS Foundation Trust

Report title:	**Medical Directors Update**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 24 November 2022**	**Agenda Item:**	**17**
Executive Summary:	This paper covers: ✓ 1. Research Update ✓ 2. Clinical Performance Indicators Exception Report ✓ 3. BDO Clinical Audit findings ✓ 4. Maternity Care Update		
Recommendations:	The Trust Board is asked to: **Note the report**		
Executive lead:	Dr John Black Medical Director		
Report authors:	Vicky Holliday, Martina Brown and John Black		
Previously considered by:	A Medical Update is provided at each Public Board		

Purpose of report:	Note ☐	Approve ☐	Assure ☒
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	Risk 1 - Poor clinical governance and practices
Quality Domain(s):	All Quality Domains

Next Steps (what actions will be taken following agreement of the recommendations):	
List of Appendices: ACQI and Internal	

South Central Ambulance Service
NHS Foundation Trust

Title	**Medical Directors Update Report**
Author	**Martina Brown** **Research & Clinical Audit Manager** **Vicky Holliday** **Assistant Director of Quality**
Responsible Director	**Dr John Black** **Medical Director**
Date	**January 2023**

1. Purpose

The purpose of the paper is to update the Board on key Clinical Issues relating to:

- SCAS Clinical Research Trials
- Ambulance Clinical Quality Indicators (ACQI) and Internal Care Bundle Audits
- Annual SCAS Cardiac Arrest performance infographic from the University of Warwick.
- Maternity Care Update

2. Executive Summary

SCAS Clinical Research Trials update

Newly opened clinical trial:

- HARMONIE. Commercial trial with NIHR endorsement. The purpose of this study is to determine the efficacy and safety of a single intramuscular (IM) dose of Nirsevimab, compared to no intervention, for the prevention of hospitalisations due to lower respiratory tract infection (LRTI) caused by confirmed Respiratory Syncytial Virus (RSV) infection in all infants under 12 months of age who are not eligible to receive Palivizumab.
  - Recruitment to time and target continues well.
  - 20 patients randomised as of 11th January 2023

Crash 4 Trial (IM TXA in elderly patients with Head Injury)

- Recruitment continues to progress well
- SCAS received a letter of thanks from Prof Ian Roberts confirming that our support has helped secure national funding for the main trial to proceed from April 2023.

:

Prospective trial:

- Spinal Immobilisation Study. This study will be a multi-centre, open-label, pragmatic, pre-hospital, non-inferiority randomised controlled trial with health economic evaluation to determine the effectiveness of immobilisation regimes involving movement minimisation and triple immobilisation (current NHS standard of care) in patients with potential cervical spine (c-spine) injury recruited in a pre-hospital setting.
- Ethical Committee approval now obtained
- Trust wide recruitment requested by National team for initial pilot
- Training package under development

Ambulance Clinical Quality Indicator (ACQI) Exception Report

1. Appendix 1 details average SCAS ACQI performance when compared with the eleven English Ambulance Trusts (including the Isle of Wight) for the period April 2022 - July 2022.

2. Nine indicators are performing above the national average, the same position since the last report to Board.

3. SCAS is in the upper quartile rating when benchmarked nationally for 6 out of 13 ACQI indicators. One less than the last report to Board, with both cardiac arrest Utstein survival at 30 days and the STEMI mean call to needle insertion time-based indicator currently performing above all English ambulance services YTD.

4. 9 indicators have seen a marginal deterioration and 2 an improvement since the last report to Board. Those experiencing a deterioration are all cardiac arrest outcome indicators and all Stroke and STEMI time-based indicators. Improvement has been seen in the Cardiac Arrest Post ROSC and STEMI care bundles.

5. Appendix 2 includes an infographic summarising the epidemiology and principle outcome findings of SCAS 2021 cardiac arrest performance produced by the University of Warwick Clinical Trials Unit. Not all the data fields are mandatory and at present we do not upload location coding. Nationally 80% of cardiac arrests occur at home, 5% in the workplace, 0.4% in leisure centres and 0.1% in schools. Headlines include a median response time of 6.4 minutes, and 208 patients survived their out-of-hospital cardiac arrest. Further comparative/benchmark data is available at https://warwick.ac.uk/ohcao/publications/epidemiologyreports/

6. This year's face to face clinical update training is in progress, which contains an ACQI update to ensure that operational clinicians within our Emergency and Urgent Care service are aware of the elements of care required.

7. A clinical records review process has been approved at the E&UC clinical governance group, which outlines the principles of sample quality reviews of clinical records by local Clinical Team Educators in order to provide feedback to clinicians and support high quality clinical record keeping.

8. Mandated pain scoring is now live in the SCAS electronic patient record system for eligible conditions. However, data analysis has highlighted that whilst the system highlights a requirement for a second pain score, clinicians are still able to exit and close clinical records without entering a second pain score, so further system refinement is required to complement existing educational and managerial guidance.

:

9. The sepsis care indicator has been subject to one publication in this current financial year and the November 2022 publication will be the last for sepsis, which is being withdrawn as an ACQI. This will be replaced by a new ACQI focused on falls in older people.

10. The STEMI ACQI is currently being reviewed as it is recognised that time to reperfusion is the main determinant of survival and on scene times need to be kept as short as possible. Some time-based performance indicators for on-scene times may be introduced and there may be less emphasis on analgesia administration as the KPI may be driving inappropriate administration which may extend on scene.

