



Board of Directors Meeting

Meeting in Public

DATE: Thursday 30 March 2023
TIME: 10:00 – 13:00
VENUE: Geneva Room, The Ark Conference Centre, Basingstoke, RG24 9NN

| <u>Item</u> | <u>BAF ref</u> | <u>Action</u> | <u>Time</u> |
|---|--|---------------|---------------------------------|
| 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 27 January 2023 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 10:15 |
| 7 | Strategy Update Mike Murphy | | Verbal To Note 10:20 |
| 8 | Board Assurance Framework (BAF) Mike Murphy / Michael Wood | | Enclosure 5 To note 10:30 |
| QUALITY AND SAFETY | | | |
| 9 | CQC Improvement Programme Update Mike Murphy | All | Verbal To note 10:40 |
| 10 | Patient Story (Safeguarding) Helen Young | | Verbal Presentation 10:50 |
| PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE | | | |
| 11 | Integrated Performance Report Executive Director Leads | 1, 2a, 4 | Enclosure 6 To note 11:05 |
| 12 | Quality and Patient Safety Report Helen Young | 1, 5b | Enclosure 7 To note 11:20 |
| BREAK | | | |
| PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE | | | |

| Item | BAF ref | Action | Time |
|---|----------------|---|-------------|
| 13 Operations Report – 999, 111 and Other Paul Kempster | 2a, 2b | Enclosure 8 To note | 11:40 |
| 14 Proposed 2023/24 Budget Update Aneel Pattni | 4, 6 | Enclosure 9 To note | 11:50 |
| 15 Medical Director's Report John Black | 1 | Enclosure 10 To note | 12:00 |
| PEOPLE, WELL-BEING AND LEADERSHIP | | | |
| 16 <i>HR and OD report</i> <i>Melanie Saunders</i> a) National Staff Survey Results b) Ofsted Report c) People Strategy | 5 | For note Verbal Enclosure 11 Enclosure 12 | 12:10 |
| BUSINESS UPDATES – KEY ISSUES ONLY | | | |
| 17 Board Committee Upward Reports a) Ian Green (People & Culture) b) Anne Stebbing (Quality & Safety) c) Mike McEnaney (Audit) d) Nigel Chapman (Charity) e) Les Broude (Finance and Performance) | 1, 4, 5 | To note Enclosure 13 Enclosure 14 Verbal Verbal Verbal | 12:25 |
| 18 National COVID Response Service Update Professor Helen Young | 3, 5c, 7 | Enclosure 15 To note | 12:40 |
| 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 | 12:45 |
| 21 Review of Meeting Keith Willett | | Verbal To note | 12:55 |
| 22 Date, Time and Venue of Next Meeting in Public Thursday 25 May 2023 Venue TBC | | 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.



ITEM 3

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 26 January 2023**, held at HART, Eastleigh.

Board Members Present (15/15)

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

Board Member Apologies

There were no apologies for absence.

In Attendance

Kate Hall (Improvement Director, NHSE/I); Michael Wood (Interim Director of Corporate Governance and Company Secretary); Gillian Hodgetts (Director of Communications and Marketing) and Sophie Joseph (Interim Assistant Company Secretary).

OPENING BUSINESS

22/90 – Chair's Welcome and Apologies for Absence

The Chair welcomed all to the meeting, including Mike McEnaney to his first SCAS Board (NED), other Board members, Governors and members of the public.

22/91 - Declarations – Directors' Interests & Fit and Proper Persons Test

Ian Green (NED) made a declaration in respect of changes to his declaration of interests

- Terrence Higgins Trust – will cease to be Chief Executive as of 1 March 2023;
- Salisbury NHS Foundation Trust – Chair of the Board as from 1 February 2023;
- Member of Advisory Board for the Patient Safety Commissioner – with immediate effect;
- Member of the Welsh Government Expert Panel on banning LGBTQ conversion practices – with immediate effect.

No other declarations were made.

22/92 – Minutes

The Minutes of the meeting held in public on 24 November 2022 were **approved** as an accurate record, subject to the following amendments:

- i) Jill Lanham (Director of Digital) had submitted her apologies for the meeting;
- ii) Minute (p4) to be amended to read: "manual cf. electronic checking";
- iii) Minute 22/75 (p5) to be amended to read: "whilst the components in respect of Zolls continued to be difficult to source";
- iv) Minute 22/76 (p6): question mark to be removed from the action;
- v) Minute 22/83: Simon Holbrook's job title to read 'Freedom to Speak Up Guardian'.

22/93 – Board Action Log

The Action Log was **noted**, it being reported that a ‘never event’ in respect of the administration of a drug needed to be included.

Action 22/017

The Medical Director provided an update on UK Ambulance Services Maternity Lead Group recommendations.

Action 22/087

The Chief Executive Officer provided a verbal update on the 24/7 mental health support, a further report being made at the next meeting.

STRATEGIC OVERVIEW AND CONTEXT

22/94 – Chair’s Report

The Chair presented his report, highlighting that system pressures had been exceptionally demanding over the Christmas period, and wished to record his continued thanks to all staff at this challenging time.

In respect of continuing industrial action, it was **noted** that the Secretary of State had held a meeting with parties concerned in an attempt to reach agreement.

The Board was advised that David Eltringham (CEO-designate) would take up his post on 6 March 2023, although Will Hancock would remain as Accountable Officer until 31 March 2023. It was further reported that an advertisement would be placed in the near future in respect of the recruitment of a substantive Director of Corporate Governance/Company Secretary.

The Board **noted** the Chair’s Report.

22/95 – Chief Executive’s Report

The CEO reported on the continuing challenges to service delivery across the three core services, which had been impacted by unprecedented patient demand and industrial action, with an increase in Category 2 calls being 70% higher than with the comparable period last year.

The cost of living remained a major concern for many staff, and the Trust was providing tea/coffee, soup and porridge for staff in all facilities. Digital issues continued to be experienced and a back-up telephony system was being used at present. The Chair commented that a development session would be held in the near future designed to make increase the Board’s understanding of digital operations and associated risks. The Director of Digital commented that the Board was now receiving an assurance report on digital matters at each meeting.

In respect of a NED question related to safeguarding and the management of digital equipment, it was agreed that a report would be produced for the Board’s consideration on the collective impact of these matters, including the risk on infrastructure. NEDs were also of the view that the Integrated Performance Report (IPR) should include key digital metrics.

The Board **noted** the Chief Executive’s Report.

22/96 – CQC Improvement Programme Update

The Director of Strategy, Business Development & Governance (DSBDG) provided an update on the CQC Improvement Programme, it being noted that the Trust was continuing to deliver against the plan across a number of workstream areas and was beginning to move in to Phase 2. Thanks were particularly extended to NED colleagues who had provided valuable support to working groups, but who were now stepping back. It was reported that a ‘board-to-board’ entry meeting would be held with the national team on 22 March and that exit criteria were being developed and evidence assembled across four main themes.

Arising out of NED comment, it was proposed that there needed to be greater visibility on the 'destination' of the Trust in terms of its aspirational objectives.

The Board **noted** the CQC Improvement Programme Update.

22/97 – Patient Story

The Chair welcomed the Clinical Governance Lead of Patient Transport Services (PTS), to the Board who presented a story on behalf of an amputee patient who had encountered difficulty in being able to make two same-day bookings in respect of his treatment. The Patient Experience Team had investigated this matter and had produced revised guidance, the learning from which had now been shared with the wider system.

The Board **noted** the Patient Story.

PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE

22/98- Quality and Patient Safety Report

The Director of Patient Care and Service Transformation presented her report for Months 7 and 8. The Board was informed that, following a QA visit from the Isle of Wight ICB, the Trust's Section 29A notice had now been RAG-rated as 'green'. Particular risk areas included ICT stability in respect of safeguarding and server issues, and medical devices/equipment. The Trust had seen a rise in SIs due to delays in attending on time. Specifically with regard to safeguarding, fortnightly external reviews were continuing and the Trust had re-established its internal Safeguarding Committee.

The Board was advised that there had been a number of child deaths in the reporting period which were the subject of multi-agency review. Nigel Chapman (NED) commented that the Board needed to have greater visibility with regard to safeguarding matters, over and above the annual safeguarding report. It was accepted that a Board Seminar had been held on the subject during 2022 and a section on safeguarding was included in the Chair of the Quality & Safety Committee's Upward Report to the Board.

The Director of Patient Care and Service Transformation further commented that there had been a marked reduction in the number of staff having a flu vaccination, which was the subject of an internal campaign.

The Medical Director advised the Board that the Trust was now required to hold a Home Office licence for having access to controlled drugs, which had previously been provided by local acute trusts. An established solution was in place and staff were receiving appropriate training.

The Board **noted** the Quality and Patient Safety Report.

22/99 – Integrated Performance Report (IPR)

The Chief Finance Officer (CFO) and Chief Operating Officer (COO) presented highlights from the Integrated Performance Report (IPR) for December 2022, which had been an exceptionally pressurised month for the service. Greatest operational pressure had been experienced in early December coinciding with the spike in the Strep A outbreak. A total of 8,000 hours had been lost due to handover delays which had impacted on patient safety. The Board was advised that system pressures had reduced in January with a fall to REAP2 status and that industrial action had so far had limited impact on the Trust.

The Medical Director reported that with regard to pain scoring, this was now live within the electronic patient record system but it was still possible to miss that step. Dr Anne Stebbing (NED) observed that the system should have been tested before being rolled out, to be the subject of further detailed discussion and review.

The CFO advised the Board that the Trust's finances continued to be in accordance with the planned breakeven position for the year. It was commented that a review of the current IPR was taking place to reduce its length and to make it a more high-level reporting tool, which was welcomed by NEDs.

The Board **noted** the IPR.

22/100 – Governance Framework

The Director of Business Development, Strategy & Governance introduced consideration of this item, commenting that it had been the subject of previous extensive discussions. As part of a revised assurance structure, the Board was informed that a Finance & Performance Committee had now been established (to be chaired initially by Les Broude), which would meet in mid-March. Mike McEnaney (Chair of Audit Committee) observed that a special meeting of the Audit Committee would be held on 8 March at which the risk assurance framework and BAF would be considered. Sumit Biswas (NED) commented that it would be helpful to see a distribution of risk areas across all Board Committees and this was agreed to. The Trust's Intensive Support Director offered to provide support in reviewing risk mitigations which the Chair welcomed.

With regard to the Strategy Group, it was agreed that this should now become a task and finish group, focusing on specific strategic issues as appropriate.

As part of an initial Development Plan, the Interim Company Secretary outlined the proposed topics for Board Seminars until September 2023, including Risk, Quality, Digital and Committee Effectiveness. It was agreed that once the new CEO had taken up post, further detailed discussions would take place on the shape and content of Board/Executive leadership development and training for 2023/24.

The Board **approved** the Governance Framework.

22/101 - Board Assurance Framework Update

The Board considered an update to the BAF which provided a high-level of summary (including dashboard) of changes in the Trust's risk profile since the date of the last meeting. NEDs welcomed the shorter, more focused report. It was noted that following the Board Seminar on Risk to be held on 23 February, the refreshed BAF would be presented to the March Board meeting.

The Board **noted** the update to the BAF.

22/102 – Finance and Estates Report

The CFO presented a summary report on Finance and Estates matters, it being highlighted that the Trust was currently operating with an adverse variance of £58k against plan. Cash balances remained strong at £49m, although these would reduce to £42m (due to accruals and unwinding) at the year end. In response to a NED question, it was confirmed that the Trust should achieve its Efficiency Improvement Plan savings of £10.8m by the year end.

The Board **noted** the Finance and Estates Report.

22/103 - Board Committee Upward Reports

- ***People and Culture Committee***

The Committee Chair (Ian Green) reported that had been an improvement with regard to statutory mandatory training and staff appraisals across the Trust. The Committee was considering whether there should be more reports (other than annually) on FTSU matters that should be referred to the Board.

- ***Quality and Safety Committee***

The Committee Chair (Dr Anne Stebbing) confirmed that the Committee was continuing to provide a further layer of oversight in respect of the Trust's quality improvement work, with more detail being required on SIs, in particular. The Committee was aware that more KPI reporting was required with regard to the safe deployment and maintenance of equipment going forward.

- ***Audit Committee***

The Committee Chair (Mike McEnaney) informed the Board that he had met both with the External and Internal Auditors since taking up his appointment. As had been noted above, the Committee

would be holding a special meeting on 8 March at which a Cycle of Business for the year ahead would be considered, in addition to a review of risks and the risk management framework.

- **Charity Committee**

The Committee Chair (Nigel Chapman) reported that the Charity was operating with a deficit of £128k at present, although CFR funding was reviving. The Board noted that the Charity's core costs were not being covered and that additional financial support would be required.

The Board **noted** the Upward Reports.

22/104 – 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

22/105 – HR & OD Update

The Chief People Officer advised that an updated baseline assessment was being carried out in respect of Freedom to Speak Up.

With regard to the Trust's Gender Pay Gap annual report, it was reported that this had been considered by the Remuneration Committee and would be published on 8 March 2023 to coincide with International Women's Day. NEDs observed that this was generally a positive report in terms of differentials. It was noted that currently the Trust employed 54% females and 46% males.

The Board **noted** the HR & OD Report.

KEY BUSINESS UPDATES

22/106 – Medical Director's Report

The Medical Director reported that approval from the Regional Ethics Committee was required for a clinical trial related to a special imaging unit. The Board was informed that within Appendix 2 of the report, the annual report on epidemiology was summarised. Arising out of a gap analysis, a need for more one-to-one staff training had been identified which was being addressed.

The Chair of the Quality & Safety Committee reported that the Trust's research team had made a presentation at the last meeting of the Committee which had been informative.

The Board **noted** the Medical Director's Report.

22/107 - Operations Report – 999, 111 and Other

The Chief Operating Officer presented the Operations Report commenting that new vehicles were due to be received in February 2023 which had been modified to provide more leg room for the crew. The Board was informed that a 'call before you convey' scheme was currently being piloted in support of improved operational performance.

The Board **noted** the Operations Report.

22/108 – Any Other Business

The Chair requested that the Board/Committee forward calendar of dates be circulated to the Board for information and reference.

22/109 – Questions from Observers (relating to items on the agenda)

In response to a question on who was the Trust’s Operations Director, it was confirmed that this was the Chief Operating Officer.

In response to a question related to the permanent appointment of a Company Secretary, the Chair advised that the Trust planned to externally advertise for the post in the near future, commenting that the role would be larger in scope than previously which it was hoped would attract a larger candidate base.

In response to a question concerning safeguarding reporting, it was noted that a dashboard on safeguarding matters was scrutinised at both the Safeguarding and Quality & Safety Committees (Loretta Light was invited to observe the next meeting of the Safeguarding Committee).

22/110 - Review of Meeting

The Chair summarised actions arising out of the meeting which included:

- Forward workplan and actions;
- Level of demand on the system (8,000 lost handover hours);
- IT infrastructure and related risks;
- Safeguarding issues (reference made to ICB letter noting progress);
- Integrated Performance Report updates.

22/111 – Date and time of next meeting

Thursday 30 March 2023 (in-person)

Approved by:

Chair (signature).....

Date:.....

SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

BOARD MEETING IN PUBLIC – 30 March 2023

KEY

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

BOARD ACTION LOG

| No. | Minute ref. | Action | Resp | Date Raised | Original Due Date | Comments / Updates |
|---|---|--|-------------|-------------|-------------------|--|
| Board Meeting – 26 May 2022 | | | | | | |
| 1. | Action 22/017 Medical Director's Report | MD 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. | MD/ DPST | 26/05/2022 | December 2022 | Action in-hand MD 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 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 <u>providers</u> of maternity services in the context of Ockenden). Update: We are still awaiting outputs from national midwifery leads. Engagement with LMNS continues. |
| Board Meeting – 24 November 2022 | | | | | | |
| 2. | Action 22/077 | CS to increase the emphasis on the committee review section of the Governance Framework. | CS | 24/11/22 | January 2023 | Update: The Governance Framework continues to be a live document and will be updated as appropriate. A Board Development Seminar focusing on Committee Effectiveness will be held in June 2023. |
| Board Meeting – 24 November 2022 | | | | | | |
| 3. | Action 22/93 | The MD reported that a Never Event needed to be recorded in relation to a drug being administered via the wrong route. | MD | 26/01/23 | March 2023 | Update: The event has now been duly recorded and learning from the incident has taken place. |

SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST

BOARD MEETING IN PUBLIC – 30 March 2023

KEY

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

BOARD ACTION LOG

| No. | Minute ref. | Action | Resp | Date Raised | Original Due Date | Comments / Updates |
|-----|---------------------|--|------|-------------|-------------------|--|
| 4. | Action 22/95 | Board to receive more assurance on digital infrastructure risks. | DD | 26/01/23 | April 2023 | Update: A Board Development Seminar on this subject has been included within the Board's initial development plan and will be arranged during Summer 2023. |
| 5. | Action 22/95 | Board to receive more assurance on safeguarding matters. | DPST | 26/01/23 | March 2023 | Update: Upward reports from Chair of the Quality & Safety Committee to include specific reference to safeguarding. |

Key

| | | | | | | | |
|-------------|--|-------------|-----------------------|-----------|-------------------|------------|----------------------|
| CFO | Chief Finance Officer | DPST | Professor Helen Young | MD | Medical Director | CPO | Chief People Officer |
| COO | Chief Operating Officer | ALL | All Board Members | CS | Company Secretary | DD | Director of Digital |
| DSBD | Exec Director of Strategy & Business Development | | | | | | |



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|--|--|--|---|
| Report title: | Chair's Report | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 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 <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> |
| Assurance level: | Significant <input type="checkbox"/> <small>High level of confidence in delivery of existing mechanisms / objectives</small> | Acceptable <input checked="" type="checkbox"/> <small>General confidence in delivery of existing mechanisms / objectives</small> | Partial <input type="checkbox"/> <small>Some confidence in delivery of existing mechanisms / objectives</small> |
| | | | No Assurance <input type="checkbox"/> <small>No confidence in delivery</small> |
| 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 | <ul style="list-style-type: none"> • Chaired the Board meeting on 26 January 2023; • Chaired Board Development Seminar on Risk on 23 February 2023. | |
| Council of Governors (CoG) | <ul style="list-style-type: none"> • Met with new Lead Governor and liaised over the Membership & Engagement Committee | |
| Staff | <ul style="list-style-type: none"> • Catch-up meetings with the Chief Executive, Chief Executive-designate and Interim Director of Corporate Governance and Company Secretary; • CQC Improvement Oversight Board meetings every two weeks; • Attended Senior Leadership Group webinar with new CEO on 21 March 2023. • Yorkshire Ambulance Service Chair Appointment Interviews 6 Feb | |
| Meetings with other NHS organisations | <ul style="list-style-type: none"> • Various ICB Chairs; meetings; • BOB Integrated Care Partnership Board 27 Jan and 1 Mar • NHS Provider Leader Development Days 8 and 17 Feb • BOB Chairs Meeting with NHSE Medical Director Sir Steve Powis • HIOW ICB – David Sloman visit/lunch; • Hosted MP candidate visit to Southern House; • Hosted MP Flick Drummond visit to Southern House; • Spoke at two Oxfordshire schools for Speaker4schools NHS recruitment; • Nuffield Trust Summit 2/3 Mar • Meeting with Chair, UHS NHS Trust. | |



BOARD OF DIRECTORS MEETING IN PUBLIC 30 March 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:

- The Trust's phase one improvement work is nearing its conclusion. We are now actively working on phases two and three as part of an exit strategy to meet CQC requirements in full, designed to establish a sustainable future for the organisation in delivering our mission which places the quality of patient care at its core.
- Operational performance has improved since my last report in January 2023, although there have been particular challenges with 999 and NHS111 performance. The impact of industrial action to date has been less acute at SCAS and we are hopeful of a national pay settlement in order to provide stability moving forward.

NATIONAL AND POLITICAL CONTEXT

We are continuing to work with our Integrated Care System in planning for the 2023/24 budget, which has proved challenging for all parties concerned. However, the Trust has adopted a collaborative approach to discussions as they enter a final stage.

As part of NHSE's National Oversight Framework, 2023-24, reference is made to increased resources for Ambulance Services aimed at increasing capacity to support improvements in Category 2 average response times and to reduce handover delays. Final confirmation of increased funding has yet to be announced.

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;
- weekly News & Views Teams calls with SCAS Leaders;
- opening the SCAS Time to Talk 2023 day;
- attending the Buckinghamshire Health & Adult Social Care Select Committee;
- attending the Oxfordshire Joint HOSC.

Board members and Governors have continued to undertake ride-outs and visit sites where possible. It is planned that Non-Executive Directors and Executive Directors will take part in joint walkabouts in the near future in order to enhance governance visibility and engagement.

The Trust continues to refine its Corporate Register and Board Assurance Framework (BAF) as part of its commitment to assuring the highest quality of patient safety and care.

Our financial performance for Month 10 remains broadly in line with the planned breakeven level previously reported. Preparations for the production of Trust's Annual Report & Accounts for 2022/23 are at an advance stage of planning.

CONCLUSIONS AND RECOMMENDATIONS TO THE BOARD

This is my last report as Chief Executive as I will be leaving the Trust on 31 March 2023. I wish my successor, David Eltringham, the Executive team and the Board of Directors, every success in the years ahead.

It has been a true privilege to have worked with so many selfless and dedicated SCAS colleagues over the past 17 years.

The Board is invited to **note** the report.



| | | | |
|---------------------------|---|---------------------|----------|
| Report title: | Board Assurance Framework | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 8 |
| Executive Summary: | <p>The Board should note the following risks in particular:</p> <p>Increasing Risk</p> <p>6: Financial plan risk. The risk rating has increased to 20 (Major x Almost Certain) due to the budget pressures on both this year and next year's finances.</p> <p>Decreasing Risk</p> <p>7: Inability to recruit and/or retain non-clinical staff. Risk has reduced due to an improved situation during the first months of the year. PTS have been improving in both metrics, 999 have improved number of vacancies in the south and 111 are in a stable position.</p> <p>9: Loss of corporate memory. Risk has reduced as new team members have joined and started to embed into the Trust. The new CEO starts in March and has already had sessions with his team. Interims are in place for senior roles with recruitment underway for the new Director of Corporate Governance/Company Secretary.</p> <p>Stable Risks</p> <p>1: Poor Clinical Governance and Practices. Progress continues with the Patient Safety and Experience workstream. Projects are in draft or in place for transitions to LFPSE (Learn from Patient Safety Events) from the NRLS (National Reporting and Learning System) and the move to PSIRF (Patient Safety Incident Reporting Framework). Safeguarding continues to improve with roles recruited and a purchase order agreed for the system work with Doc-works.</p> <p>2: Inability to meet demand on services. This risk continues to remain at 25 however the outlook is improving. The performance in January was considerably improved with handover delays at their lowest since June 2021. Demand dropped in January however has trended back up in February. PTS service has been impacted by strike action however activity remains high, especially in the Hampshire and MK regions.</p> <p>8: Recruitment and retainment of clinical staff. This continues to be high risk area with a large volume of vacancies across the trust including field ops, EOC and 111. External factors continue to play a</p> | | |

| | | | | |
|--|--|--|--|---|
| | <p>significant part in the risk with the ongoing cost of living crisis reducing the value of pay increases and reducing the competitiveness of the roles within the market.</p> <p>10: Poor IT Resilience. Risk remains elevated due to the ongoing issues and actions with Cleric and Doc-works. The data centre upgrade and VXLAN projects continue however delivery remains subject to supplier's ability to provide circuits and the data centre upgrade can only achieve full functionality after the VXLAN has been delivered.</p> <p>The Board should note the summary of the risk workshop held in February by the Good Governance Institute which has been included as an appendix.</p> | | | |
| Recommendations: | The Board are asked to approve 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 Risk, Assurance and Compliance Committee Finance and Performance Committee | | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> | |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> | |
| Assurance level: | Significant <input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives | Acceptable <input type="checkbox"/> General confidence in delivery of existing mechanisms / objectives | Partial <input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives | No Assurance <input type="checkbox"/> 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): <ul style="list-style-type: none"> Any changes recommended by the Board will be made to the Board Assurance Framework. | | | | |
| List of Appendices: GGI February Workshop Summary | | | | |



Board Assurance Framework Dashboard

2022/2023

Reporting Dates:

Risk, Assurance & Compliance Committee.....02/03/2023

Quality & Safety Committee.....09/03/2023

Audit Committee.....XX/XX/2023

Board.....30/03/2023

Board Assurance Framework Key

| | | Likelihood | | | | |
|--------|---------------|------------|----------|----------|--------|----------------|
| | | Rare | Unlikely | Possible | Likely | Almost Certain |
| Impact | Catastrophic | 5 | 10 | 15 | 20 | 25 |
| | Major | 4 | 8 | 12 | 16 | 20 |
| | Moderate | 3 | 6 | 9 | 12 | 15 |
| | Minor | 2 | 4 | 6 | 8 | 10 |
| | Insignificant | 1 | 2 | 3 | 4 | 5 |

| Risk Rating | Escalation |
|------------------|---|
| High Risk | Executive Committee, relevant Oversight Committee and Board. Risk is outside of appetite. |
| Significant Risk | Executive Committee and relevant Oversight Committee. Risk is outside of appetite. (12 and above) |
| Moderate Risk | No escalation required, monitored within relevant directorate. Risk is within appetite. |
| Low Risk | No escalation required. Risk is within appetite |

| Board Assurance Framework Definitions | |
|--|--|
| Risk Owner | Executive with overall responsibility for the management of the risk |
| Target Rating | The risk score which would be considered with appetite |
| Impact | The potential effect on SCAS should the risk materialise |
| Likelihood | The probability that the risk will materialise |
| Inherent Rating | The impact and likelihood of the risk materialising without any controls in place, the natural level of risk. |
| Residual Rating | The impact and likelihood of the risk materialising with controls in place, the current level of risk. |
| Target Ratings | The impact and likelihood of the risk materialising that SCAS considers acceptable. |
| Control | An activity that modifies a risk |
| Control Owner | Person responsible for the operation of the control |
| Control Rating | If the control is operating as expected (Effective), mostly operating as expected (Partially Effective) or not operating as expected (Not Effective) |
| Issue | Problem affecting the Trust and negatively impacting a risk |
| Action Plan | Plan of activities designed to resolve an issue or gap in assurance |
| Assurance Activity | Activity aimed at providing confidence that the controls are working effectively, and the risk is managed. |

Board Assurance Framework Dashboard

| Risk # | SCAS Objective | Risk Title | 2021 | | | | 2022 | | | | 2023 | | | |
|--------|--------------------------------------|---|------|-----|-----|-----|------|-----|-----|-----|------|-----|-----|-----|
| | | | May | Jul | Sep | Nov | Jan | Mar | May | Jul | Sep | Nov | Jan | Mar |
| 1 | Clinically-Led | Poor clinical governance and practices | 8 | 8 | 8 | 8 | 12 | 12 | 12 | 12 | 25 | 20 | 15 | 15 |
| 2 | Service Quality & Patient Experience | Inability to meet demand on services | 16 | 16 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 |
| 3 | | Insufficient fleet resources | 12 | 16 | 16 | 12 | 12 | 8 | 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 | Financial plan risk | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 20 |
| 7 | People & Organisational Development | Inability to recruit and/or retain non-clinical staff | 9 | 9 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 16 |
| 8 | | Insufficient clinical staff to meet demand | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 20 | 20 | 20 | 20 |
| 9 | | Loss of corporate memory | 9 | 9 | 9 | 9 | 12 | 12 | 12 | 12 | 16 | 16 | 16 | 12 |
| 10 | Technology Transformation | Poor IT resilience | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 16 | 20 | 20 |
| 11 | All Objectives | Inability to maintain operations due to a business continuity event | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 12 | 12 | 12 | 12 |
| 12 | Service Quality & Patient Experience | Inability to respond to a major incident | | | | | | | | | | | 8 | 8 |

Board Assurance Framework Dashboard



Target Rating =

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

- GGI facilitated a BAF workshop for the Board on 23rd February 2023. The aims for the workshop were:
 - Review and reconfirm understanding of the purpose of the Board Assurance Framework (BAF)
 - Review and agree the strategic objectives for 2023/24
 - Develop strategic risks based on the strategic objectives
 - Agree next steps to produce an updated BAF for SCAS, using the agreed risks to the strategic objectives
- The board was split into groups and asked to review the proposed strategic objectives, revise them if necessary and outline the strategic risks to those objectives.
- At the end of the working session, it was agreed that the strategic objectives and risks needed more time for consideration, and further work would be carried out outside of the session to finalise these. This work is now in progress.

Revised Strategic Objectives

- Objective 1: Clinically Led: We will review and enhance our clinical governance and practice to ensure we deliver optimum patient care
- Objective 2: Partnership & Stakeholder Engagement: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans
- Objective 3: Finance & Sustainability: We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope, and meeting the financial sustainability challenges agreed with system partners.
- Objective 4: People & Organisation: We will develop plans to deliver inclusive, compassionate culture where our people feel safe and have a sense of belonging.
- Objective 5: Technology transformation: We will invest in our technology to increase system resilience and reduce system failure

Next steps

- GGI is working with executive leads for the BAF objectives to finalise the objectives and strategic risks.
- We are carrying out a desktop review of available documents to begin the process of identifying possible mitigations and assurances.
- We will hold follow-up sessions with executive leads and deputies, where appropriate, in April to populate the draft BAF with mitigations, assurances and actions, in advance of the next workshop to be held on 27th April.
- The aims for the 27th April workshop will include:
 - Review and plan to finalise the revised draft BAF, in order for SCAS to have a BAF ready to present at the May 2023 board meeting
 - Discuss risk appetite and consider the steps towards developing a risk appetite statement



| | | | | |
|--|--|---|--|---|
| Report title: | Integrated Performance Report (IPR) for the month ended 28th February 2023 | | | |
| Report to: | Trust Board Meeting | | | |
| Date of Meeting: | Thursday 30 March 2023 | Agenda Item: | 11 | |
| Executive Summary: | <p>The performance of the Trust is set out the Integrated Performance Report (IPR) report for month 11, ended 28th February 2023. The summary position for month 11 is shown on page 3 of the report (Appendix A).</p> <p>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.</p> <p>Our financial performance for month 11 remains broadly in line with the planned breakeven level..</p> <p>Actions are being taken to redesign the IPR report to include the use of SPC charts. Progress is on track with the IPR development plan.</p> | | | |
| Recommendations: | The Trust Board 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, 13 th February 2023 | | | |
| Purpose of report: | Note <input type="checkbox"/> | Approve <input checked="" type="checkbox"/> | Assure <input type="checkbox"/> | |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> | |
| Assurance level: | Significant <input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives | Acceptable <input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives | Partial <input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives | No Assurance <input type="checkbox"/> 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. | |
| <p>List of Appendices:</p> <p>Appendix A: Integrated Performance Report (IPR) for the month ended 28th February</p> | |

Integrated Performance Report



Feb-23

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. 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.

Integrated Performance Report

Report Period: Feb-23

| | Q | 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 | A | 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 | A | A | Asthma | Cardiac Arrest | Cardiac Arrest Post ROSC | Cleanliness audits | Compliant cleanliness audits | Limb fractures | ROSC Utstein | STEMI Care | | | | |
| 7 | Patient experience | A | A | Complaints 111 | Complaints 999 | Complaints PTS | | | | | | | | | |
| 8 | Safety & risk management | R | R | Serious Incidents: 7 | 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 | G | 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

Section 3: 999 Operational Performance

Lead Director: Paul Kempster

Month **R** ← YTD **R** ←
 Month **R** ← YTD **R** ←

| KPI | Key Issues | Action | Progress against Action |
|-----------------|---|--|--|
| ARP measures | Category 1 response times. | Improve Category 1 response times through deployment models | Rapid Response Vehicles have now been allocated to ambulance stations, to ensure that Team Leaders and Clinical Team Educators can respond to Category 1 calls in their management time if needed. |
| | 'Vehicle Off Road' rates | Improve 'Vehicle Off Road' rates | Unplanned Vehicle Off Road (VOR) rates increased due to supply chain issues with particulate sensors. Planned to utilise sensor from long term VOR vehicles to turn around ambulances quicker. Deliveries arrived end of February and reduced hospital handover delays (sensor failure due to excessive vehicle idling) resulted in reduction in unplanned VOR. |
| 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. Ambulance Service (WMAS) to develop processes where a percentage of SCAS 999 calls would be answered by them. Scoping work on demand levels and technical requirements is underway. The aim is for this support to commence in April 2023. |
| | | Recruitment & Training | Five international nurses are confirmed to start with SCAS in March supporting the Clinical Support Desk, flights are booked along with OSCEs and exams booked. From the Call centre open days and "live chat" that took place in January and February, there have been 7 offers and further assessments and interviews in progress. Further attraction and advertising on social media and Indeed is in progress. Successful event in collaboration with Blue light Hub MK, saw over 400 visitors, follow ups in progress. |

Section 2: National Standards Month YTD

Section 3: 999 Operational Performance

Lead Director: Paul Kempster

Month **R** ← YTD **R** ←
 Month **R** ← YTD **R** ←

| KPI | Key Issues | Action | Progress against Action |
|-----|------------|-----------------------|--|
| | | | Time to hire targets have been set with improvement options being worked through to improve on last year's results and the team are working hard to ensure there are no delays in pre-boarding and onboarding. A new metric has been put in place to capture when the candidates are at minimum checks (So ready to start) and also from Conditional Offer Letter (COL) to start date. This will help us work out the time people are waiting from meeting minimum checks to having a course start date available. |
| | | | CCC Recruitment Manager visited Thames Valley Police in MK to meet with HR Recruitment for overview of their process and any best practice we can replicate. |
| | | Retention | A Trust-wide retention plan is being developed in line with the Trust's People Strategy. Once this is developed, local leads will be engaged with, and retention plans will be localised in each area. |
| | | Future Contact Centre | Work continues towards the development of a new career development pathway for Emergency Call Takers. |

Section 4: Ops Workforce Indicators

Section 5: IUC/111 Service

Lead Director: Paul Kempster

Month A ↓ YTD A ←
 Month R ← YTD R ←

| 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 | Outsourcing of 111 calls to DHU ended in February, and outsourcing to another provider (Vocare) successfully went live on 1st March 2023. |
| | | Recruitment & Training | Additional courses have been added to the plan for Milton Keynes in February and March to ensure a swift onboarding of successful candidates and due to demand an external course has been booked with a capacity of 20. |
| | | | The 111 recruitment process has been reviewed and suggestions for improvements are being implemented. Call centre open days and “live chat” that took place in January and February, and in addition to direct applications have helped raise the profile of SCAS . Further attraction and advertising on social media and Indeed is in progress along with leaflets to target specific areas where vacancy count is highest. Successful event in collaboration with Blue light Hub MK, saw over 400 visitors, follow ups in progress. |
| | | Refer a Friend scheme is in progress to incentivise employees and encourage recommendations. | |

Section 4: Ops Workforce Indicators

Section 5: IUC/111 Service

Lead Director: Paul Kempster

Month A ↓ YTD A ←
 Month R ← YTD R ←

| KPI | Key Issues | Action | Progress against Action |
|-----|------------|-----------------------------------|---|
| | | Retention | A Trust-wide retention plan is being developed in line with the Trust's People Strategy. Once this is developed, local leads will be engaged with, and retention plans will be localised in each area. |
| | | Future Contact Centre | The 'Partis House' project continues to progress well and remains on schedule for opening the new 111 call handling site in September 2023. |
| | | Homeworking Health Advisors Pilot | The pilot for homeworking Health Advisors continues. Home working continues to deliver positive benefits to staff. Expansion of the pilot is currently underway, with an additional 8-10 participants joining the pilot in early March. No incidents associated to home working have been reported. |

Section 6: Clinical Performance

Month A YTD A

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 13/50 compliant records. The most common reason for non compliance was documentation of limb immobilisation (31 records) and 2 pain scores (21 records). Whilst compliance is low for these two elements of the care bundle, compliance with the analgesia element remains high (45 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. A slide deck detailing the areas of non-compliance has been presented to the E&UC Clinical Governance Group for cascade to operational teams. |
| Asthma | Compliance for this internal indicator is below anticipated thresholds. | Review reasons | There were 34/50 compliant records. The most common reason for non-compliance was no documented peak flow (10 records) and a beta agonist medicine not administered (7 records). |
| | | Take any required actions to correct/mitigate. | Assessment and treatment guidelines for the management of asthma is included in the resuscitation e-learning modules. |

Section 6: Clinical Performance

Month A ← YTD A ↑

Lead Director: John Black

| KPI | Key Issues | Action | Progress against Action |
|------------|--|--|---|
| STEMI care | Compliance for this national indicator is below anticipated thresholds | Review reasons | There were 119/190 compliant records. All individual element of care had compliance between 81-100%. However as there was spread of non-compliance across a number of records, it meant the overall audit compliance was low. |
| | | Take any required actions to correct/mitigate. | The requirements of all care bundle audits has been presented at the February E&UC clinical governance group for cascade to operational teams. |

Section 7: Patient Experience

Section 8: Risk & Safety Management

Lead Director: Helen Young

Month A YTD A

Month R YTD R

| 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 (3) and delay (3). |
| | | Take any required actions to correct/mitigate. | All calls will be audited against NHS Pathways and SCAS guidelines to identify areas for learning, whether that be individual learning or an opportunity to amend Standard Operating Procedures/guidelines. In terms of delays, a number of workstreams are in progress with the aim of increasing operational capacity within the 111 service and wider IUC's. This includes partnership collaborations with other healthcare providers and enhanced recruitment activities. |
| IPC audits | The number of IPC audits completed is below plan for buildings and compliance for buildings and vehicles in not in line with required thresholds.. | Review position. | The number of audits completed is below plan for buildings. Compliance for the building and vehicle audits completed is below required threshold. |
| | | Take any required actions to correct/mitigate. | An improvement workstream is in place and compliance is monitored by ICP committee. IT system improvements are in progress to improve ease of access and functionality of the IPC auditing system to assist in increasing the numbers of audits completed. IPC Audit data is shared with our Make Ready provider via the contractual review process and key IPC messages presented to service level clinical governance groups, attended by operational management teams. The IPC team continue to work in partnership with our Estates team to prioritise works to improve the IPC |

Section 7: Patient Experience

Section 8: Risk & Safety Management

Lead Director: Helen Young

Month A ↑ YTD A ↑
 Month R ↓ YTD R ↓

| KPI | Key Issues | Action | Progress against Action |
|--|--|--|---|
| Serious Incidents 60 day completion | There are 6 serious incident investigations that are over the 60 day timescale for completion. | Review reasons. | There have been an increase in incidents that meet the 2015 NHS Serious Incident framework, most commonly related to delays in care. with a change in SI process to support operational involvement and oversight to enhance the quality of learning actions, this has resulted in a number of cases requiring extensions with the approval of the relevant ICB. |
| | | Take any required actions to correct/mitigate. | As part of our trust wide patient safety improvement work, the numbers of posts within the patient safety team has been increased to support the embedding of revised serious incident procedures and case progression. Patient and family involvement in the serious incident process is a key area of focus and it is a priority that patients and their families are kept up to date with the progress of serious incident investigations. |

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) | Remained off E-Suites throughout February, we went back on beginning of March for a matter of days before the high load caused the original issues to return. As a result of this, the call length remains higher than expected due to the additional manual processes from using the Graphite phones. Loss of the wallboards has resulted in reduced visibility for the on the day management. Actions have been identified as a result of a further deep dive around Not Ready times, call length management and staffing |
| | | 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) | Various recruitment challenges with some movements within the team, therefore seconded a Team Leader and a Planner advert is currently out. Paper being written on the working from home pilot. |
| Patients Arrival/Patients Collected | Insufficient capacity to meet demand resulting in active demand management | Increase capacity/Recruitment Drive (PTS Ops) | Performance for February has recovered following a blip in January. In part this is due to demand and capacity planning where we are identifying pinch points early and cancelling patients in advance thus maintaining performance and providing a better patient experience. Demand continues to be a challenge along with high vacancies that are covered by Private Providers/Taxis which are more costly. |

Section 10: Finance

Section 11: Cost Savings

Lead Director: Charles Porter

Month A ← YTD A ←
 Month G ← YTD G ←

| 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 ahead of plan in the month and continue to be 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

Section 13: HR / Workforce

Lead Director: Melanie Saunders

Month **G** ↑ YTD **A** ←
 Month **A** ← YTD **A** ←

| KPI | Key Issues | Action | Progress against Action |
|-----|---|--|---|
| | Health and wellbeing of our workforce and management of attendance. | | RRP for Call takers, remains in place. Absence across the Trust has improved. |
| | 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, 111 have significantly improved. 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 improved this month both at Trust and NETPS level |
| | Safeguarding Level 3 compliance | Level 3 face to face Safeguarding training to re-commence. | Face to Face S&M Safeguarding continues and is scheduled throughout the financial year, to be complemented with a blended delivery of e-learning. Safeguarding L3. |

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 | Review of recruitment and retention plans underway as part of wider improvement work. RRP remains in place within CCCs. Home working pilot for 111 continues. Roadshows across January have been well attended, as have our live chats. First cohort of international Nurses due to commence March 2023. Career development work for 999 Call takers continues. |

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 | 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% | 56.7% | 53.3% | |
| 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% | 0.0% | 0.0% | |