Internal Care Bundle Audits

11. Internal care bundle audits are shown in Appendix 3. The indicators are currently performing below the year end position 2021/22, with the exception of Febrile Convulsion. Compliance remains largely unchanged since the last report to board, with marginal fluctuation.

12. Lower limb fracture remains the lowest performing indicator. Audit fails are most commonly due to non-recording of two pain scores and limb immobilisation. At the latest audit round, recording of two pain scores had improved and compliance with the analgesia element of the care bundle remains high (92% in December).

13. A piece of work to review all the compliance tools in the SCAS Ortivus ePR system and ensure they are mirrored in the Scribe 2 clinical records system used by our Private Ambulance providers remains in progress. The latest Scribe release is ready to be released to a small number of trial devices. Following initial feedback from the trial devices, the software update will be rolled out across all Private Providers during Quarter 4 2022/23.

BDO Audit

14. As part of the Trust's internal audit programme, an audit of the Trust's clinical audit function has been completed. The audit determined the following outcomes:

    - Design Opinion: Substantial
    - Design Effectiveness: Moderate

15. There were no recommendations for the corporate clinical audit function/team. The only recommendation related to the clinical call audit capacity in the Clinical Coordination Centers which is being reviewed in light of operational pressures.

Maternity Care Update

The following actions have been undertaken since the last update to the Board in May 2022:

- Our Clinical Practice Guidelines (JRCALC) have been updated in 2022 which our frontline staff can access electronically on ePR and their personally issued IPADS
- SCAS educational leads are undertaking a maternity training gap analysis review future face to face training requirements for maternity emergencies

:

- There have been an increasing number of joint training opportunities for students and staff for shared maternity learning/training with medical and nursing students and staff using simulation facilities within the Trust
- A Maternity Service Response line for 111/999 provided by Frimley Healthcare is being extended in the Thames Valley that will replicate service provision provided in Otterbourne by North Hampshire Hospitals for Hampshire.
- Our Clinical Governance Leads for 999 are now linked with the Local Maternity and Neonatal System (LMNS) CG leads BOB/HIOW to support maternity incident investigation and learning.
- We have asked midwives via the LMNS to inform their decision making about place of birth factoring SCAS demand pressures/escalation levels via CCC maternity lines and transport times to nearest obstetric unit in the event of unanticipated complications arising during delivery in the community
- One of recently appointed clinical investigation managers is a midwife with expertise in the assessment of the quality of maternal care.

7. Recommendations

The Board is asked to note the report.

Name and Title of Author:
John JM Black

Date:
14 January 2023

Appendix 1

This table details the SCAS YTD ACQI compliance, benchmarked against English Ambulance Services for the period April 2022 – July 2022.

ACQIs YTD **Apr to July 2022/23** Against Average								
Clinical Quality Indicator	**Lower**	**Upper**	**Difference**	**National Average**	**South Central**	**Difference**	**Greater or lower than Average**	**Comments**
%CardiacArrestROSCAtHosp	22.69%	30.29%	7.60%	25.82%	22.69%	-3.13%	↓	% of Cardiac Arrest patients who ROSC'd at hospital handov
%CardiacArrestUsteinROSC	42.71%	53.47%	10.76%	47.05%	47.27%	0.22%	↑	% ofUtstein patients who ROSC'd at hospital handover
%CardiacArrestSurvival at 30Days	6.24%	10.06%	3.82%	8.03%	9.54%	1.51%	↑	% of Cardiac Arrest patients who survive to 30 days
%CardiacArrestUtsteinSurvive30Days	21.26%	34.86%	13.60%	26.18%	34.86%	8.68%	↑	% of Utstein patients who survive to 30 days
%CardiacArrestResusCareBundleAchieved	62.50%	98.17%	35.67%	77.60%	67.18%	-10.42%	↓	% of Cardiac Arrest patients that received the care bundle
%STEMICareBundle	57.31%	96.84%	39.53%	75.67%	65.90%	-9.77%	↓	% of patients that received the care bundle
%StrokeCareBundleAchieved	92.21%	99.19%	6.98%	96.88%	97.46%	0.58%	↑	% of patients that received the care bundle
STEMIPPCIMeanTimeCTN	143	183	40	160	143	- 17	↓	CTN= call to needle (minutes). Lower is better
STEMIPPCI90CentileCTN	200	261	62	226	203	- 23	↓	Lower is better
StrokeMeanTimeCTD	01:32:16	02:17:35	00:45:18	01:46:34	01:40:46	-00:05:48	↓	CTD = Call to door (time). Lower is better
Stroke50CentileCTD	01:13:08	01:44:15	00:31:07	01:26:20	01:22:23	-00:03:57	↓	Lower is better
Stroke90CentileCTD	02:22:30	04:03:45	01:41:15	02:55:14	02:40:30	-00:14:44	↓	Lower is better
%SepsisCareBundleReceived	67.34%	95.12%	27.78%	82.97%	71.23%	-11.74%	↓	% of patients that received the care bundle

OHCAO CARDIAC ARREST OVERVIEW
SCAS 2021

Demographics

4,534
OHCA calls attended

2,409
Patients treated by ambulance service personnel

OHCA incidence (per 100,000)

All cases (Age/gender adjusted)	Male (Age adjusted)	Female (Age adjusted)
57.0	80.1	36.3

Age of patients

Median Age
70.0yrs
Mean Age
66.1yrs

Age Distribution

1.1%	39.7%	59.2%
<15yrs	15-64yrs	65+yrs

Sex Distribution

65.8%
Median Age
69.0yrs
Mean Age
65.4yrs

34.2%
Median Age
71.0yrs
Mean Age
67.5yrs

OHCAO | British Heart Foundation | Resuscitation Council UK | NIHR | Applied Research Collaboration West Midlands | Association of Ambulance Chief Executives

OHCAO CARDIAC ARREST OVERVIEW SCAS 2021

Where did people have a cardiac arrest?