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 | 1 | 1 | |
| Liquidity rating | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| I&E Margin rating | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| Variance From Control total rating | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | |
| Agency rating | 3 | 3 | 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 | 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 | 0:09:30 | 0:08:39 | 0:10:56 | 0:07:51 | 0:08:33 | |
| Cat 1 90th %ile SCAS | 0:17:04 | 0:15:19 | 0:17:19 | 0:18:25 | 0:16:52 | 0:17:16 | 0:17:14 | 0:15:49 | 0:19:37 | 0:13:54 | 0:15:25 | |
| Cat 2 Mean SCAS | 0:32:39 | 0:26:34 | 0:40:54 | 0:40:42 | 0:30:05 | 0:37:34 | 0:38:05 | 0:28:02 | 0:54:01 | 0:21:36 | 0:25:47 | |
| Cat 2 90th %ile SCAS | 1:09:22 | 0:53:54 | 1:24:44 | 1:23:48 | 0:59:35 | 1:18:17 | 1:17:31 | 0:54:54 | 1:53:24 | 0:42:07 | 0:51:09 | |
| Cat 3 90th %ile SCAS | 4:37:38 | 3:52:27 | 7:02:49 | 7:00:41 | 4:11:00 | 6:18:04 | 6:15:28 | 3:51:39 | 9:52:24 | 2:18:36 | 3:16:12 | |
| Cat 4 90th %ile SCAS | 5:03:21 | 5:14:45 | 8:17:24 | 8:13:57 | 5:25:16 | 7:30:11 | 8:16:23 | 5:16:32 | 12:10:41 | 3:13:27 | 4:26:49 | |

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 | 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 | 6.00 | 6.00 | |
| Staff sickness (Jul 20 median 4.82%) | 11.2% | 9.0% | 9.3% | 10.1% | 9.1% | 8.0% | 8.8% | 8.7% | 11.2% | 9.0% | 8.2% | |
| 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% | 18.6% | 19.1% | 18.1% | |
| 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% | 2.8% | 2.7% | |
| Board vacancies (code of governance) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Overall SOF Segment | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | - |

Comments:-

-

2 National Standards

Operational Performance

Lead Director: Paul Kempster

Overall Rating:

R

Performance Pressures

| Demand Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | -4.4% | 8.1% | N/A | -8.2% | 1.0% | N/A | 1.0% | 1.0% | N/A | |
| Incidents Growth 999 - North | -1.9% | 8.6% | N/A | -6.5% | 1.3% | N/A | 1.4% | 1.4% | N/A | |
| Incidents Growth 999 - SHIP | -7.5% | 7.5% | N/A | -10.3% | 0.5% | N/A | 0.6% | 0.6% | N/A | |
| 999 % calls from frequent callers | 3.0% | 5.0% | G | 2.5% | 5.0% | G | 5.0% | 5.0% | G | |

National indicators

| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | 00:08:33 | 00:07:00 | R | 00:09:21 | 00:07:00 | R | 00:09:21 | 00:07:00 | R | |
| Cat 1 90th %ile SCAS | 00:15:25 | 00:15:00 | R | 00:16:45 | 00:15:00 | R | 00:16:45 | 00:15:00 | R | |
| Cat 2 Mean SCAS | 00:25:47 | 00:18:00 | R | 00:34:11 | 00:18:00 | R | 00:34:11 | 00:18:00 | R | |
| Cat 2 90th %ile SCAS | 00:51:09 | 00:40:00 | R | 01:09:53 | 00:40:00 | R | 01:09:53 | 00:40:00 | R | |
| Cat 3 90th %ile SCAS | 03:16:12 | 02:00:00 | R | 05:19:43 | 02:00:00 | R | 05:19:43 | 02:00:00 | R | |
| Cat 4 90th %ile SCAS | 04:26:49 | 03:00:00 | R | 06:38:59 | 03:00:00 | R | 06:38:59 | 03:00:00 | R | |

Operations indicators

| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 RAG | YTD Actual | YTD Plan | YTD RAG | Full Year Forecast | Full Year Plan | Full Year RAG | Comments |
|-------------------------------------|---------------|-------------|------------|------------|----------|---------|--------------------|----------------|---------------|----------|
| VOR - Unplanned Maintenance | 14.4% | 13.0% | A | 12.1% | 13.0% | G | 13.0% | 13.0% | G | |
| VOR - Planned Maintenance | 3.9% | 4.0% | G | 2.9% | 4.0% | G | 4.0% | 4.0% | G | |
| VOR - Other | 7.6% | 7.0% | A | 7.9% | 7.0% | A | 7.0% | 7.0% | G | |
| VOR - Total | 25.9% | 23.0% | A | 22.9% | 23.0% | G | 23.0% | 23.0% | G | |
| Vehicle deep clean Compliance - A&E | 120.0% | 95.0% | G | 109.0% | 95.0% | G | 95.0% | 95.0% | G | |
| Vehicle routine cleans | 5,369 | 4,813 | G | 59,777 | 58,347 | G | 63,534 | 63,534 | G | |

2 National Standards

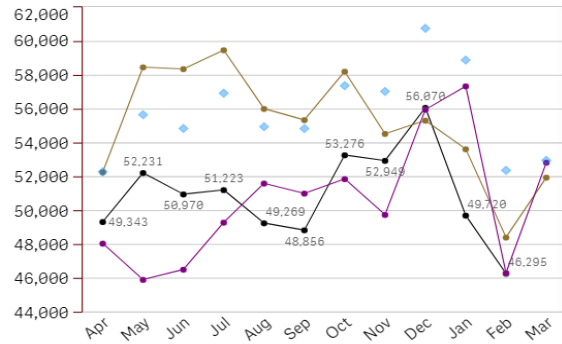
| Thames Valley | | | | | | | | | | |
|-------------------------|---------------|-------------|------------|------------|----------|---------|--------------------|----------------|---------------|----------|
| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 RAG | YTD Actual | YTD Plan | YTD RAG | Full Year Forecast | Full Year Plan | Full Year RAG | Comments |
| Cat 1 Mean - North | 00:08:36 | 00:07:00 | R | 00:09:19 | 00:07:00 | R | 00:09:19 | 00:07:00 | R | |
| Cat 1 90th %ile - North | 00:15:27 | 00:15:00 | R | 00:16:50 | 00:15:00 | R | 00:16:50 | 00:15:00 | R | |
| Cat 2 Mean - North | 00:23:14 | 00:18:00 | R | 00:29:18 | 00:18:00 | R | 00:29:18 | 00:18:00 | R | |
| Cat 2 90th %ile - North | 00:45:48 | 00:40:00 | R | 00:59:11 | 00:40:00 | R | 00:59:11 | 00:40:00 | R | |
| Cat 3 90th %ile - North | 02:57:33 | 02:00:00 | R | 04:49:02 | 02:00:00 | R | 04:49:02 | 02:00:00 | R | |
| Cat 4 90th %ile - North | 04:47:51 | 03:00:00 | R | 05:45:25 | 03:00:00 | R | 05:45:25 | 03:00:00 | R | |

| SHIP | | | | | | | | | | |
|-------------------------|---------------|-------------|------------|------------|----------|---------|--------------------|----------------|---------------|----------|
| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 RAG | YTD Actual | YTD Plan | YTD RAG | Full Year Forecast | Full Year Plan | Full Year RAG | Comments |
| Cat 1 Mean - South | 00:08:28 | 00:07:00 | R | 00:09:24 | 00:07:00 | R | 00:09:24 | 00:07:00 | R | |
| Cat 1 90th %ile - South | 00:15:22 | 00:15:00 | R | 00:16:37 | 00:15:00 | R | 00:16:37 | 00:15:00 | R | |
| Cat 2 Mean - South | 00:29:10 | 00:18:00 | R | 00:40:45 | 00:18:00 | R | 00:40:45 | 00:18:00 | R | |
| Cat 2 90th %ile - South | 00:59:36 | 00:40:00 | R | 01:26:30 | 00:40:00 | R | 01:26:30 | 00:40:00 | R | |
| Cat 3 90th %ile - South | 03:39:41 | 02:00:00 | R | 06:04:49 | 02:00:00 | R | 06:04:49 | 02:00:00 | R | |
| Cat 4 90th %ile - South | 04:18:40 | 03:00:00 | R | 07:17:04 | 03:00:00 | R | 07:17:04 | 03:00:00 | R | |

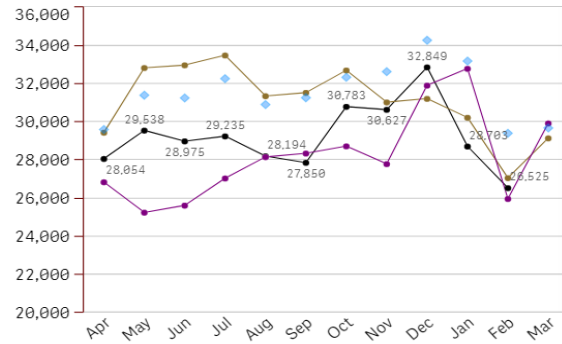
3 Operations 999

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

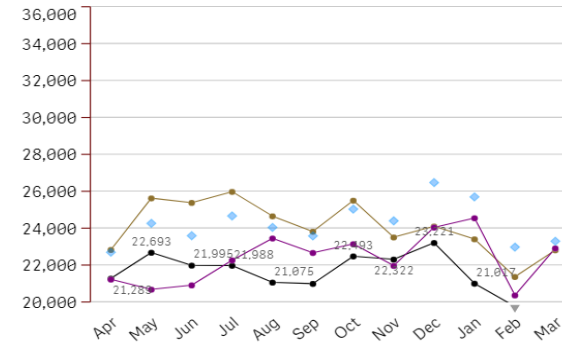
Activity (999 Incidents)



Activity North



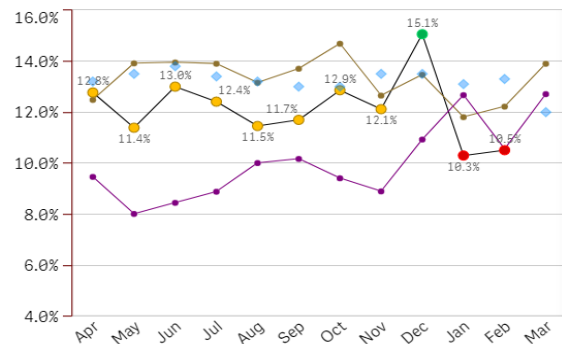
Activity South



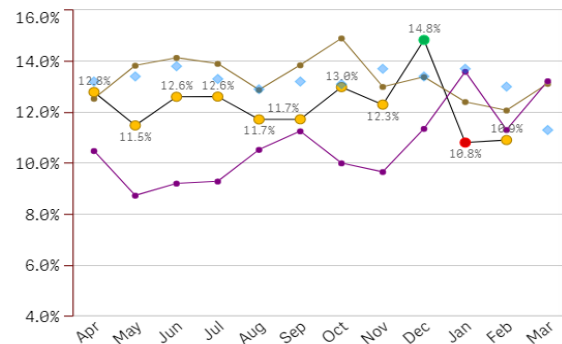
Comments:-

-

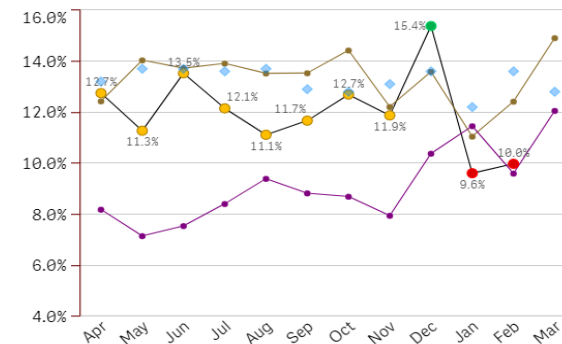
Hear & Treat



Hear & Treat North



Hear & Treat South

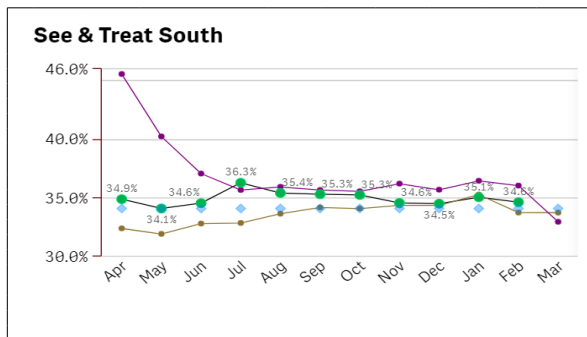
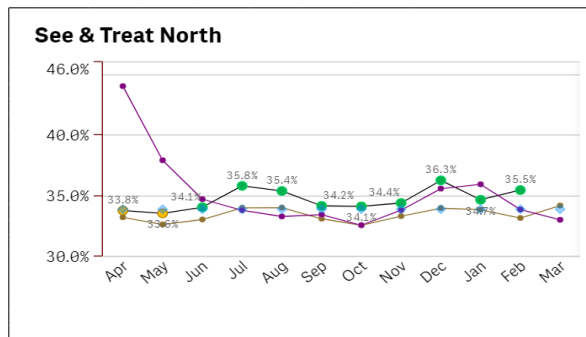
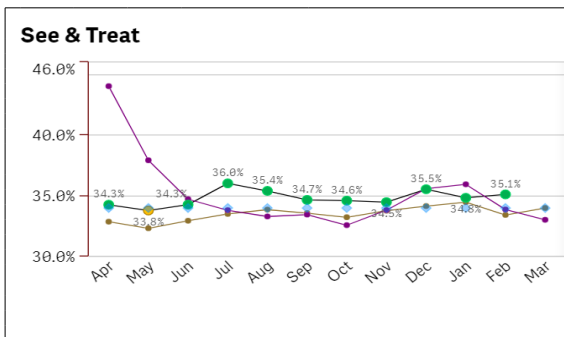


Comments:-

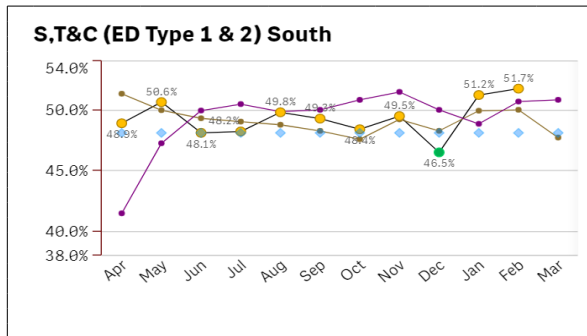
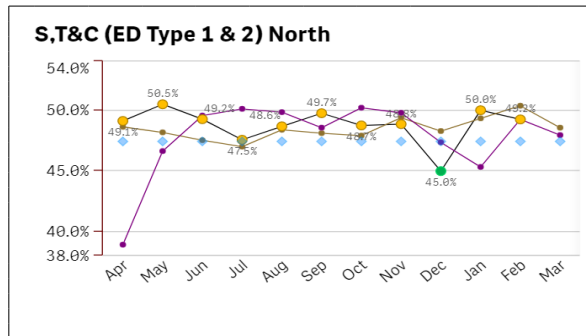
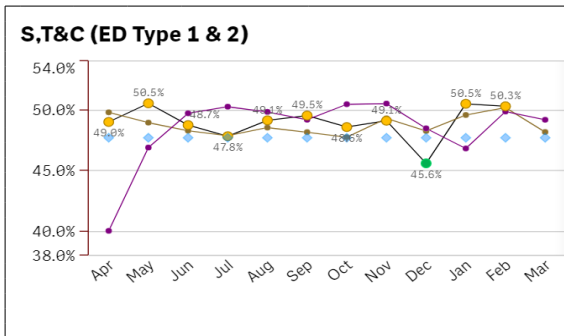
Hear and treat not as strong as vehicle availability has continued to remain at January levels, meaning there are resources to send to patients, EPSP (Enhanced Patient Safety Process) has not been implemented across the month which drives H&T up.

3 Operations 999

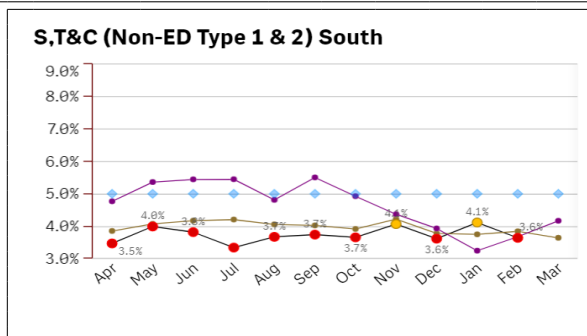
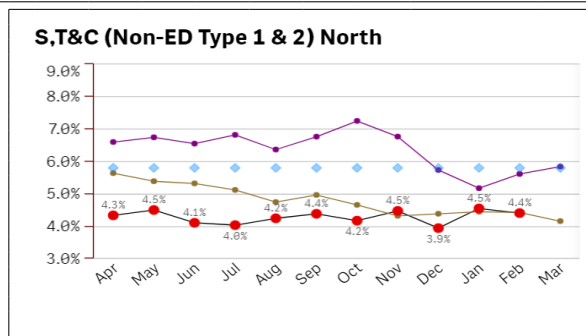
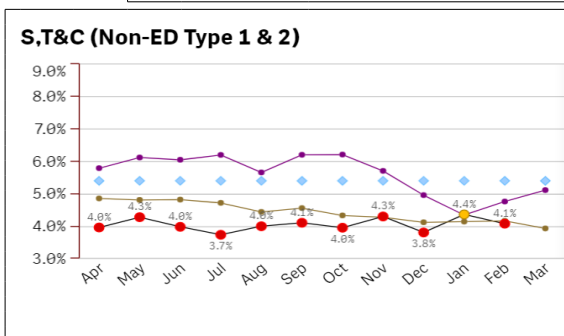
2022-2023 Actuals 2022-2023 Plans
2021-2022 Actuals 2020-2021 Actuals



Comments:- See and treat remains above target and we continue to ensure staff treat patients at home and refer them through our agreed clinical pathways



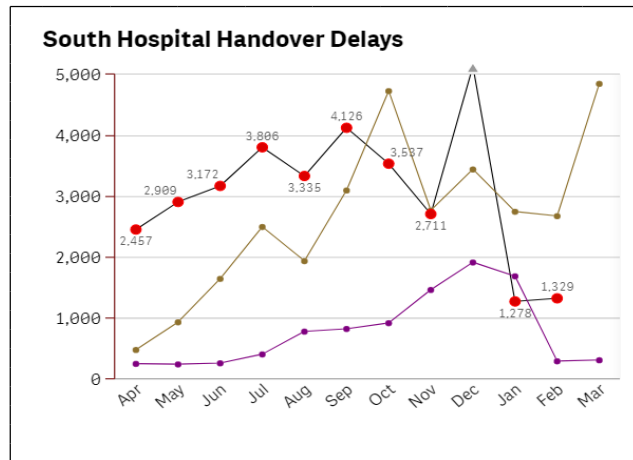
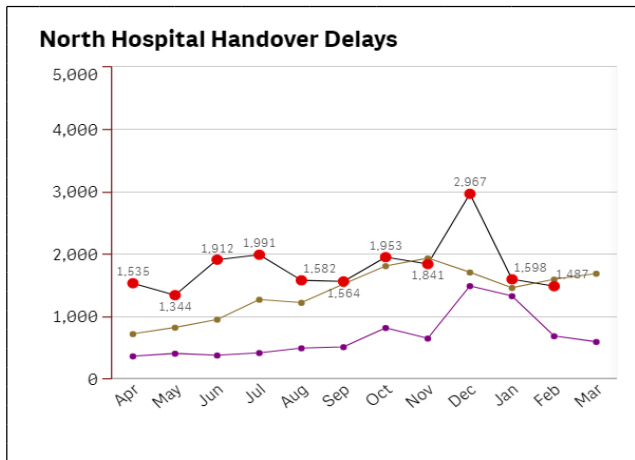
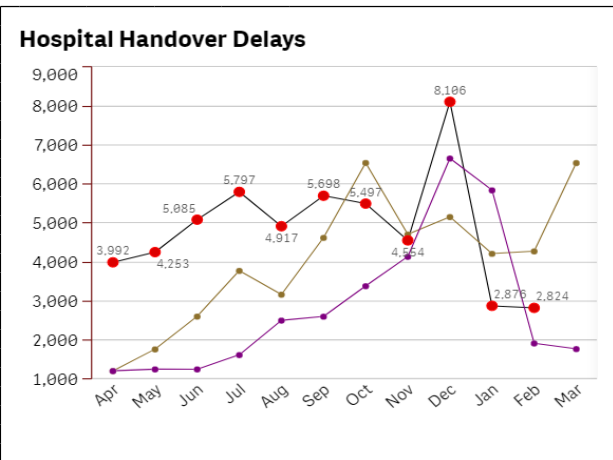
Comments:- ST&C to ED remains above target. There is still on going work with BI to review the non ED reporting and when this is resolved we will see a drop in ED and an increase in non ED conveyance.