99.4% Place of residence	**0.0%** Public place	**0.0%** Workplace
0.0% Place of education	**0.0%** Leisure centre	**0.6%** Another location

When did people have a cardiac arrest?

Time of Day

00:00 – 05:59	06:00 – 11:59	12:00 – 17:59	18:00 – 23:59
13.0%	32.3%	29.7%	25.0%

Day

SUN	MON	TUE	WED	THU	FRI	SAT
14.9%	13.9%	14.6%	13.6%	13.9%	15.0%	14.1%

Median EMS Response time

6.4mins

90th percentile time: 14.0 mins

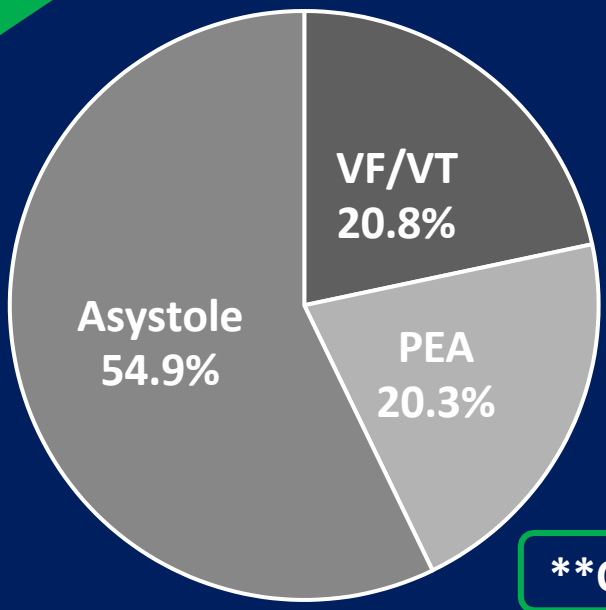
Proportion of cases reached in 7 mins

55.0%

OHCAO | British Heart Foundation | Resuscitation Council UK | NIHR | Applied Research Collaboration West Midlands | Association of Ambulance Chief Executives

*Other/missing 0.8%

Initial Rhythm**

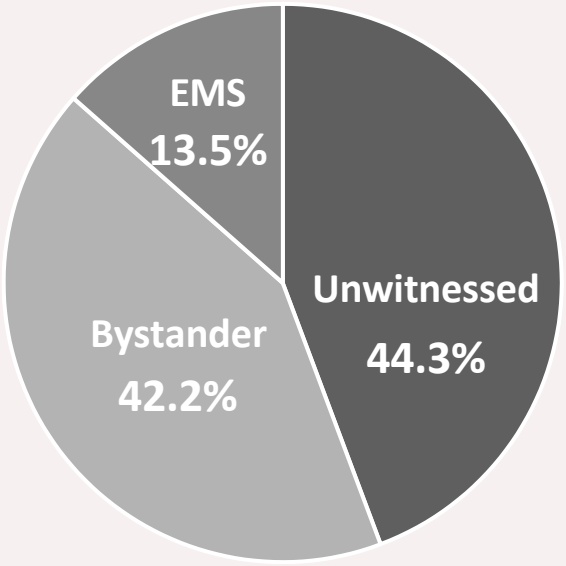


**Other/missing 4%

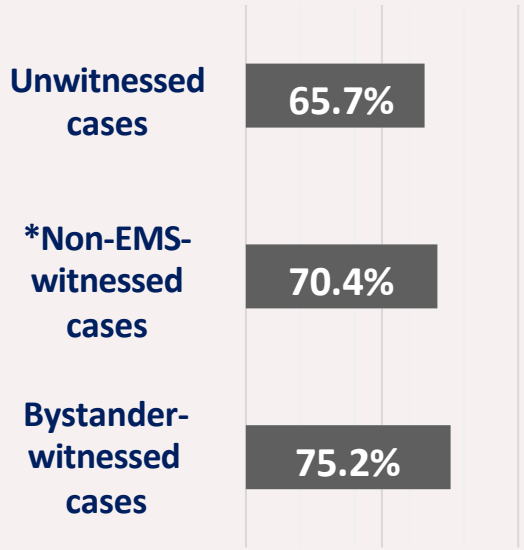
OHCAO CARDIAC ARREST OVERVIEW SCAS 2021

Bystander Interventions

Who witnessed cardiac arrest?