Comments:- There is still on going work with the non ED reporting and when this is concluded we will see an increase in non ED conveyance and a drop in ED conveyance.

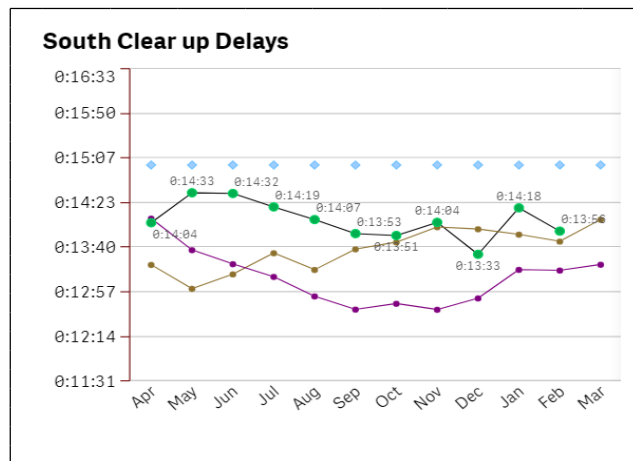
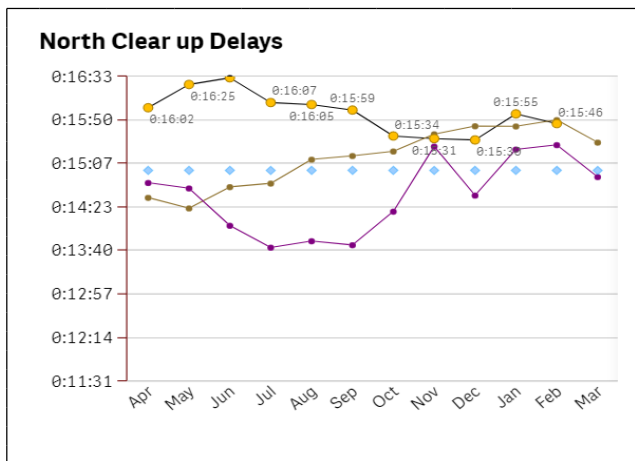
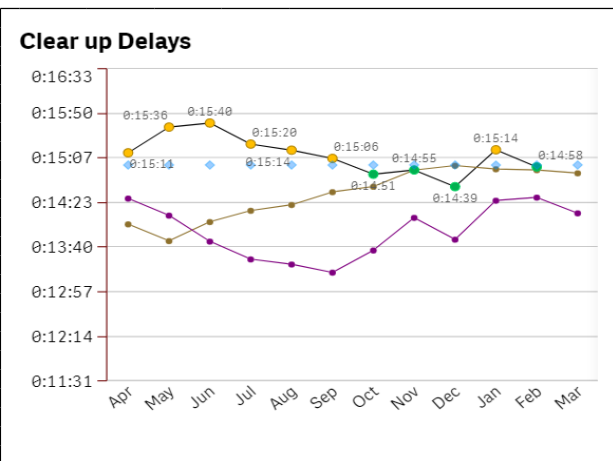
3 Operations 999

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



Comments:-

The reduction in HO delays has continued. We have seen QAH start to cause challenges on Mondays and Tuesdays and continue to work with the SE system to mitigate this impact.



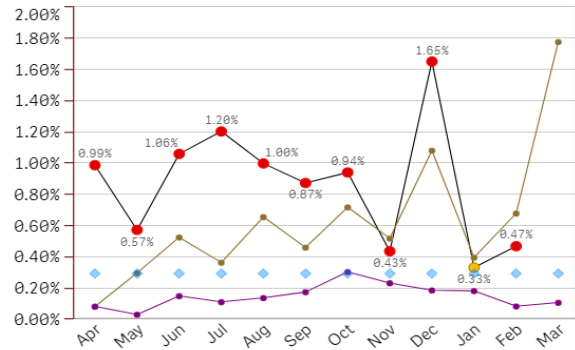
Comments:-

Clear up delays have reduced in the south and below trajectory. We are continuing to work with the north teams to reduce the time taken to clear in the north.

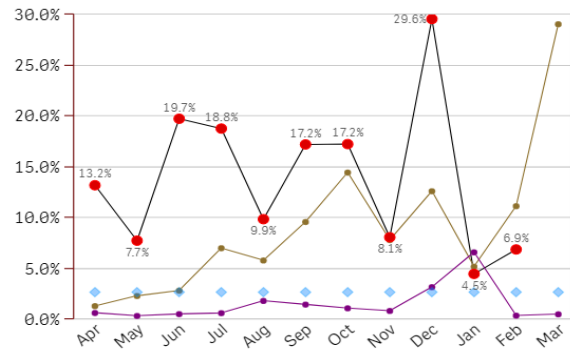
3 Operations 999

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

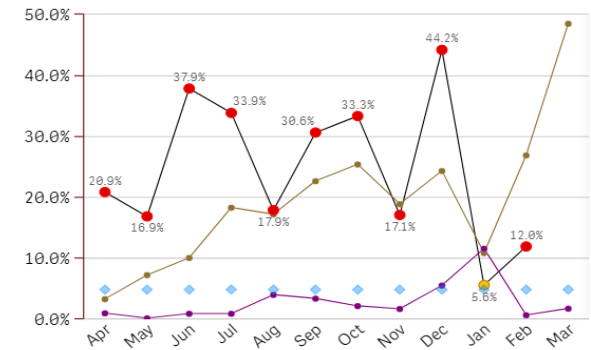
% Cat 1 resulting in LW (>30 mins)



% Cat 2 resulting in LW (>60 mins)



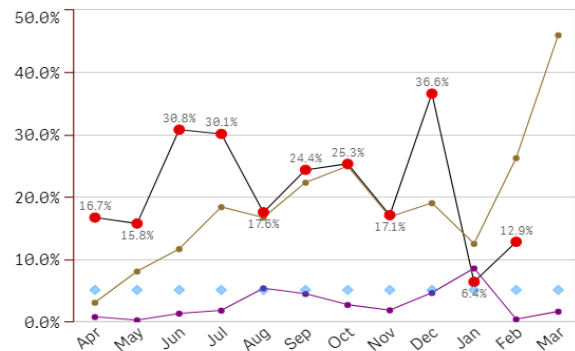
% Cat 3 resulting in LW (>3 hrs)



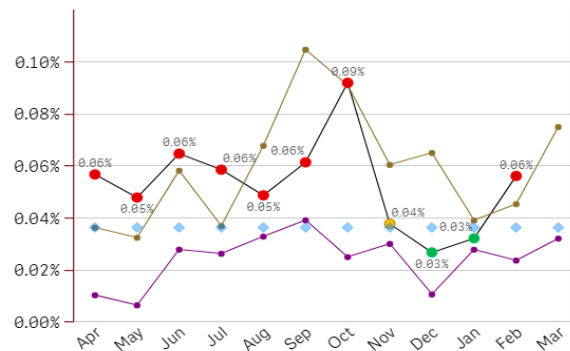
Comments:-

There has been a slight increase in long waits across all categories in February when comparing to January which was our lowest month of the year. The long waits group continue to review any patient harm caused by long waits.

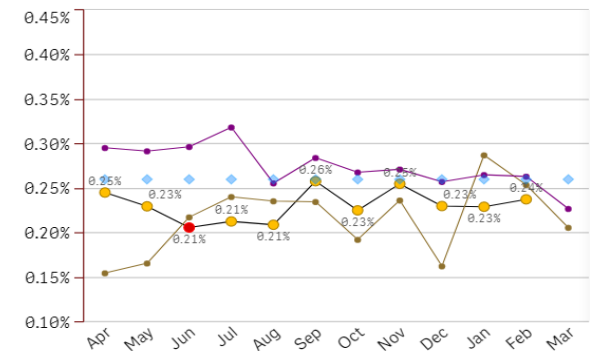
% Cat 4 resulting in LW (>4 hrs)



Complaints



Compliments

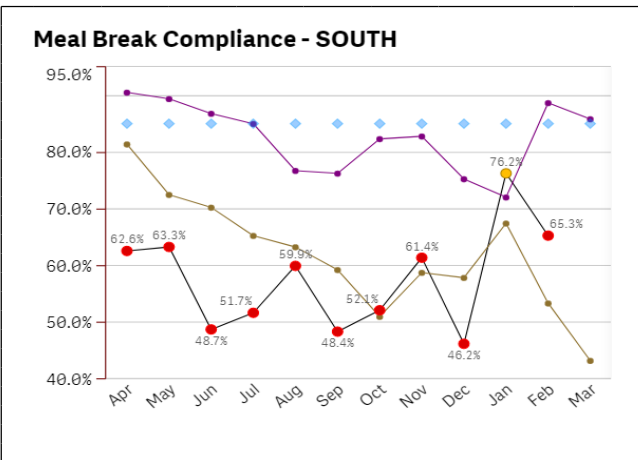
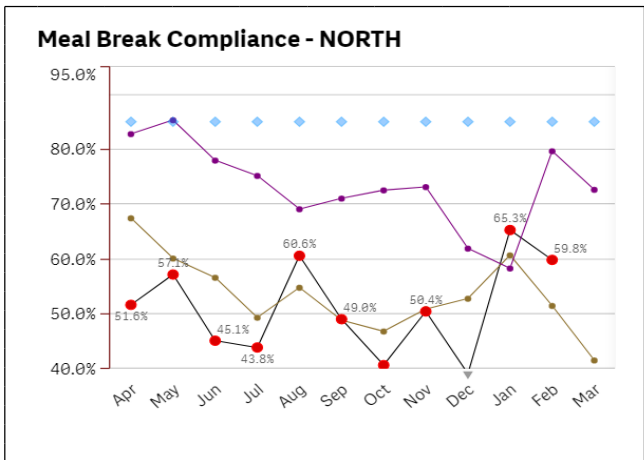
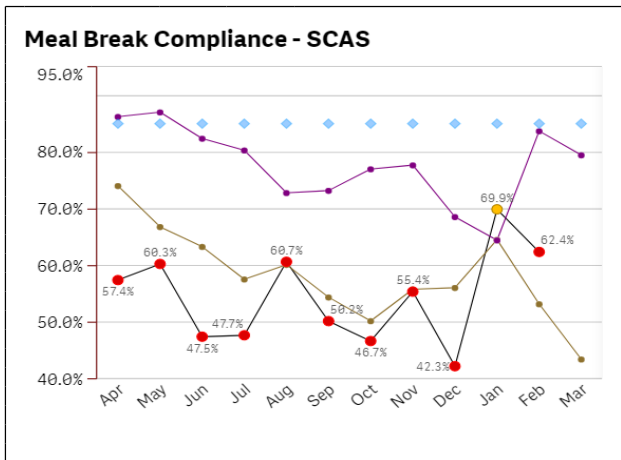


Comments:-

The most common reasons for a complaint being raised in February were clinical care (8) and staff attitude (8). All complaints will be investigated and the relevant clinical guidelines referenced to identify learning opportunities. A people and culture workstream is in progress and learning from complaints, has been shared at the E&UC clinical governance meeting with a focus on agreeing actions to address the theme of attitudinal complaints. These actions not only include individual feedback and reflection but also sharing key messages with teams about our Trust values, acceptable behaviours and health and wellbeing promotion.

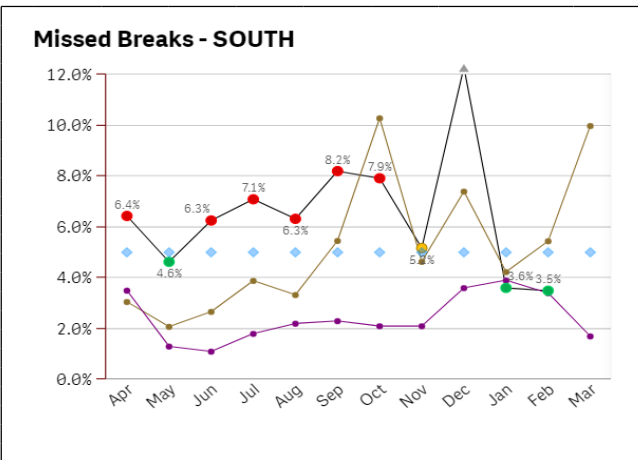
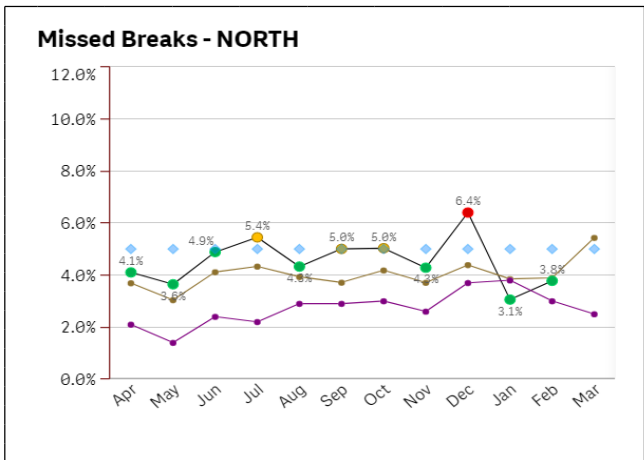
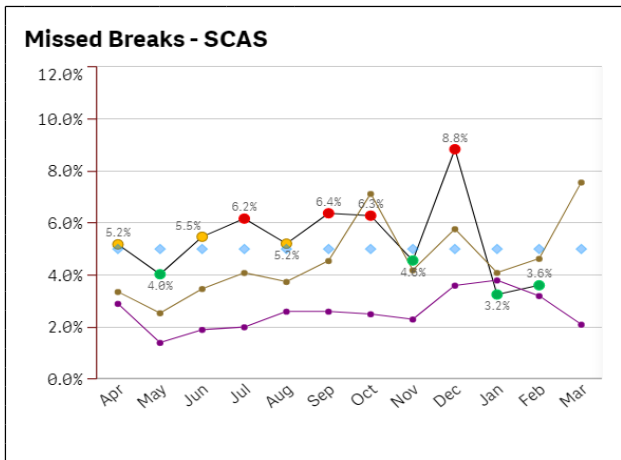
4 Workforce Indicators

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



Comments:-

Feb has seen a drop in SCAS performance due to the demand we saw in terms of Handover delays at some acute trusts which meant that we had crews delayed in particular at the QA, although Feb was similar in delays as January.



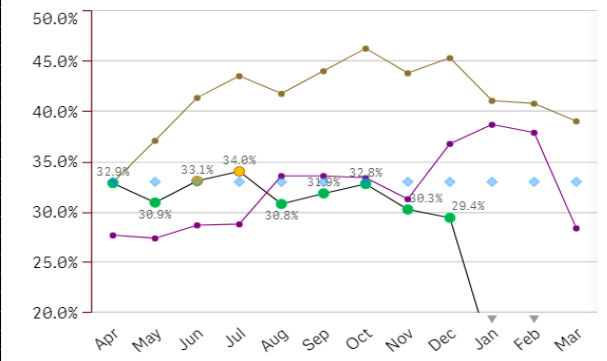
Comments:-

Although we had a drop in breaks on time in the month we still saw an improved picture in terms of crews getting a break all be them late at times.

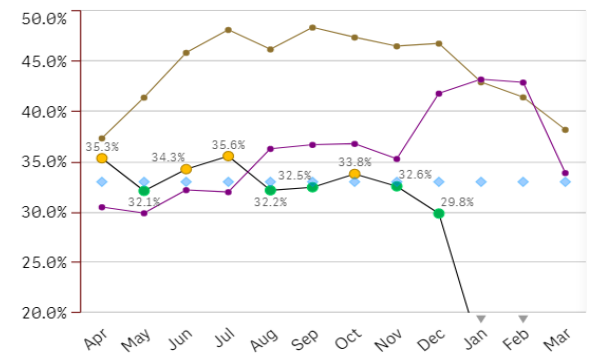
4 Workforce Indicators

◆ 2022-2023 Actuals ◆ 2022-2023 Plans
 ● 2021-2022 Actuals ◆ 2020-2021 Actuals

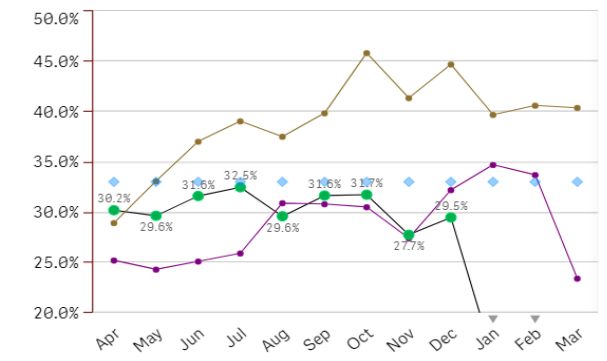
Over Runs > 30 Mins % - SCAS



Over Runs > 30 Mins % - NORTH



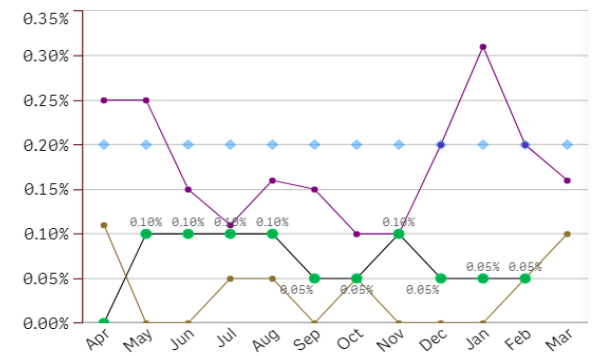
Over Runs > 30 Mins % - SOUTH



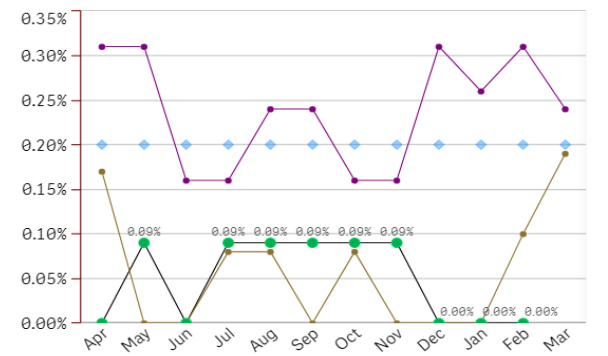
Comments:-

February continues to show the improvement we have seen in January with excellent compliance in terms of shift overruns.