Bystander CPR rates:



*Non-EMS-witnessed cases is the combination of unwitnessed and bystander-witnessed cases

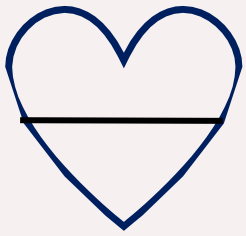
Public Access Defibrillator use*

All cases
5.5%

Bystander witnessed cases
6.8%

Unwitnessed cases
5.5%

*national averages used as data missing



Admitted to hospital with ROSC

19.9%

Utstein[x]

41.3%

30-day Survival

8.7%

Utstein[x]

24.7%

Ambulance service personnel successful in restarting

480 hearts

208

lives saved

[x]Utstein Comparator Group: bystander witnessed, shockable rhythm

OHCAO

British Heart Foundation

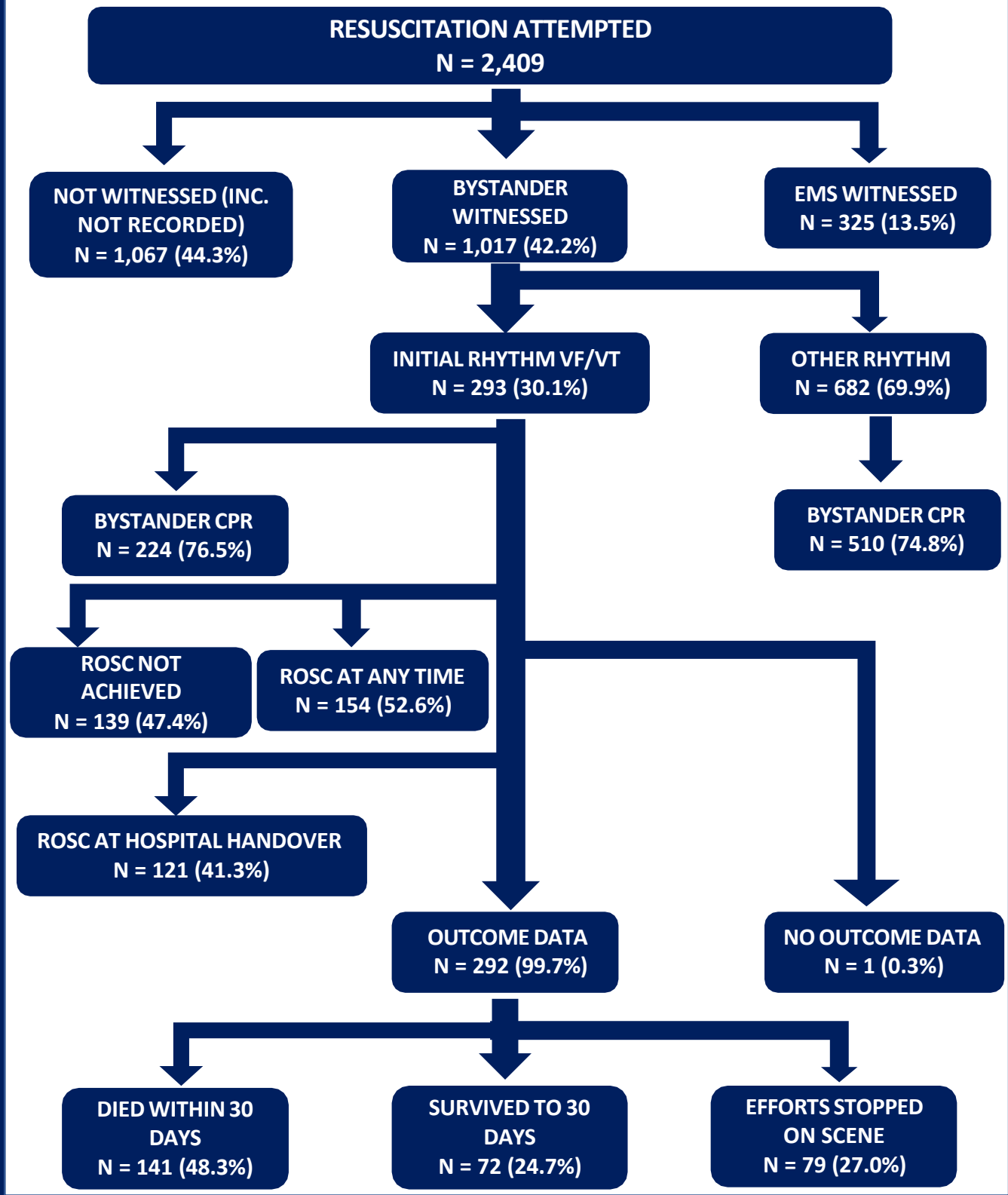
Resuscitation Council UK

NIHR | Applied Research Collaboration West Midlands

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

OHCAO CARDIAC ARREST OVERVIEW
SCAS 2021

Utstein Comparator Group[x] Flow Chart



[x]Bystander witnessed, shockable rhythm

Appendix 3

This table details the care bundle 50 YTD compliance for the current financial year.

NCPI		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD	2021/22
Asthma	Num	N/A	33	N/A	N/A	32	N/A	N/A	32	N/A	N/A		N/A	97	188
	Denom	N/A	50	N/A	N/A	50	N/A	N/A	50	N/A	N/A		N/A	150	250
		N/A	**66.00%**	**N/A**	**N/A**	**64.00%**	**N/A**	**N/A**	**64.00%**	**N/A**	**N/A**		**N/A**	**64.66%**	**75.20%**
Limb Fracture	Num	14	20	15	19	14	14	14	14	21				145	208
	Denom	50	50	50	50	50	50	50	50	50				450	518
		28.00%	**40.00%**	**30.00%**	**38.00%**	**28.00%**	**28.00%**	**28.00%**	**28.00%**	**42.00%**				**32.22%**	**40.15%**
Febrile Conv	Num	43	N/A	N/A	43	N/A	N/A	41	N/A	N/A		N/A	N/A	127	119
	Denom	50	N/A	N/A	50	N/A	N/A	50	N/A	N/A		N/A	N/A	150	153
		86.00%	**N/A**	**N/A**	**86.00%**	**N/A**	**N/A**	**82.00%**	**N/A**	**N/A**		**N/A**	**N/A**	**84.67%**	**77.77%**
Elderly Falls	Num	28	24	30	30	29	26	31	31	27				256	385
	Denom	50	50	50	50	50	50	50	50	50				450	600
		56.00%	**48.00%**	**60.00%**	**60.00%**	**58.00%**	**52.00%**	**62.00%**	**62.00%**	**54.00%**				**56.88%**	**64.16%**

South Central Ambulance Service
NHS Foundation Trust

Report title:	**Operations Report – 999, 111 and Other**		
Report to:	**Trust Board (Part 1)**		
Date of Meeting:	**Thursday, 26 January 2023**	**Agenda Item:**	**18**
Executive Summary:	The performance of our 999 and 111 services continue to be impacted by high levels of handover delays and pressure on the UEC system due to Strep A and flu.		
Recommendations:	The Trust Board is asked to note the issues in the 999 and 111 areas of SCAS and the operational support work to help with those challenges.		
Executive lead:	Paul Kempster		
Report author:	Steve West, Luci Papworth, Mark Ainsworth, Rob Ellery, Ross Cornett, Ruth Page		
Previously considered by:	An Operations Report is presented at every Board meeting in public.		

Purpose of report:	Note ☒	Approve ☐	Assure ☒
Paper Status:	Public ☒	Private ☐	Internal ☐

Assurance level:	Significant ☐ High level of confidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence in delivery

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Strategic Objective(s):	All strategic objectives
Links to BAF risks: (or links to the Significant Risk Register)	Risk 1 - Achieving standards and targets
Quality Domain(s):	Patient Safety
Next Steps (what actions will be taken following agreement of the recommendations):	
List of Appendices:	

BOARD OF DIRECTORS MEETING IN PUBLIC 26TH JANUARY 2023

OPERATIONS REPORT – 999, 111 AND OTHER – KEY ISSUES

PURPOSE

1. The purpose of the paper is to provide the Board with an update on current performance in 999 & 111 and the delivery of projects to improve operations.

EXECUTIVE SUMMARY

2. The performance of our 999 and 111 services continue to be impacted by high levels of handover delays and pressure on the UEC system due to Strep A and flu.

CCC

3. Mean call answer performance improved significantly in November - 28 seconds and the abandonment rate reduced to just below 3%. In December call volumes were significantly higher - the highest seen this financial year. Mean call answer deteriorated for the month to 1 minute 55 seconds and a high abandonment rate reflective of the pressures within the system.

4. Capacity for ECTs has improved as new staff become work effective but we remain below budgeted levels required to deliver consistent performance. Sickness remains challenging across both call taking and dispatch staff. The Isle of Wight staff numbers are also slowly improving and they are on track to have 26 WTE work effective ECTs by end January 2023.

5. The ECT roster review has started and the first roster project board has taken place. Staff feedback during the initial consultation phase has been broadly positive with staff clearly wanting changes to the roster which will improve work life balance.

6. The new coaching process across both EOCs is now business as usual and has been well received by staff.

7. The national Intelligent Routing Platform went live on 3rd November 2022. We are receiving calls from other trusts but the numbers are within expected levels. During key dates over the festive period, specifically New Years Eve and also strike action days, the IRP was disabled.

8. Calls offered to 111 in November and December were above plan. December saw the highest ever volume of calls offered to 111 at 237K, this was 32% higher than March 2020 at the peak of COVID.

9. 111 performance continues to be impacted by high vacancy rates and high sickness.

10. A number of steps were taken to mitigate the surge in demand through December. Hours were incentivised for all skillsets. Additional GP hours were sought from CAS providers to support paediatric triage of cases within 111. Changes were made to the front end messaging and call closure messaging advising on delays in

accessing 111 and onward services, as well as advice on alternative locations of care (Online and Healthier Together).

11. The national resilience offer from NHSE with circa 10% of SCAS 111 calls being handled by another 111 provider is on target to go live 12th January 2022.

12. Clinical outcome data is not yet available as a result of the Adastra outage. BI continue to ratify the data and work with Advance to ensure accuracy. Operational Adastra issues appear to have now stabilised.

13. Additional GP resource has been approved to support Cat 3/4 validation until March 2022.

14. Telephony issues as a result of the increased demand were resolved with increased SIP trunks and bandwidth, as well as dedicated in and outbound lines. The separate Esuits issues continues to be worked on by the providers.

15. The project team continue to work with the regional team and other providers in South East on Single Virtual Contact Centres. Contract variation will be reviewed by Execs on 24th January. SCAS telephony work has been completed although final testing is outstanding as we await NHSE and other provider elements. Data flows remain an area of concern and BI continue to work with NHSE to resolve this. A committee in common meeting is being arranged in January 2023 to seek regional sign off.