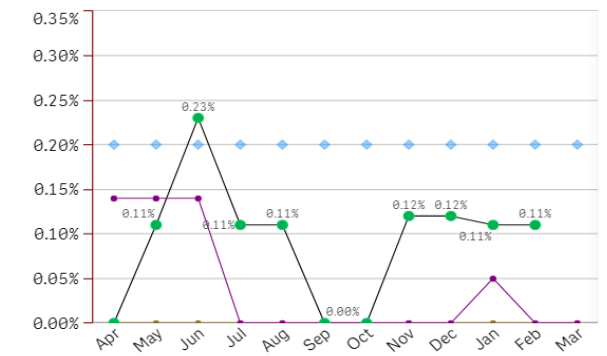
EWTD - % crew with shifts > 48 hrs - SCAS



EWTD - % crew with shifts > 48 hrs - North



EWTD - % crew with shifts > 48 hrs - South

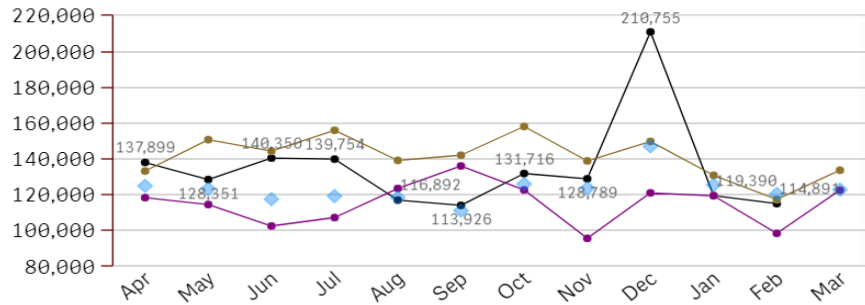


Comments:-

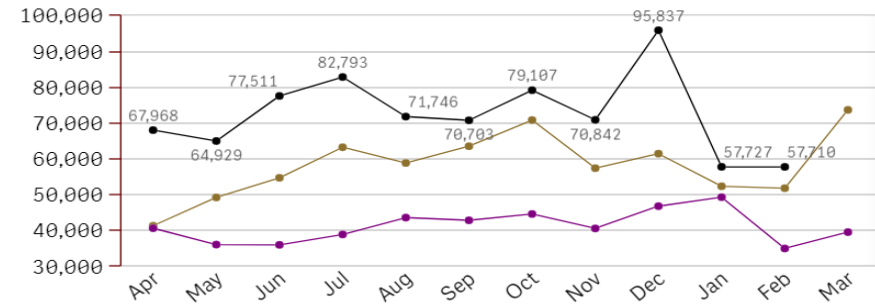
5 Clinical Coordination Centre

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

111 Calls Offered



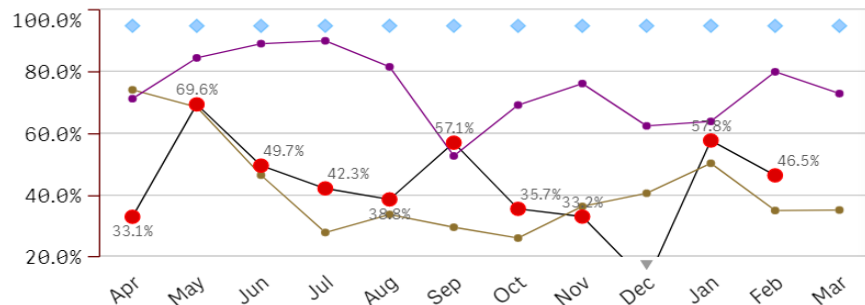
999 Calls Offered



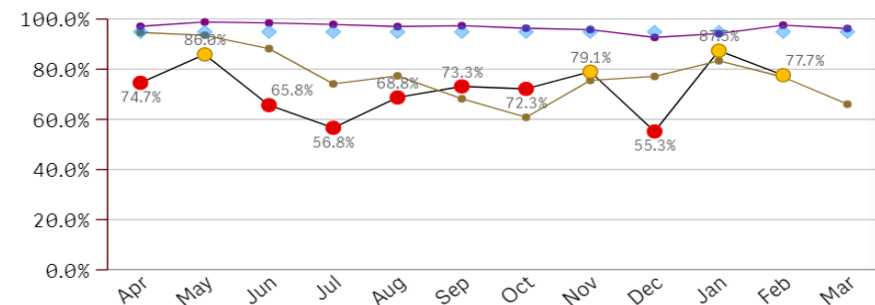
Comments:-

111 calls offered increased in February with by day average of 4.6% more calls offered than in January. 10% of SCAS 111 calls were nationally routed via national resilience to another 111 provider. 999 inbound volumes remained flat in relation to January

111 call answer in 120 Secs %



999 Calls Answer Time (95th Percentile)



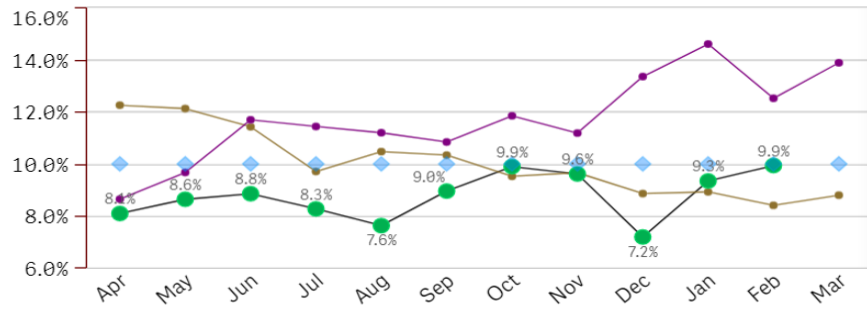
Comments:-

999 95th percentile deteriorated slightly and this had an impact on the mean call answer which increased to 33 seconds as a monthly outturn. 111 call answer fell correspondingly as demand increased in Feb with current staffing levels continuing to impact.

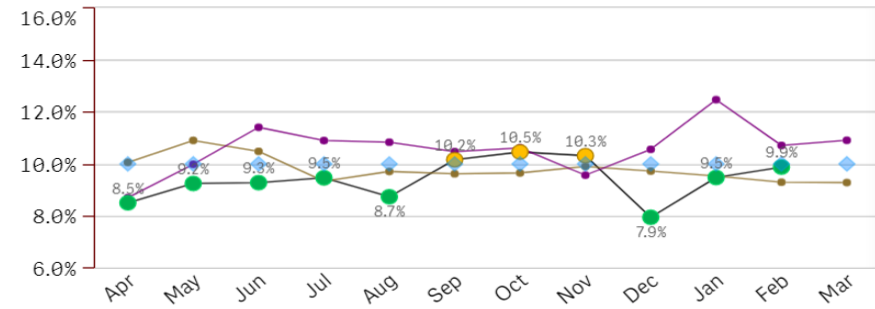
5 Clinical Coordination Centre

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

111 to 999 Referrals (%) North



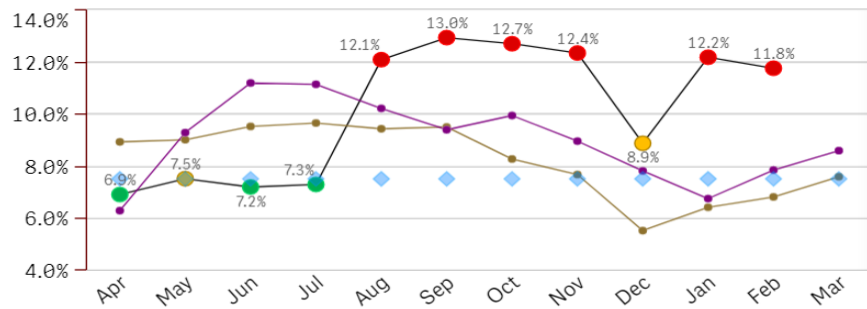
111 to 999 Referrals (%) South



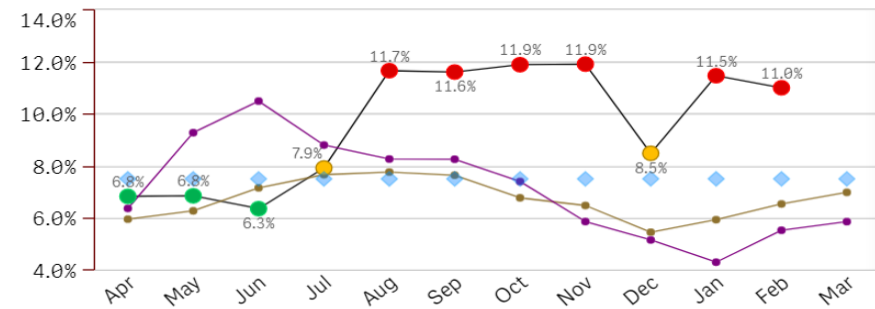
Comments:-

999 transfer rates remain below 10% in both areas. This data doesn't include the impact of the Pathways Clinical Consultation Support users (PaCCs) who do the majority of validation.

111 ED Referral (%) North



111 ED Referral (%) South



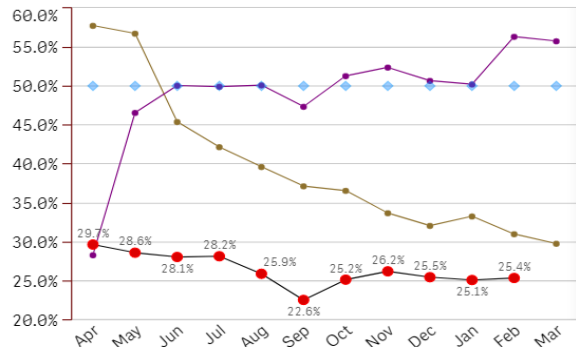
Comments:-

This data doesn't include the impact of PaCCs users/GPs who undertake the majority of validation. This data will also include Type 3 & 4.

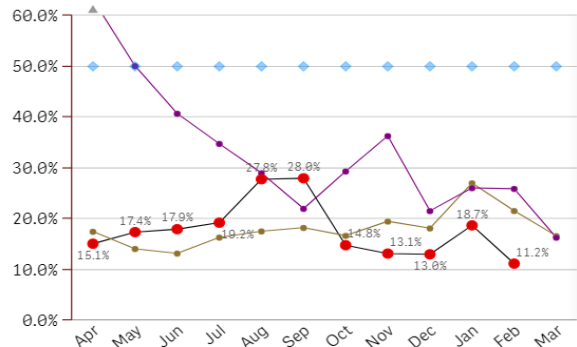
5 Clinical Coordination Centre

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

111 Transfers to Clinician (%)



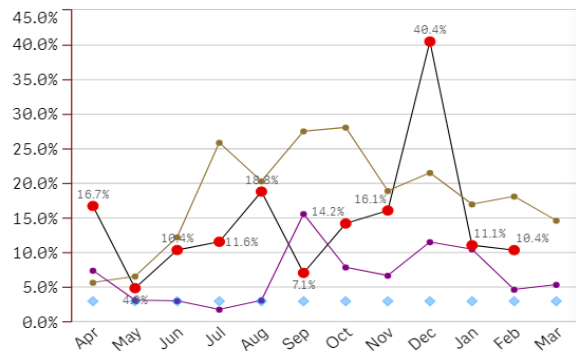
111 Call back (% < 20 mins)



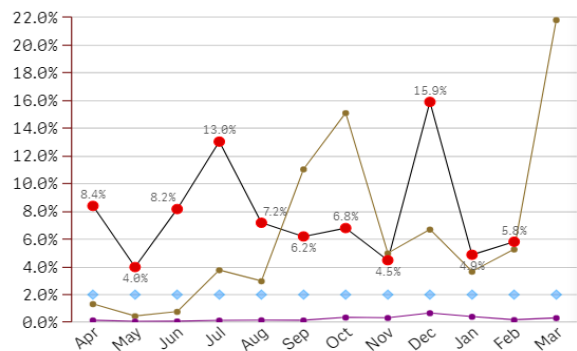
Comments:-

Transfer to clinician remains flat with call back in less than 20 mins impacted by clinical staffing levels and volume of work - for example online demand is not included in the transfer to clinician rate.

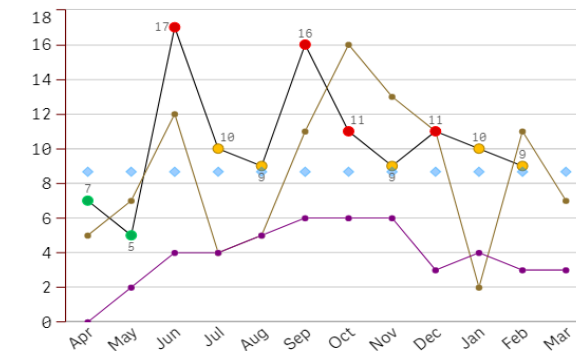
111 Calls Abandoned (target < 3%)



999 Calls Abandoned (target < 2%)



111 Complaints



Comments:-

111 Abandonment rate remains above target due to current establishment but has improved. This data doesn't include the impact of national resilience (DHU).

6 Clinical Performance

Clinical Performance

Lead Director: John Black/Helen Young

Overall Rating:

A 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) | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | 85.0% | 0.0% | G | 83.5% | 83.5% | G | |
| Limb fractures care bundle | 26.0% | 56.2% | R | 31.8% | 56.2% | R | 56.2% | 56.2% | G | |
| Asthma care bundle | 68.0% | 89.3% | R | 65.5% | 89.3% | A | 89.3% | 89.3% | G | |

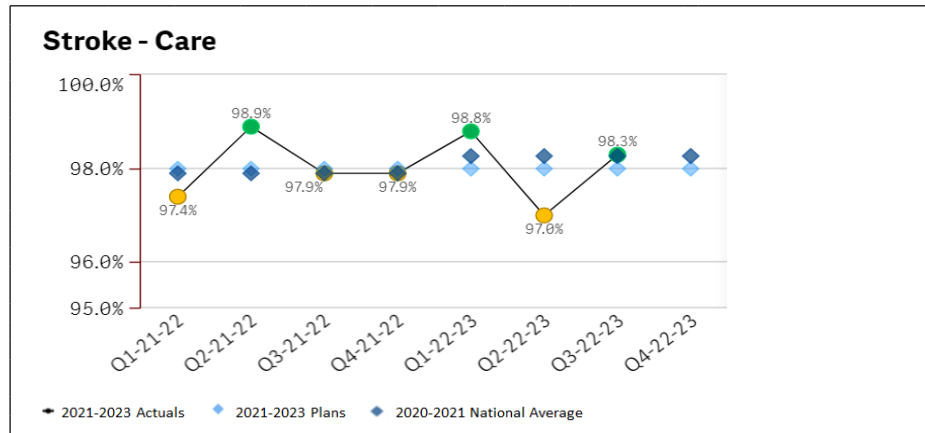
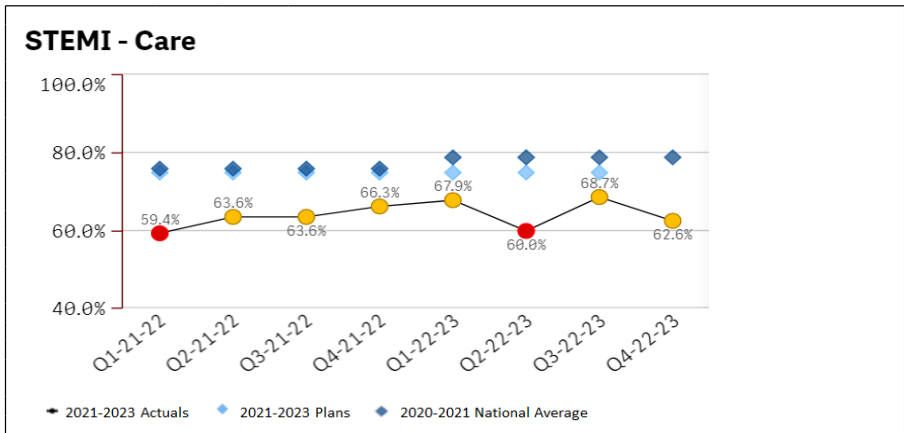
Hygiene & infection prevention & control

| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | 370 | 288 | G | 2,829 | 3,168 | A | 3,456 | 3,456 | G | |
| Vehicle cleanliness completed audits | 153 | 145 | G | 1,205 | 1,595 | R | 1,740 | 1,740 | G | |
| Building cleanliness completed audits | 35 | 42 | A | 354 | 462 | R | 504 | 504 | G | |
| Percentage of compliant Hand Hygiene audits | 96.2% | 95.0% | G | 98.9% | 95.0% | G | 95.0% | 95.0% | G | |
| Percentage of compliant Vehicle cleanliness audits | 79.7% | 96.0% | A | 94.3% | 96.0% | A | 96.0% | 96.0% | G | |
| Percentage of compliant Building cleanliness audits | 65.7% | 95.0% | R | 79.1% | 95.0% | A | 95.0% | 95.0% | G | |

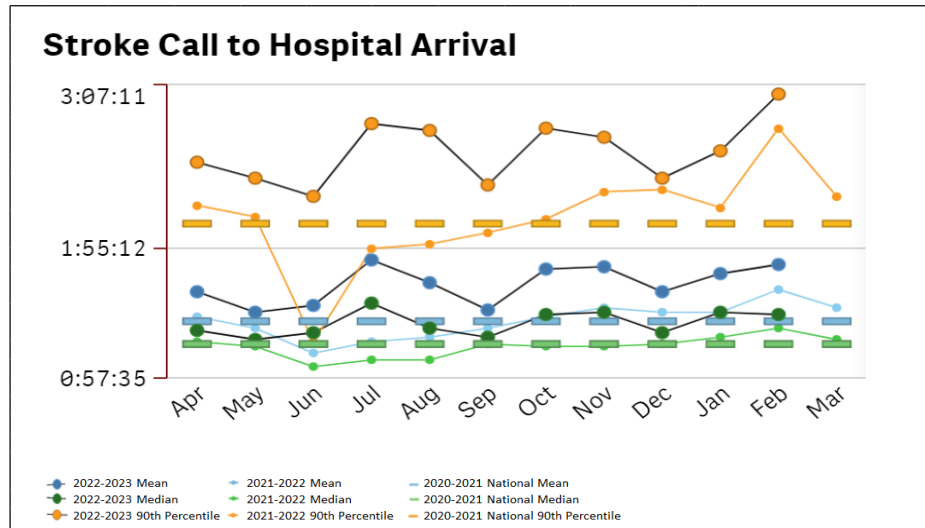
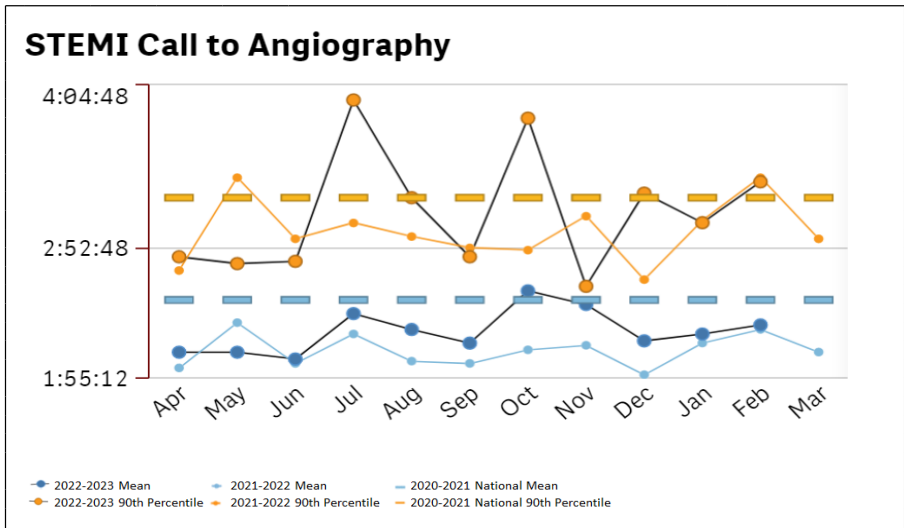
Medicines Management

| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | 0 | 0 | N/A | 2 | 0 | N/A | 0 | 0 | N/A | |

6 Clinical Performance

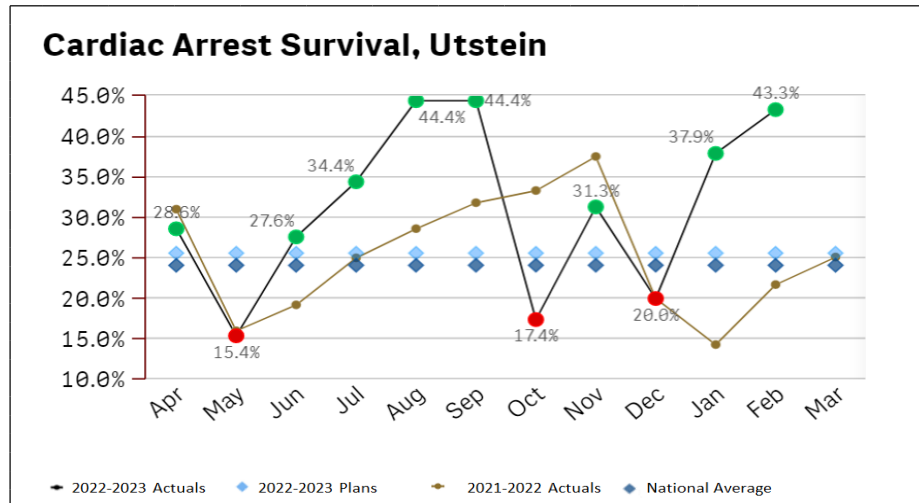
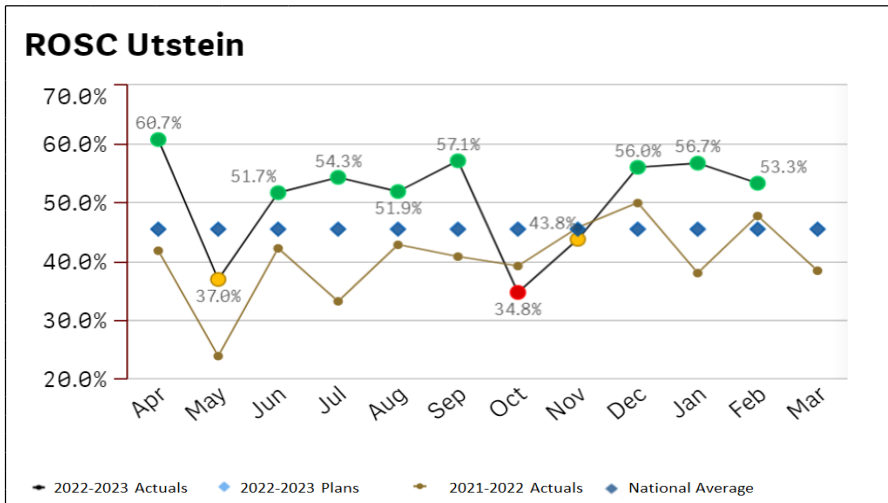


Comments:- There were 119/190 compliant records. All individual element of care had compliance between 81-100%. However as there was spread of non-compliance across a number of records, it meant the overall audit compliance was low. The requirements of all care bundle audits has been presented at the February E&UC clinical governance group for cascade to operational teams.