URGENT & EMERGENCY CARE

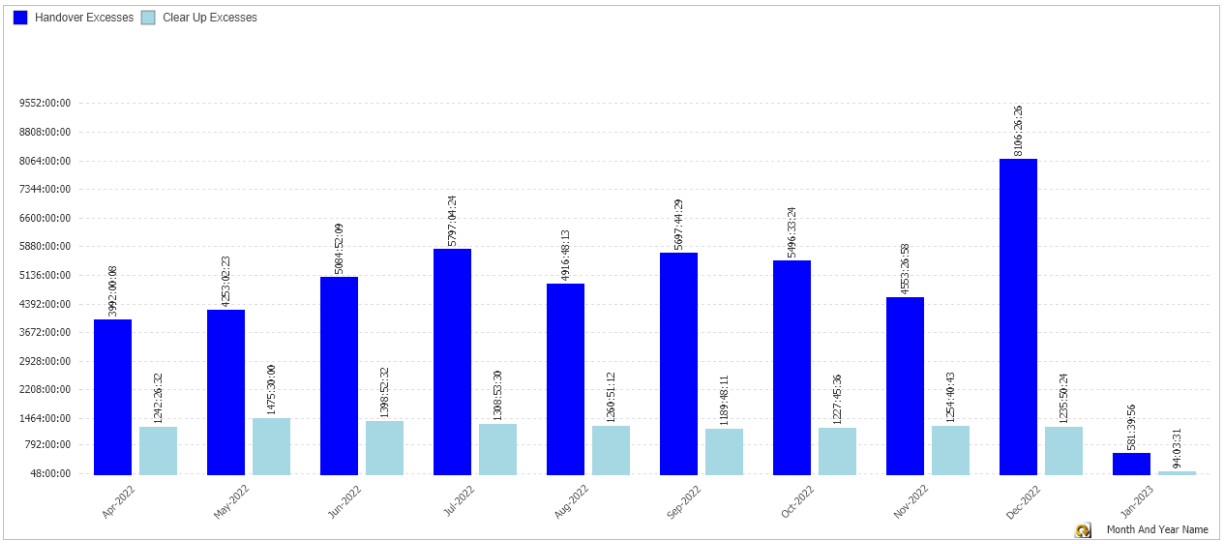
16. Capacity has deteriorated with increasing sickness and leave at seasonal norms. Leave is restricted over the Christmas period improving total resource available significantly. Private providers deteriorated reflecting the impact of one of the private providers going into administration in the last week of November.

17. The net position between actual required resource hours and actual hours has deteriorated with a gap of 4000 hours, 6%.

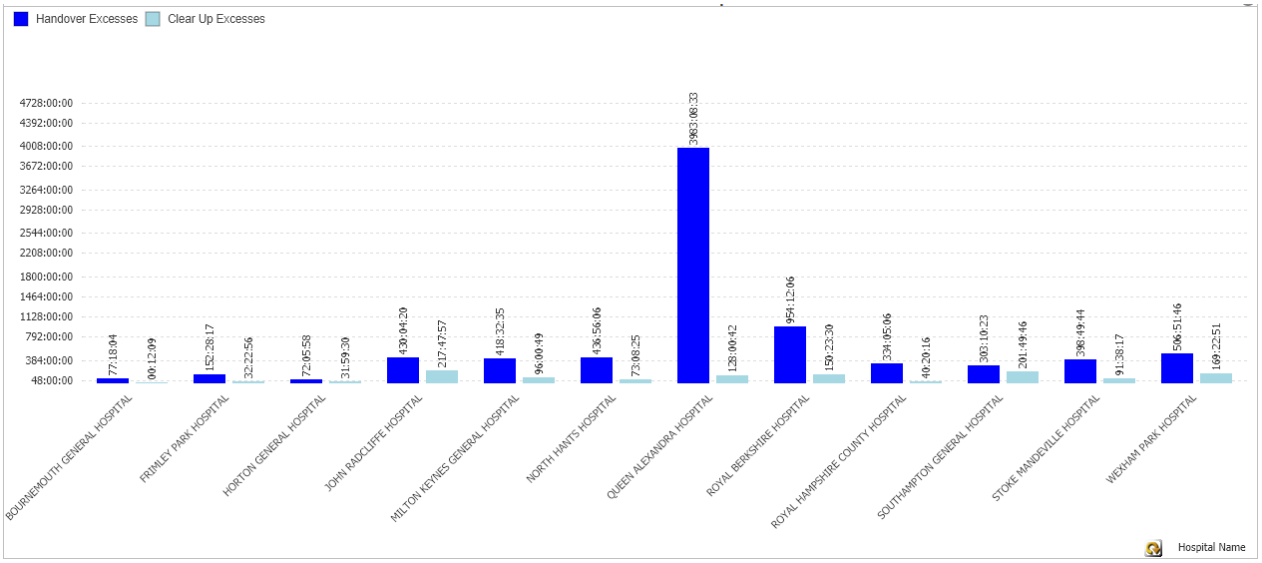
Hospital Handover Delays

18. December 2022 saw the highest level of handover delays ever experienced in SCAS, losing 8,106 hours. The average handover time across all sites was 36 minutes, an increase of 11 minutes from November, with 1,698 patients taking over 1 hour to be handed over to the hospital staff. This level of delays has had a significant effect on our ability to respond to patients, as well as the effect on our staff with them missing meal breaks and having significant over runs at the end of

their shift. We have been working hard to reduce the conveyance of patients to Emergency Departments and we achieved a conveyance to ED rate of 45.6% at a SCAS level in December which is a reduction of 4.5% compared to November. This increase has been through higher hear and treat as well as see and treat.



19. The QAH hospital had the highest level of delays at 3,983 hours, however we have also seen significant increases at RBH and Wexham Park Hospital.