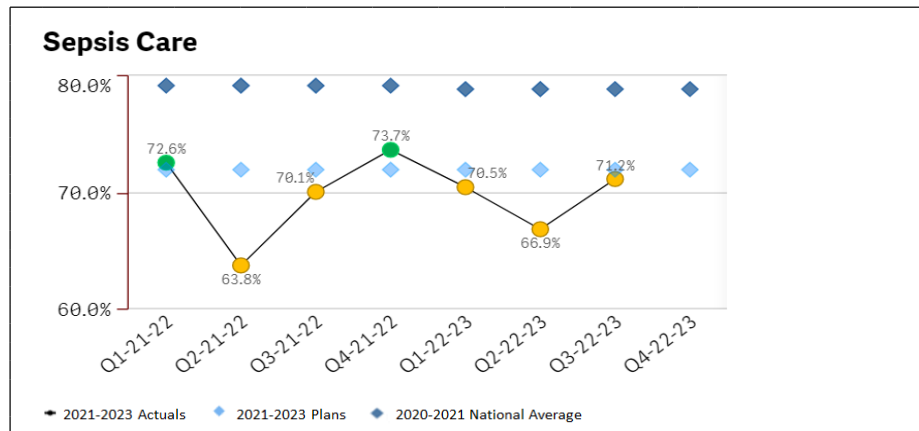
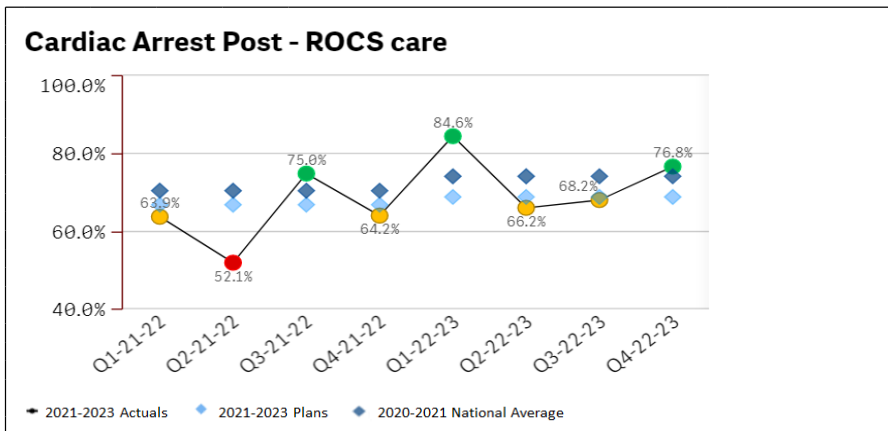
Comments:- All ACQI data in the February IPR is data from October 2022. The STEMI and Stroke time based measures are benchmarking positively against the national average of NHS English ambulance services YTD for 2022/23.

6 Clinical Performance



Comments:-

-



Comments:-

Post ROSC care is included in this years in person clinical update training. The sepsis care indicator has been retired as an ACQI.

8 Safety and Risk Management

Safety & risk management

Lead Director: Helen Young

Overall Rating:

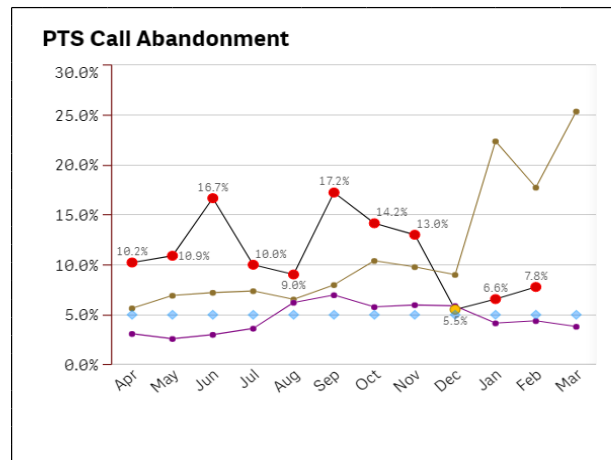
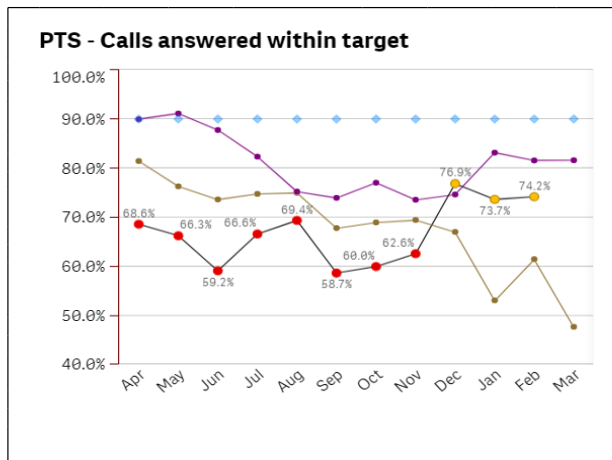
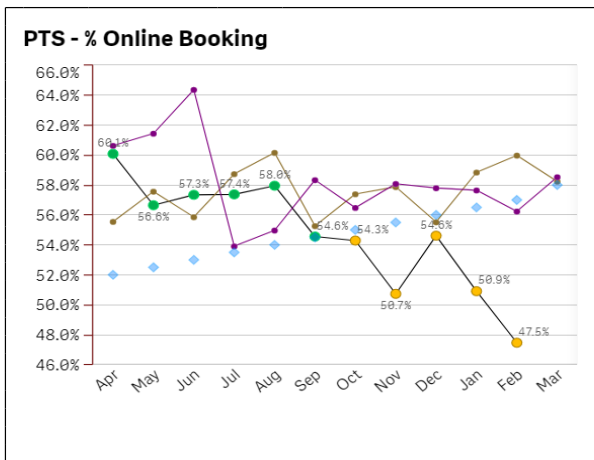
R

| Patient Safety Measure | | | | | | | | | | |
|--|---------------|-------------|------------|------------|----------|----------|--------------------|----------------|---------------|---|
| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | 386 | 0 | n/a | 4,565 | 0 | n/a | 0 | 0 | n/a | |
| Number of DATIX incidents - non Clinical | 276 | 0 | n/a | 2,904 | 0 | n/a | 0 | 0 | n/a | |
| Number of Safety Incidents (SI) reported | 7 | 0 | n/a | 81 | 0 | n/a | 0 | 0 | n/a | |
| Number of SI investigations outstanding after 60 days (excluding events that are officially suspended) | 6 | 0 | R | 6 | 0 | R | 0 | 0 | G | |
| Number of Never Events (CQC/NRLS reportable) | 0 | 0 | n/a | 1 | 0 | n/a | 0 | 0 | n/a | |

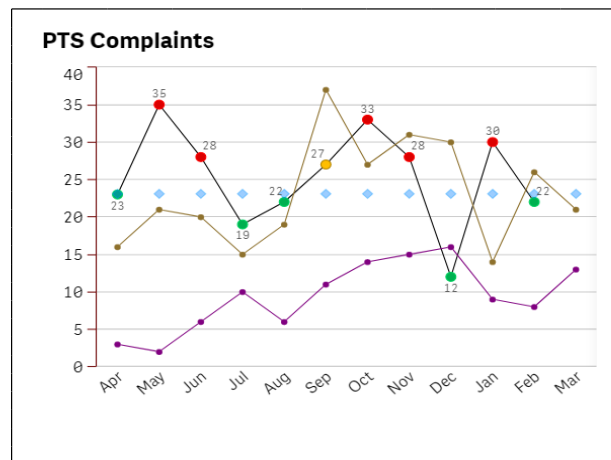
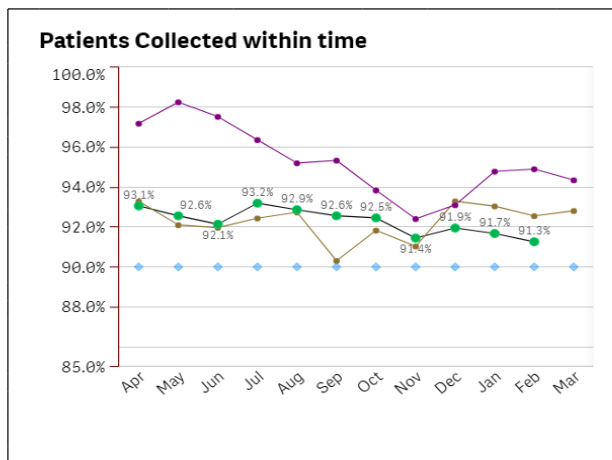
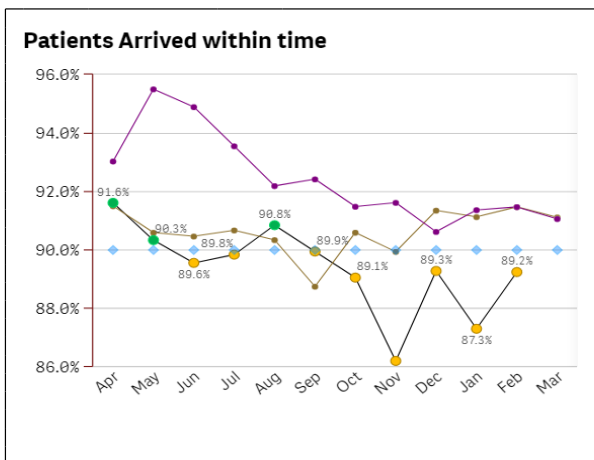
| Staff Safety Measures | | | | | | | | | | |
|---------------------------------|---------------|-------------|------------|------------|----------|---------|--------------------|----------------|---------------|----------|
| Performance Measures | Feb-23 Actual | Feb-23 Plan | Feb-23 RAG | YTD Actual | YTD Plan | YTD RAG | Full Year Forecast | Full Year Plan | Full Year RAG | Comments |
| Number of Physical Assaults | 19 | 21 | n/a | 226 | 231 | n/a | 252 | 252 | n/a | |
| Number of Non-Physical Assaults | 45 | 50 | n/a | 485 | 550 | n/a | 600 | 600 | n/a | |

9 Operations - PTS

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



Comments:- Online bookings are declining, this is linked to the shift in activity being more journeys that are not possible to book online due to their complexity. Call answer sees a small improvement, however with the ongoing challenges around the telephony systems with the return back to E-suites for just a few days before resorting back to the graphite phones has continued to elongate some of the processes as well as continued sickness challenge.



Comments:- Patients Arrival KPI saw a marked improvement on last month's blip resulting in just 0.8% away from target. On going management of cancellations to improve patient experience and ensure we are not trying to exceed capacity impacting on KPIs and patient satisfaction. The most common reasons for a complaint being raised in February were delay (9) and patient care/handling (8).

10 and 11 Finance and CIPs

Finance

Lead Director: Charles Porter

Finance Rating:

A

CIP Rating:

G

Use of Resource rating

| Measure | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | Feb-23 Actual | Feb-23 Plan | Feb-23 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 | 23.1% | 5.0% | R | 8.6% | 5.0% | R | 5.0% | 5.0% | G | |
| Agency Spend | 421 | 274 | R | 4,827 | 3,080 | R | 3,367 | 3,367 | G | |

| Measure | Feb-23 Actual | Feb-23 Plan | Feb-23 RAG | YTD Actual | YTD Plan | YTD RAG | Full Year Forecast | Full Year Plan | Full Year RAG | Comments |
|---|---------------|-------------|------------|------------|----------|---------|--------------------|----------------|---------------|----------|
| FOI (Freedom of Information Act) | 81.7% | 95.0% | A | 73.6% | 95.0% | R | 95.0% | 95.0% | G | |
| Data protection Act (DPA) - police, solicitor/medical, subject access | 96.3% | 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 | 45 | (45) | 0 | 50 | (50) | |
| | Other abstractions | 186 | 54 | 133 | 1,483 | 563 | 920 | 1,603 | 623 | 980 | Third manning phased return and alternative duties significantly less than PY |
| | Task time | 0 | 220 | (220) | 0 | 2,039 | (2,039) | 0 | 2,263 | (2,263) | |
| | Sort vehicles | 3 | 3 | 0 | 36 | 36 | 0 | 40 | 40 | 0 | |
| | Sickness Trends | 54 | 50 | 4 | 1,122 | 692 | 430 | 1,266 | 746 | 520 | Both elements of sickness were lower this month. Only non covid is included in this CIP. |
| | Fuel & Leases DCA | 50 | 50 | 0 | 549 | 549 | 0 | 599 | 599 | 0 | |
| | Workforce Flowthrough | 0 | 87 | (87) | (0) | 402 | (402) | (0) | 569 | (569) | |
| | Mondeo Purchase | 12 | 12 | 0 | 54 | 54 | 0 | 66 | 0 | 66 | |
| | Subtotal Frontline Ops | 305 | 481 | (176) | 3,245 | 4,381 | (1,136) | 3,574 | 4,890 | (1,316) | |
| 111 | Attrition CIP | 52 | 17 | 35 | 194 | 185 | 9 | 208 | 199 | 9 | HA 6 wte leavers for the month vs CIP of 15 WTE |
| | Sickness CIP | 25 | 18 | 8 | 71 | 198 | (127) | 92 | 218 | (127) | HA Sickness 6% vs 10% last year |
| | Clinical advisor handling time reduction | 0 | 16 | (16) | 78 | 179 | (101) | 94 | 195 | (101) | No data due to Adastral outage |
| | Subtotal 111 | 78 | 51 | 27 | 344 | 562 | (218) | 394 | 612 | (218) | |
| Commercial | Reduction in abstraction-sickness | 20 | 28 | (8) | 74 | 194 | (120) | 74 | 222 | (148) | Sickness better prior year for Sussex, MK and Surrey |
| | Increased SCAS staffing | 0 | 100 | (100) | 0 | 722 | (722) | 0 | 766 | (766) | Recruitment behind plan 67 WTE behind plan compared to 2021 actual WTE |
| | Logistics resource cost savings | 0 | 1 | (1) | 0 | 45 | (45) | 0 | 46 | (46) | higher costs due to agency usage |
| | Reduction in CC OT | 0 | 5 | (5) | 72 | 54 | 18 | 72 | 59 | 13 | CIP finished OC122 as incentive scheme started |
| | Improved Efficiency | 341 | 124 | 217 | 2,386 | 869 | 1,517 | 2,519 | 993 | 1,526 | Improved efficiency across all areas except Surrey |
| | Abort Reduction | 0 | 13 | (13) | 0 | 141 | (141) | 0 | 156 | (156) | No reduction in abortions |
| | Reduction in abstraction CC | 3 | 3 | (0) | 15 | 35 | (20) | 15 | 39 | (24) | Abstraction was lower than plan in CC for February |
| | Moving to SMS to reduce cancelled calls | 0 | 3 | (3) | 0 | 21 | (21) | 0 | 24 | (24) | CIP not yet started |
| | Increase in VCD Hours | (7) | 46 | (53) | 15 | 249 | (234) | 15 | 303 | (288) | Reduced hours in SHIP compared to 21/22 |
| | Fleet savings | 35 | 0 | 35 | 67 | 0 | 67 | 67 | 0 | 67 | New CIP added at M6 -increased cost offsets benefit. New CIP added for logistics hire savings and staff leases returned added in M11 |
| Subtotal Commercial Division | 393 | 324 | 69 | 2,629 | 2,329 | 299 | 2,762 | 2,608 | 154 | | |
| Corporate | Comms & PR | 3 | 3 | 0 | 37 | 39 | (2) | 40 | 41 | (2) | |
| | Estates | 99 | 81 | 18 | 374 | 397 | (23) | 1,071 | 1,449 | (378) | NHS Property services CIP behind, expected to catch up for year end. |
| | ICT | 34 | 38 | (4) | 723 | 657 | 66 | 977 | 794 | 183 | Included savings for SIP trunk migration. Esendex service not yet ceased, savings expected from Aug 2022 |
| | New Corporate Cips | 343 | 0 | 343 | 1,366 | 0 | 1,366 | 1,499 | 0 | 1,499 | includes non-recurrent CIP |
| | Subtotal Corporate | 479 | 122 | 358 | 2,500 | 1,093 | 1,408 | 3,587 | 2,285 | 1,303 | |
| Trust Wide | Organisation Stretch Target - Review of posts | 61 | 83 | (22) | 676 | 917 | (241) | 737 | 1,000 | (263) | Process to review posts |
| | Target/(contingency) | 0 | (51) | 51 | 0 | (556) | 556 | (239) | (606) | 367 | |
| | Total | 1,317 | 1,010 | 306 | 9,393 | 8,726 | 667 | 10,815 | 10,788 | 26 | |

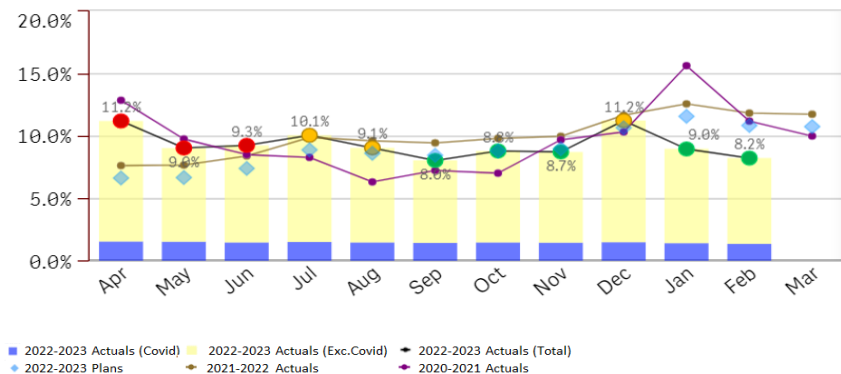
Quality & Workforce Impact Assessment of the Cost Improvement Programmes 2022-23

Workforce premium adds 50%

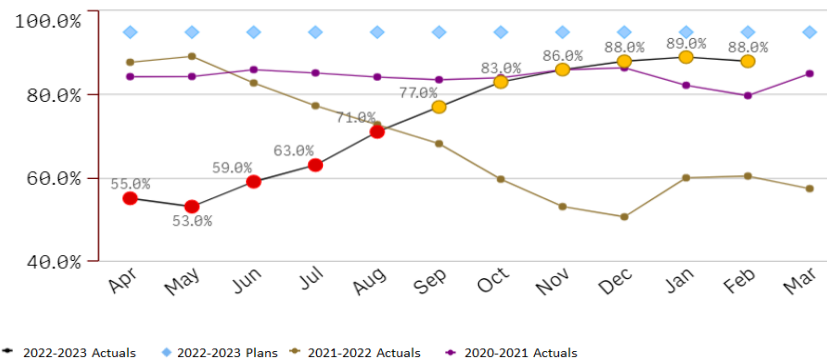
| Scheme Name | £000's | Source of Saving | Consequence | Likely | Potential Impact to Quality/Delivery | Quality Risk Rating | Mitigating Actions | Quality Mitigated Risk Level | Workforce Risk Rating | Workforce Description and Mitigating Actions | Workforce Mitigated Risk Level | Combined Mitigated 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 | 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 | 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 | 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 |
| Sickness | 746 | reduction in sickness - non covid | 1 | Q | 1 | Lower sickness will benefit patients | Covid sickness is not targeted | 1 | 0 | Effective support and engagement 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 | 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. | 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 | 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 | Effective support and engagement 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. | 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. | Targeted at management of return to work and utilising staff in budgeted positions | 1 | 0 | Effective support and engagement 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. | 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 | 0 | | 0 | 2 |
| OT Contact Centre | 59 | Reduction in CC OT | 3 | Q | 1 | low impact as long as shift cover not compromised | | 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 | 0 | | 0 | 1 |
| Aborts | 156 | Reduction in level of abortions by 5% on average across the year | 1 | Q | 1 | This should have a positive impact on patient safety and experience if achieved. | | 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. | Targeted at management of return to work and utilising staff in budgeted positions | 1 | 0 | Effective support and engagement 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 | 0 | | 0 | 1 |
| Increase VCD | 303 | Increase VCD hours and reduce the associated Private Provider and Taxi spend | 1 | Q | 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 | 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 | 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 | 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 | N/A | 0 | 0 | No direct impact | 0 | 0 |

12 and 13 Statutory & Mandatory Training and Workforce

Trust Sickness



Trust Appraisals



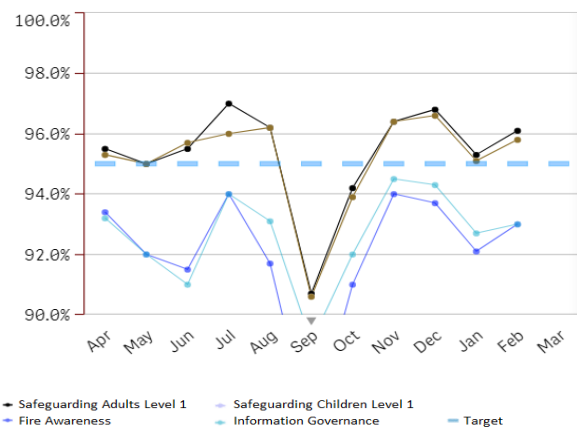
Comments:-

Trust sickness is below forecast and appraisal compliance has remained steady around 88% since December.

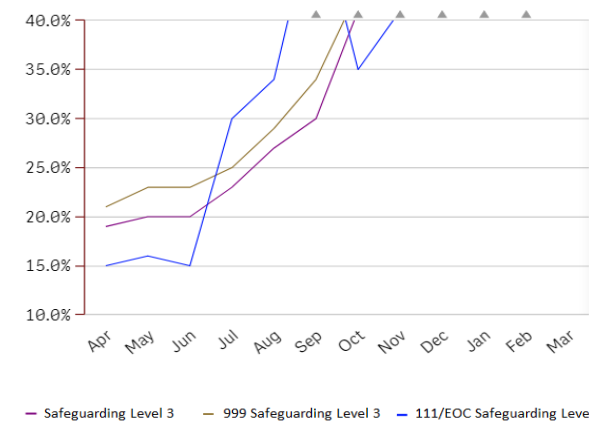
Training Course Completion (1 of 3)



Training Course Completion (2 of 3)



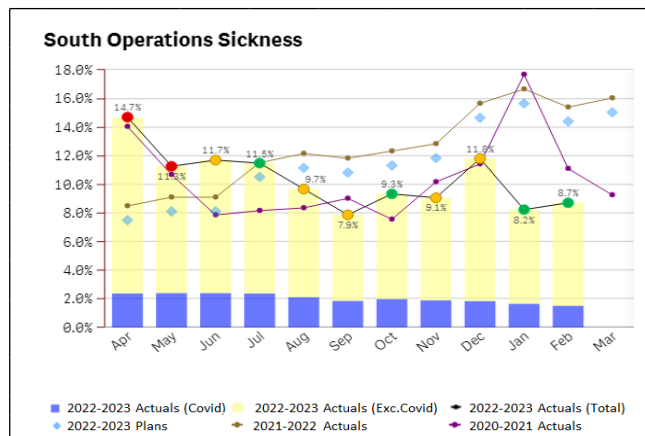
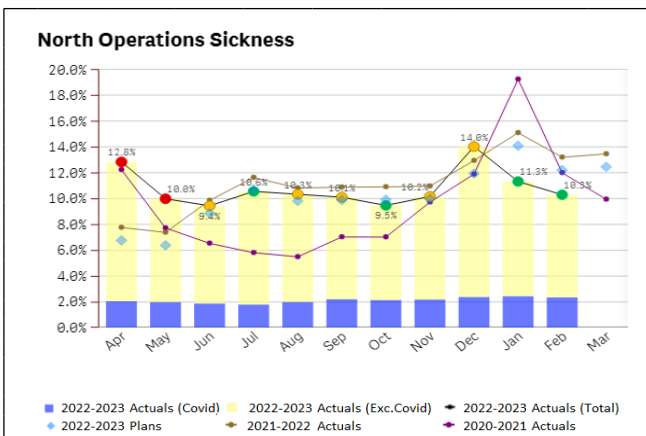
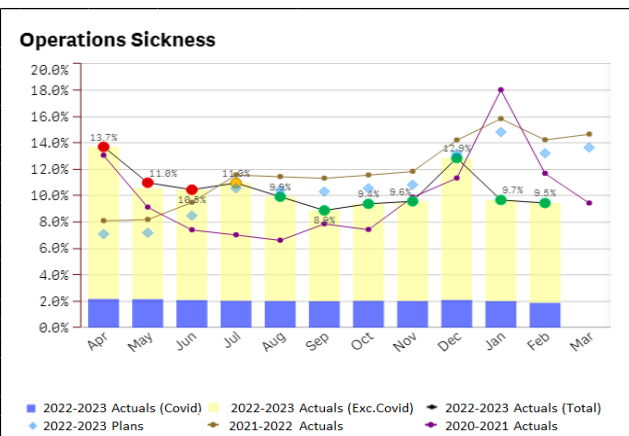
Training Course Completion (3 of 3)



Comments:-

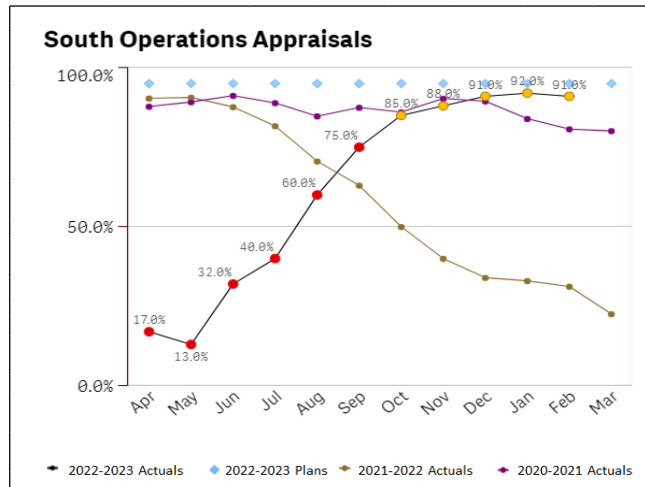
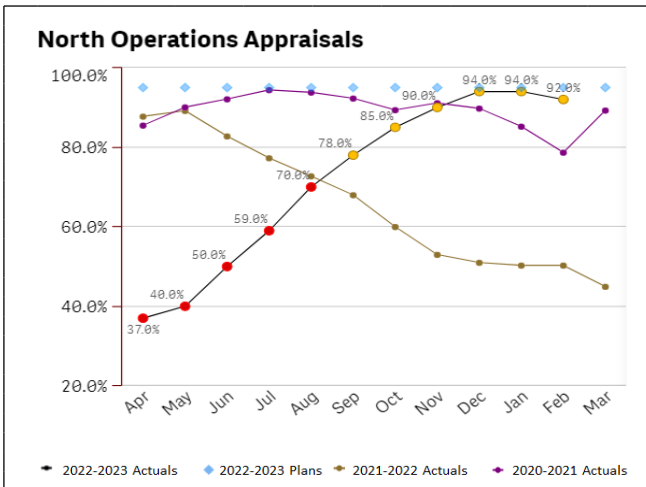
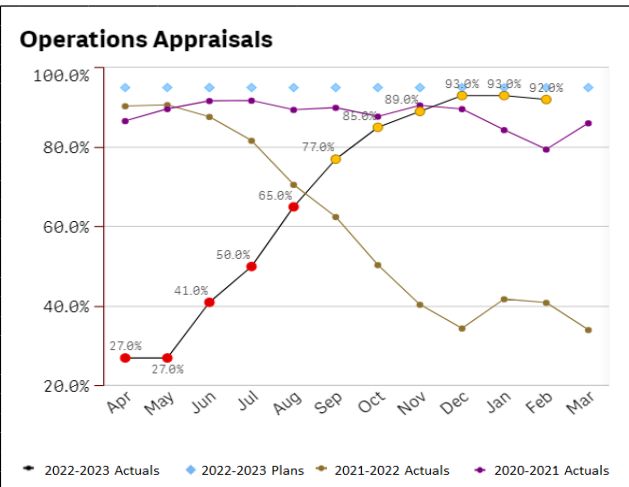
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12 and 13 Statutory & Mandatory Training and Workforce



Comments:-

Operations sickness has reduced slightly since Jan and remains below forecast.

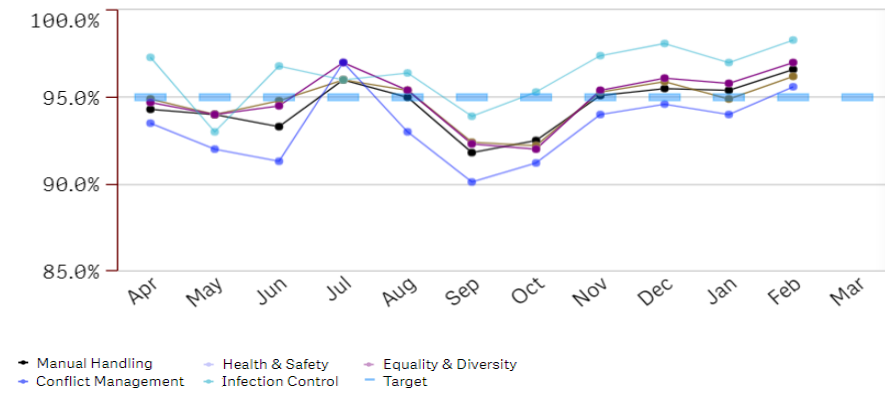


Comments:-

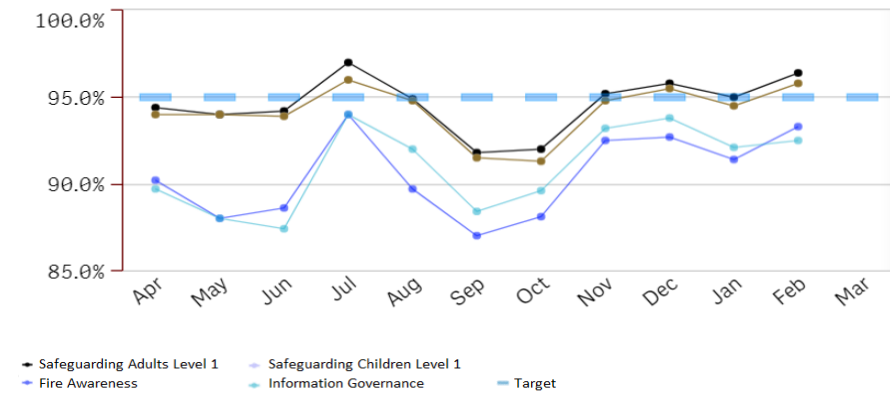
we are continuing to catch up with staff who have outstanding appraisals and we are aiming for 95% at year end

12 and 13 Statutory & Mandatory Training and Workforce

Operations Training Course Completion (1 of 2)



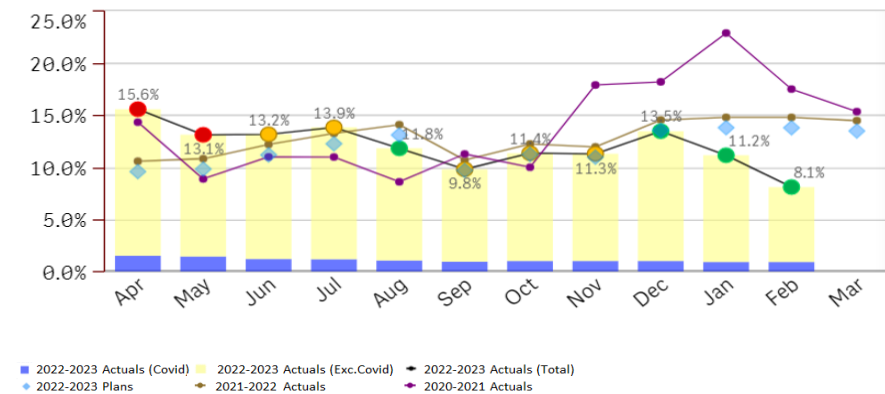
Operations Training Course Completion (2 of 2)



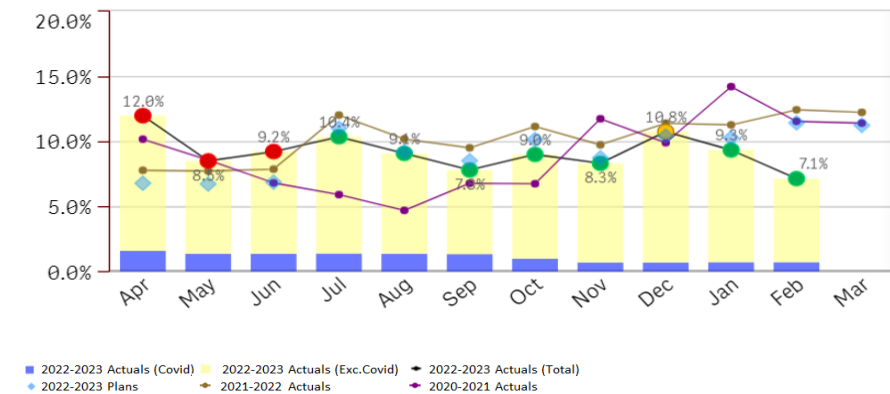
Comments:-

-

111 Sickness



EOC Sickness

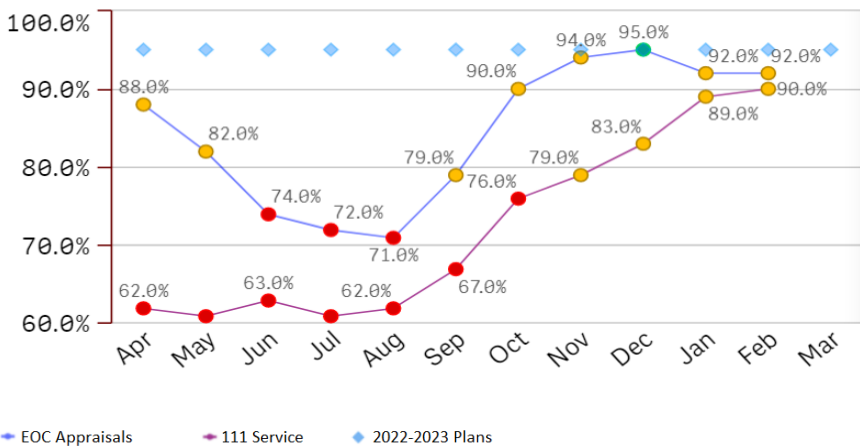


Comments:-

111 sickness has continued to reduce since December and is significantly below forecast. EOC sickness is also lower than anticipated.

12 and 13 Statutory & Mandatory Training and Workforce

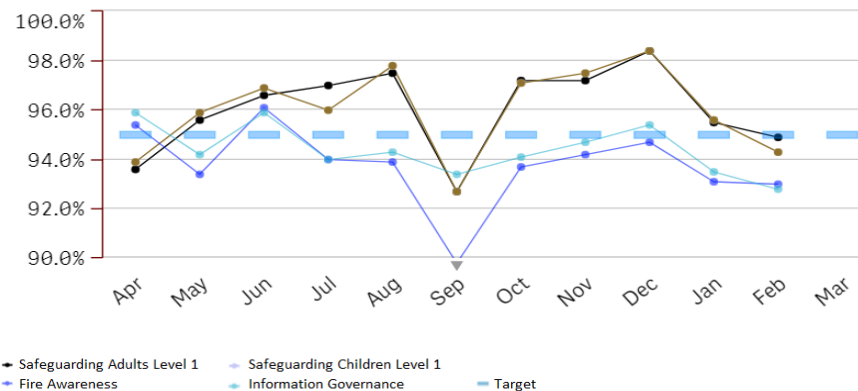
CCC Appraisals



CCC Training Course Completion (1 of 2)



CCC Training Course Completion (2 of 2)

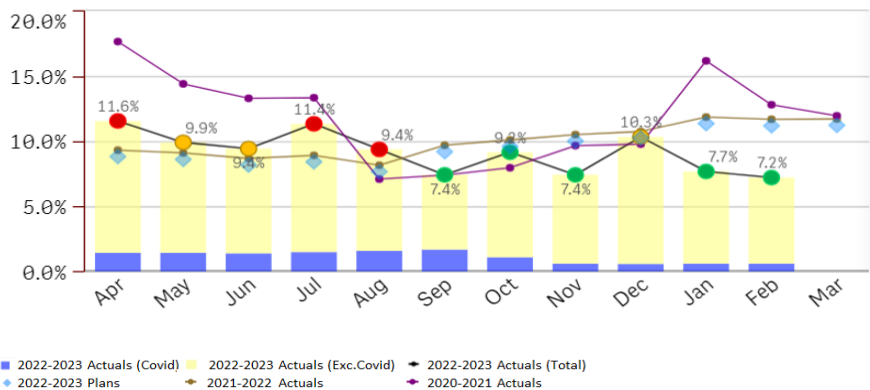


Comments:-

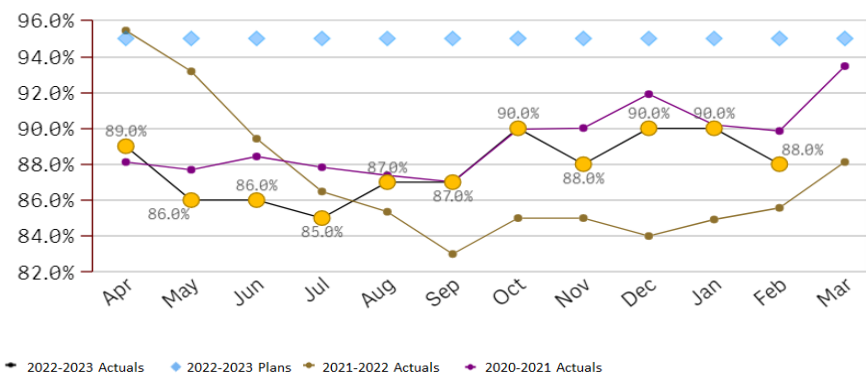
Appraisal compliance across EOC and 111 is high and has been continuously improving

12 and 13 Statutory & Mandatory Training and Workforce

PTS Sickness



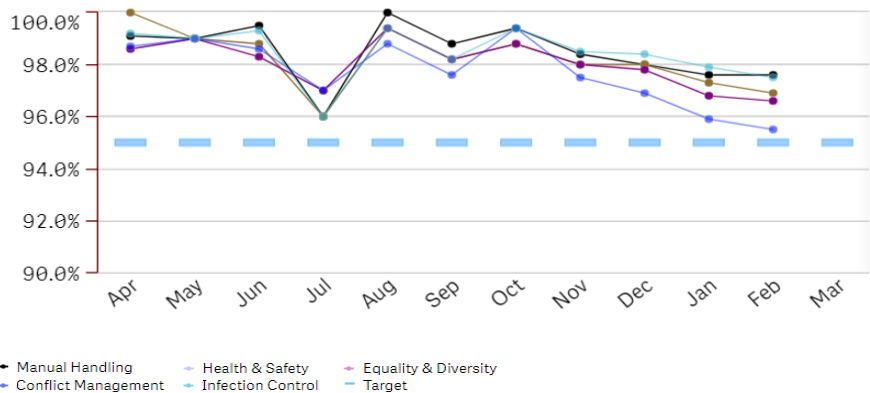
PTS Appraisals



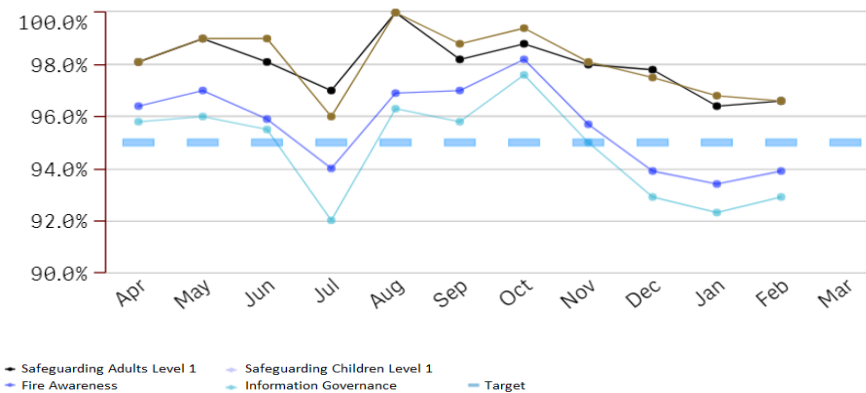
Comments:-

PTS sickness continues to decrease and is significantly below forecast. Appraisal compliance as decreased slightly over the past month but still high at 88%

PTS Training Course Completion (1 of 2)



PTS Training Course Completion (2 of 2)