Non-Conveyance and Urgent Care Pathways

20. Following the successful introduction in Oxfordshire and South East Hampshire (PSEH) of “Call before you Convey” pilots, several other systems have followed. The blueprint surrounds a ‘perfect day’ whereby all patient facing clinician referrals are routed through to Single Point of Access for triage and subsequent real time decision about appropriate treatment, management and care pathway. The aim is to maximise the number of higher acuity patients seen in their own home or in the community to avoid unnecessary conveyances to Emergency Department and SDEC teams.

Resilience & Specialist Operations

21. Industrial Action within SCAS is currently limited to GMB, but Unite and Unison are currently re-balloting their member and there is potential for more widespread industrial action.

22. SORT training is ongoing with the trust currently maintaining more than 35 on duty at all times as required by our Contract.

23. Winter planning continues with further work ongoing to ensure the trust can continue to provide all of our services during a widespread electricity outage or rolling winter power cuts. Additional power generation has been put in place on the main Make Ready stations across the trust.

Clinical Equipment

24. A full audit of all assets has now been completed and uploaded on to the F2 asset management system. This included all Zoll devices and the number of devices not seen by Zoll reduced from 31 to 8.

25. A new process has been created to enable the Make Ready teams to record Zoll devices and their locations as part of their daily checks. This is then uploaded manually to the F2 asset management system as a way of tracking devices to ensure those requiring pre-planned maintenance are removed for service. A trial has commenced in two areas where critical equipment checks are conducted by staff at the start of shift and recorded on Microsoft forms. This system stores all data in the cloud and is accessible via a spreadsheet. It also records the time taken to complete the check which will be useful data in relation to time taken to complete checks.

26. A proactive pre-planned maintenance plan is now in operation and devices are highlighted two weeks prior to service date to ensure they are removed and serviced before service date expiry.

Ambulance Make Ready (MR) Services

27. Specification and key performance indicators for the new tender have been agreed and it is in the final stages of completion. This will be based upon our current service of a vehicle being made ready every 24/7 and regular deep cleans for PTS and frontline vehicles.

28. The proposed timetable is currently still on track to go live with the new service during the Summer of 2023 following an extension of the current contract.

Fleet

29. The convertor currently building the prototype FIAT DCU is behind schedule. This has led to a delay in being able to assess the prototype, to establish if there are improvements to legroom in the cab without impacting on space in the rear.

30. All of the new Land Rover Sports Discovery's are now operational. The convertors are currently visiting sites to rectify issues with light bars.

WORKFORCE MANAGEMENT PROJECT

U&E Ops Roster Review & Realignment Project

31. During December the governance of the project has been refreshed to provide assurance to the SRO and Project Board Members with schedules extended into 2023. Advisory discussions have been held with stakeholder departments, ahead of the introduction of the key workstreams. Development of key documentation surrounding core principles and terms of reference for each project workstream, with roster champions members are now being finalised.

CONCLUSIONS AND RECOMMENDATIONS TO THE BOARD

32. The Board is asked to note the contents of the report.

Name of author **Paul Kempster**
Job title of author **Chief Operating Officer**
Date paper written **January 2023**

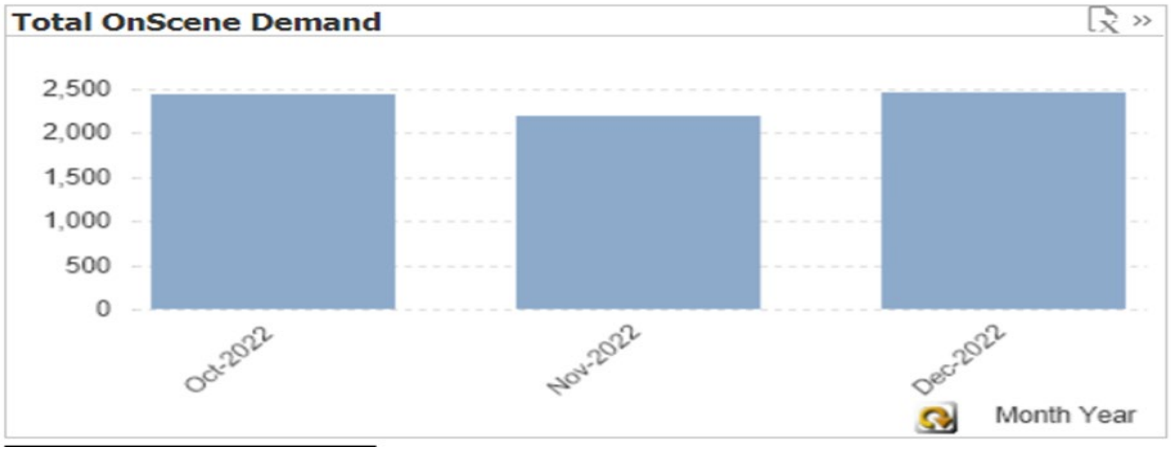
BOARD OF DIRECTORS MEETING IN PUBLIC 24TH NOVEMBER 2022

OPERATIONS REPORT – 999, 111 AND OTHER

APPENDICES –

Indirect Resources

1 December saw an increase in the number of incidents attended on scene with just over 2,000hrs of availability less than in the previous two months. This is testament to the good will and support our volunteers provide.



2 They attended more C1 calls in December than in any of the previous months however, we had seen long back up times which has resulted in a slight drop of overall contribution to 28 seconds and we are still maintaining performance by getting to scene first over 74% of the time.

CET Contribution by Month			
Month And Year Name	Oct-2022	Nov-2022	Dec-2022
Total Cat 1 Incidents (SCAS)	3,641	3,459	4,242
% of Cat 1 Stopped by CET	6.8%	7.0%	6.7%
Cat 1 CET OnScene	332	351	383
Cat 1 Stopped by CET	248	243	284
% of Cat 1 Onscene Stopped b	74.7%	69.2%	74.2%
Cat 1 Mean Stopped by CET	0:08:47	0:08:25	0:10:02
Cat 1 Mean (SCAS)	0:09:29	0:08:39	0:10:57
Cat 1 Mean - CET Removed	0:10:00	0:09:11	0:11:24
CET Contribution	0:00:31	0:00:32	0:00:28

3 The time to allocate the resources had increased in December mainly due to the coverage of the desks not being consistent due to staff shortages and the reduced number of resources in the operational areas.

Contribution Drivers			
Month Year	Oct-2022	Nov-2022	Dec-2022
Cat 1 demand - total	3641	3459	4242
Time to allocate to 75% (all Resources)	00:03:49	00:03:10	00:05:16
% Auto Dispatch	38.1%	44.6%	36.0%
Number were CET on-scene	332	351	383
% On-scene first	74.7%	69.2%	74.2%
Time to back up CET	00:07:22	00:07:12	00:06:31
Contribution	00:00:31	00:00:31	00:00:27

4 The reporting for NIF and CFW incidents is currently under review as it is not reporting correctly. Of the 65 NIF attendances in December we actually attended 254 and the same can be seen with CFW, of the 79 we actually attended 166.

5 We have also had a paramedic on alternative duties working the IRD since 30th November and they have on 22 occasions sent a responder to appropriate low acuity incidents and avoid a clinical response to scene. This will continue throughout January and a case will be made to continue this from February with two seconded paramedics.

6 We will be seeking approval at CRG on 11th January for some amendments to the existing NIF and CFW algorithms to enable a better patient experience. We are also wanting to install both Livelinks and iSTUMBLE so that our responders are able to document and provide the link to the clinician in the CCC with ease.

7 The project for GoodSam was approved however, there is some patchwork that IT needs to rectify before we can move forward with the integration.

Trust Board Meetings in Public Forward Planner

	Opening Business	Strategic Overview and Context	Performance, Risk, Governance & Assurance	Director Reports (Key Issues)	Other Reports (Key Issues)	Strategy	Items Requiring Final Approval
November 2022	Welcome and apologies Declarations of interests Fit and proper persons test Minutes from last meeting Board actions log	Chair's report Chief Executives report Staff story	Integrated performance report Board assurance framework (for info) Upward reports from Committee meetings– Quality & Safety, Audit, Charitable Funds, People & Culture	Medical Directors report Quality and patient safety report Operations report 999, 111 – key issues and risks Operations report (PTS) – key issues and risks Finance & estates report HR and OD update	Freedom to speak up quarterly report (Q2) and FTSU month		Annual charity accounts
January 2023	Welcome and apologies Declarations of interests Fit and proper persons test Minutes from last meeting Board actions log	Chair's report Chief Executives report Patient story	Integrated performance report Board assurance framework Upward reports from Committee meetings– Quality & Safety, Audit, Charitable Funds, People & Culture	Medical Directors report Quality and patient safety report Operations report 999, 111 – key issues and risks Operations report (PTS) – key issues and risks Finance & estates report HR and OD update Gender pay gap	Freedom to speak up quarterly report (Q3)		
March 2023	Welcome and apologies Declarations of interests Fit and proper persons test Minutes from last meeting Board actions log	Chair's report Chief Executives report Staff story	Integrated performance report Board assurance framework (for info) Upward reports from Committee meetings– Quality & Safety, Audit, Charitable Funds, People & Culture	Medical Directors report Quality and patient safety report Operations report 999, 111 – key issues and risks Operations report (PTS) – key issues and risks Finance & estates report HR and OD update incl. 2022/23 staff survey results			
May 2023	Welcome and apologies Declarations of interests and register of interests, gifts and hospitality Fit and proper persons test Minutes from last meeting Board actions log	Chair's report Chief Executives report Volunteer story	Integrated performance report Board assurance framework Upward reports from Committee meetings and 2022/23 Annual Reports – Quality & Safety, Audit, Charitable Funds, People & Culture, Remuneration Committee	Medical Directors report Quality and patient safety report Operations report 999, 111 – key issues and risks Operations report (PTS) – key issues and risks Finance and estates report incl. annual budget HR and OD update	Freedom to speak up quarterly report (Q4)		

Trust Board Meetings in Public Forward Planner

	Opening Business	Strategic Overview and Context	Performance, Risk, Governance & Assurance	Director Reports (Key Issues)	Other Reports (Key Issues)	Strategy	Items Requiring Final Approval
July 2023	Welcome and apologies Declarations of interests Fit and proper persons test Minutes from last meeting Board actions log	Chair's report Chief Executives report Patient story	Integrated performance report Code of Governance self-assessment Upward reports from Committee meetings– Quality & Safety, Audit, Charitable Funds, People & Culture	Medical Directors report Quality and patient safety report Operations report 999, 111 – key issues and risks Finance & estates report HR and OD update	Freedom to speak up quarterly report (Q1)		