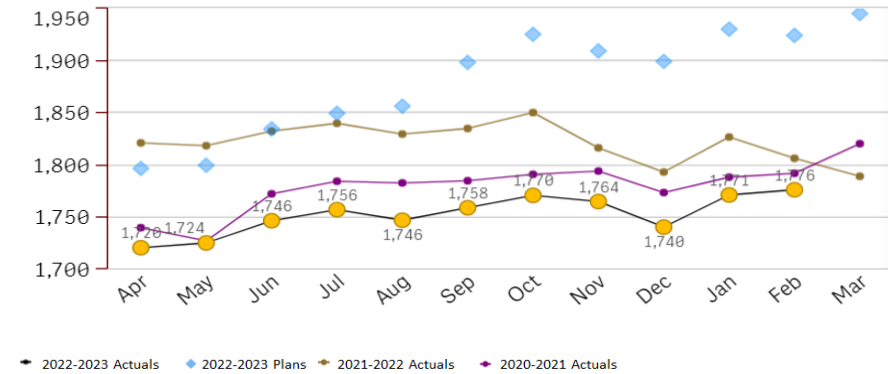


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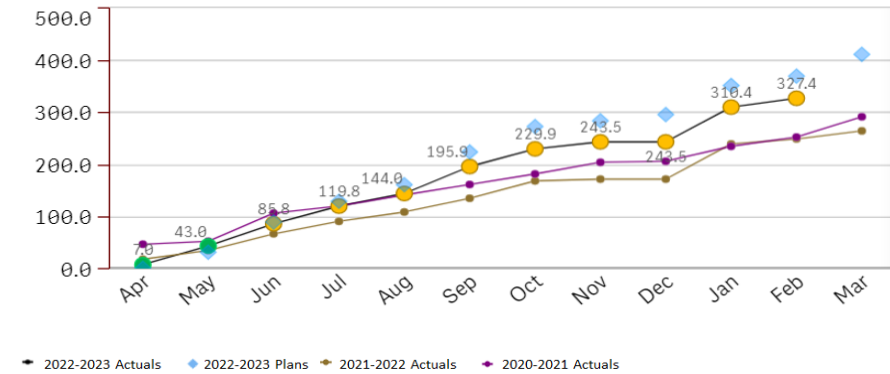
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12 and 13 Statutory & Mandatory Training and Workforce

Total Frontline Workforce



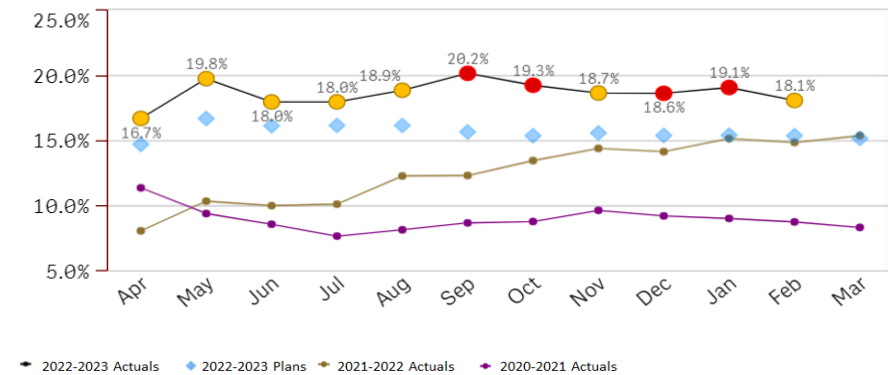
Frontline Recruitment (Cumulative)



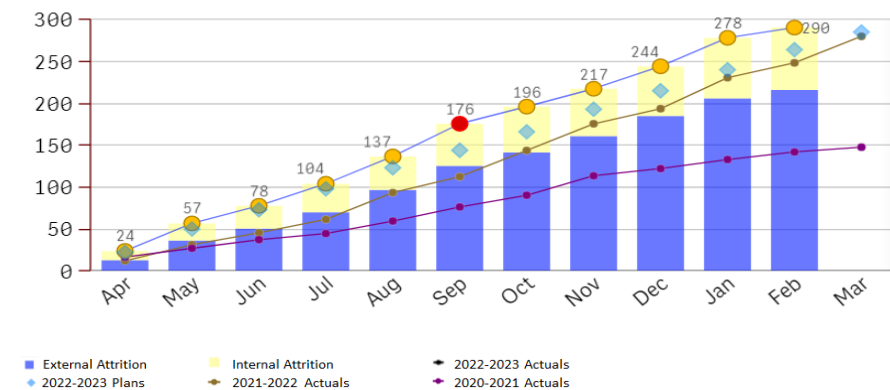
Comments:-

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Frontline Attrition %



Frontline Attrition (Cumulative)



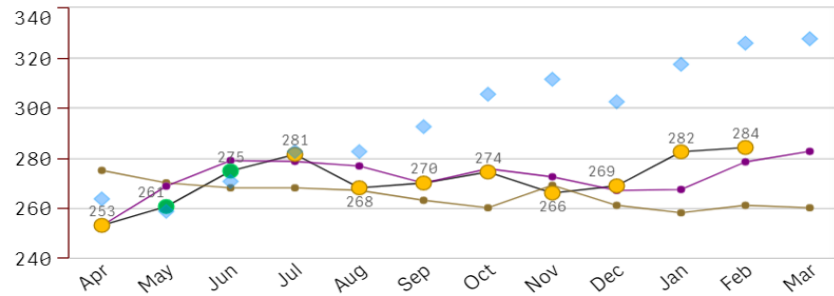
Comments:-

Front line attrition remains higher than planned at 19%. Retention plans are currently being developed.

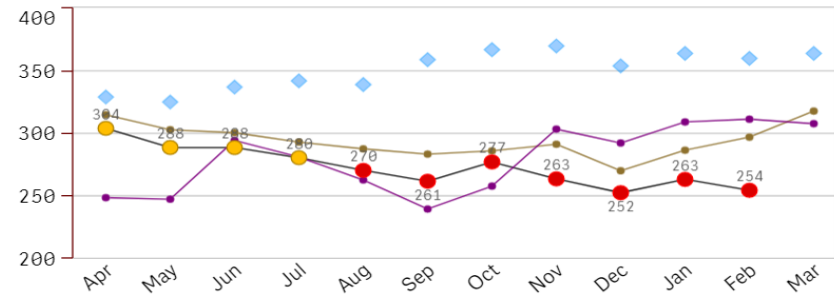
12 and 13 Statutory & Mandatory Training and Workforce

◆ 2022-2023 Actuals ◆ 2022-2023 Plans
● 2021-2022 Actuals ● 2020-2021 Actuals

999 EOC Workforce



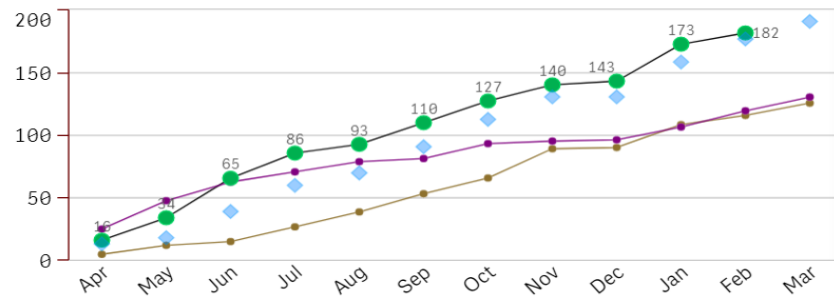
111 Workforce



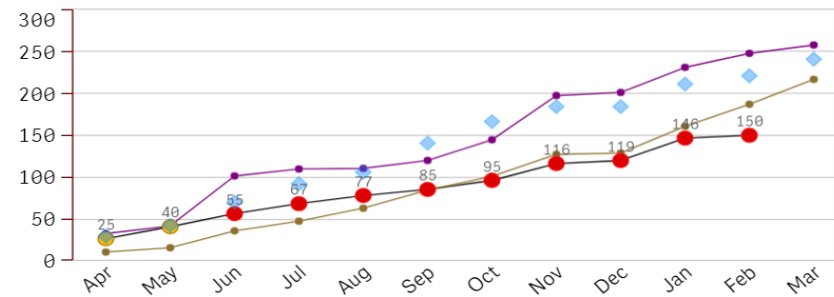
Comments:-

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999 EOC Recruitment (Cumulative)



111 Recruitment (Cumulative)



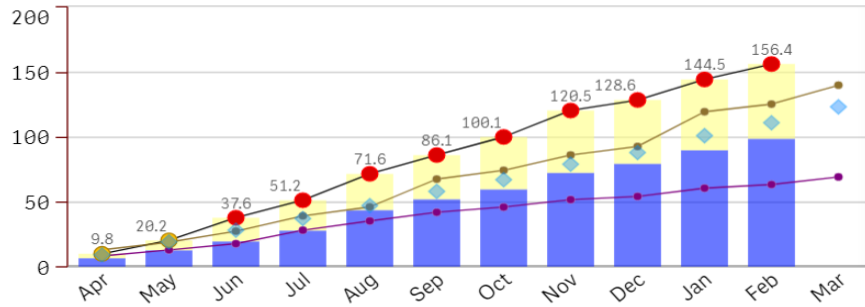
Comments:-

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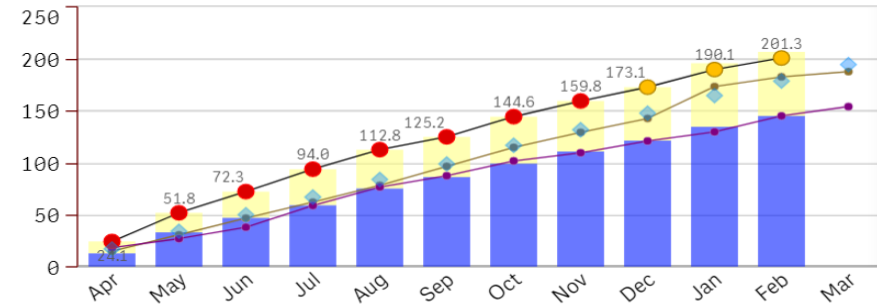
12 and 13 Statutory & Mandatory Training and Workforce

■ External Attrition ■ Internal Attrition ◆ 2022-2023 Actuals
◆ 2022-2023 Plans ◆ 2021-2022 Actuals ◆ 2020-2021 Actuals

999 EOC Attrition (Cumulative)



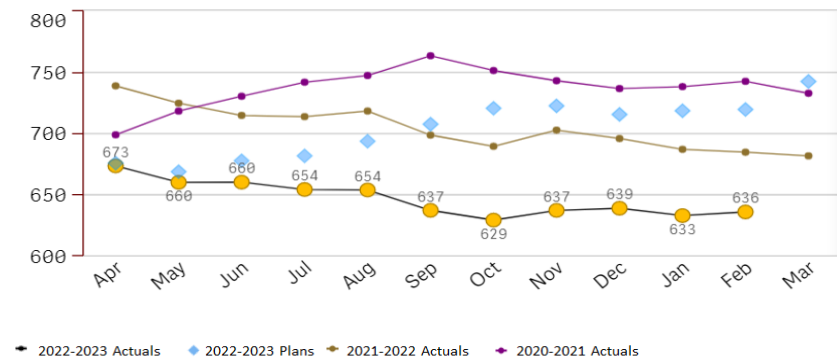
111 Attrition (Cumulative)



Comments:-

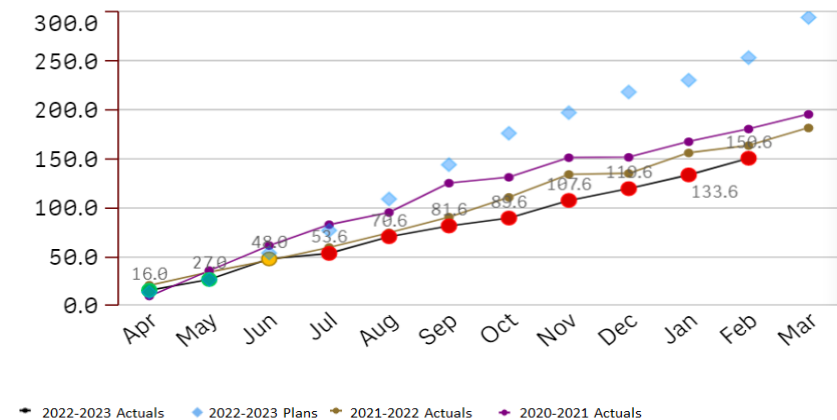
12 and 13 Statutory & Mandatory Training and Workforce

PTS Workforce



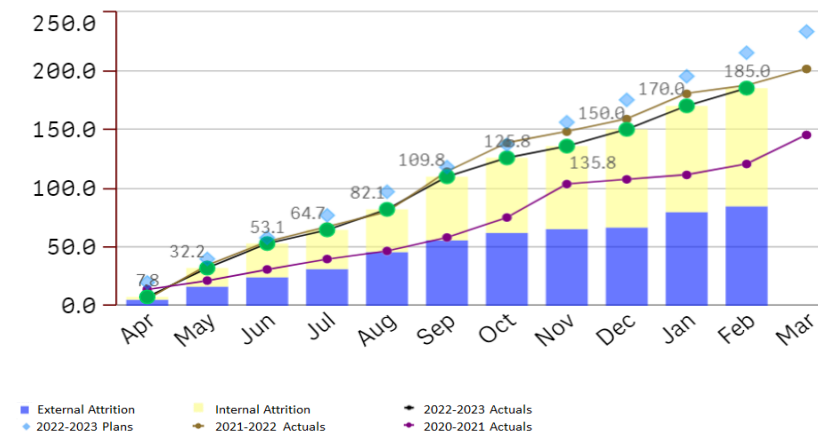
Comments:-

PTS Recruitment (Cumulative)



Comments:-

PTS Attrition (Cumulative)



Comments:-

Integrated Performance Report

| 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. |

Integrated Performance Report

| | |
|------------------------------|---|
| 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 |



| | | | |
|---------------------------|--|---------------------|-----------|
| Report title: | Quality & Patient Safety Report | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 12 |
| Executive Summary: | <p>The purpose of the report is to provide the Board of Directors with a summary against the statutory quality and safety processes necessary to deliver safe, effective clinical care to our patients and our people. The report covers the period, December 2022 - January 2023 (M9-M10).</p> <ol style="list-style-type: none"> 1. Significant progress continues to be made against the objectives outlined in the <i>Patient Safety Improvement Plan</i>. The areas that currently present the highest risk to patients, are the management of medical devices and equipment and Safeguarding. 2. These areas are being closely monitored and mitigated and are reflected in the Corporate Risk Register and Board Assurance Framework (BAF). 3. Significant progress made against Patient Safety Improvement Plan- rag rated as GREEN. Phase 2 plans are now developed and being finalised. 4. Significant increase in demand noted which has resulted in an increase in clinical incident reporting. 5. An increase in parents contacting community and 111 services was also noted due to concerns relating to Invasive Group A Streptococcus (iGAS) 6. Upward trend noted in incident reporting relating to delays 7. A 12% increase in EOC clinical incident reporting was noted when compared to previous months 8. A 2% increase in 999 clinical incident reporting was also noted during the reporting period. 9. During the reporting period (20) incidents categorised as moderate harm, severe harm or death. All incidents are being investigated. 10. Downward trend noted in non-clinical incidents reported following a spike in (M8). | | |

| | | | | |
|----------------------------------|---|---|--------------------------------------|--|
| | <p>11. Abuse/Abusive behaviour incidents remain the top category in 999 Services.</p> <p>12. Downward trend of 19% noted in the total number of patient experience contacts from previous report</p> <p>13. In the same period last year, the Trust received (559) PE cases, a 1% decrease year on year.</p> <p>14. 49% (274) of all PE issues were attributed to delays / non-attendance, a 2% increase from previous months.</p> <p>15. There has been a 46% increase from the previous reporting period in the Patient Transport Services (PTS) feedback regarding delays.</p> <p>16. There have been (94) formal complaints received during the reporting period, reduction on previous reporting period, however, increase in HCP feedback concerns raised continued into this reporting period.</p> <p>17. During the reporting period the Trust reviewed (37) emerging incidents at the Incident Review Panel (IRP).</p> <p>18. 19 declared as Serious Incidents (SI's)- 51 % conversion rate. This is an increase of (7) from the previous reporting period and correlates with heightened demand, escalation and number of reported delays.</p> <p>19. The Trust received (254) compliments for the care and services delivered by our people during the reporting period.</p> | | | |
| 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 <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> | |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> | |
| Assurance level: | Significant <input type="checkbox"/> | Acceptable <input checked="" type="checkbox"/> | Partial <input type="checkbox"/> | No Assurance <input type="checkbox"/> |

| | | | | |
|--|--|--|---|---------------------------|
| | High level of confidence in delivery of existing mechanisms / objectives | General confidence in delivery of existing mechanisms / objectives | Some confidence in delivery of existing mechanisms / objectives | 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: | | | | |



PUBLIC TRUST BOARD PAPER

| | |
|-----------------------------|--|
| 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 | March 2023 |

1. Purpose

- 1.1 The purpose of the paper is to provide the Board with a summary against the statutory quality and safety processes necessary to ensure the delivery of safe, effective clinical care to our patients and our people.
- 1.2 The paper covers the reporting period (December 2022 - January 2023), 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 During the reporting period the Trust has continued to make progress against key deliverables and achieved all 8 'Must Do' regulatory actions and 1 out of 2 'Should do' regulatory actions.
- 2.2 The actions are managed and monitored through the **Patient Safety Improvement Plan** which reports and provides assurance to the Patient Safety Delivery Group and the Integrated Performance and Oversight Board.
- 2.3 **The Patient Safety Improvement Plan** is divided in to specific workstreams;
1. Safeguarding
 2. Patient safety and Experience
 3. Management of Medical Devices and Equipment
 4. Medicines Management
 5. Infection Prevention and Control (IPC).
- 2.4 The areas that currently present the highest risk to the delivery of safe effective care, but are being closely monitored through the Board Assurance Framework (BAF), continue to be:
1. **The management of medical devices and equipment.**
 2. **Safeguarding** (IT system resilience, releasing staff to attend training and the release of operational staff for supervision).
- 2.5 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.**

- 2.6 The board are asked to note that despite the additional challenges faced by all staff due to high demand on services, our staff have worked collaboratively to investigate and provide responses within an agreed or extended timescale to **146 of the 152 formal complaints closed**.
- 2.7 To note, there has been a 16% increase in patient experience contacts citing delays as a cause for concern.
- 2.8 During the reporting period the Trust also received: (98) Informal Concerns and (373) Healthcare Professional Feedback requests.

3. Main Report and Service Updates

3.1 Patient Safety Improvement Plan

- 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 Phase 2 plan progresses and audit on line activities including: accurate reporting for vehicle location and off-road vehicles (working with Medical Devices team). Compliance function added and to be trialled in Quarter 1 of new financial year.
- 3.2.2 In December hand hygiene audit data was rated Amber as below target in month and year to date. In December, 245 audits were completed against a target of 288.
- 3.2.3 E&UC (Emergency and Urgent Care) was the service with the lowest completion rates a recovery plan has been developed and progress will be monitored through the Clinical Governance meeting. In January the monthly indicator was Green with 351 audits completed against a target of 288.
- 3.2.4 The number of compliant audits remains at 98%.
- 3.2.5 An improvement has been noted in the number of vehicle and building cleanliness audits completed. The indicator has now moved from Red to Amber with recovery plans in place.

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 Safety Culture survey is planned and will close in March and the responses analysed and reported to the Patient Safety Group.

- 3.3.3 A Learning from Patient Safety Events (LFPSE) working group has progressed its work plan and changes to the Datix test environment are complete. Service lines are testing incidents and field comparison is underway to be completed by 20 March 2023.
- 3.3.4 A draft suite of documents have been produced relating to Patient Safety Partners including a Patient Safety Partner introduction pack, role descriptions and remuneration document.
- 3.3.5 Patient Safety Incident Review Framework (PSIRF) project group is in place and the implementation plan has been developed.

3.4 Medicines Management

- 3.4.1 Work is in progress to obtain a Home Office Licence to manage and distribute Controlled Drugs (CD). A site has been secured for new medicines packing and distribution, CD distribution roles are approved and ready to recruit to.
- 3.4.2 In December, one medication administration incident resulting in harm was reported. This was reported and investigated appropriately and was an isolated incident. It was reported in line with RIDDOR requirements. No incidents resulting in harm were reported in January 2023.

3.5 Medical Devices & Equipment

- 3.5.1 Core devices are identified, and the level of training required for staff. The focus is on completing training packages for all current medical devices. A New Asset Management system with the ability to track devices is being scoped.

3.6 Safeguarding

- 3.6.1 The Phase 2 Improvement Plan has been well received by our commissioners and partners and is progressing well due to the alignment to the Safeguarding Accountability Framework (SAAF).
- 3.6.2. The Safeguarding Team is now fully resourced with all team members in post.
- 3.6.3 Within the reporting period Safeguarding Level 3 training has increased to 58% for Priority Group A. An increase of 5% within the reporting period.

3.7 Mental Health

- 3.7.1 There are positive examples of patient and public engagement in the work undertaken by the Suicide Prevention Lead with schools, colleges, J.D. Wetherspoon PLC and charity organisations.

3.8 Quality Improvement (QI) Update

- 3.8.1. Following a review of recent trends and themes the following Quality Improvement projects have been identified:
 - 1. A project to improve the response time to low-acuity Patients
 - 2. A project to pilot Increasing the Category 3/4 validation time from 30 to 60 minutes

3. A project to improve the Incident reporting culture in Thames Valley Patient Transport Service (PTS)

Quality improvement project templates have been developed and next steps include branding and development of the Hub community.

3.9 Incident Themes

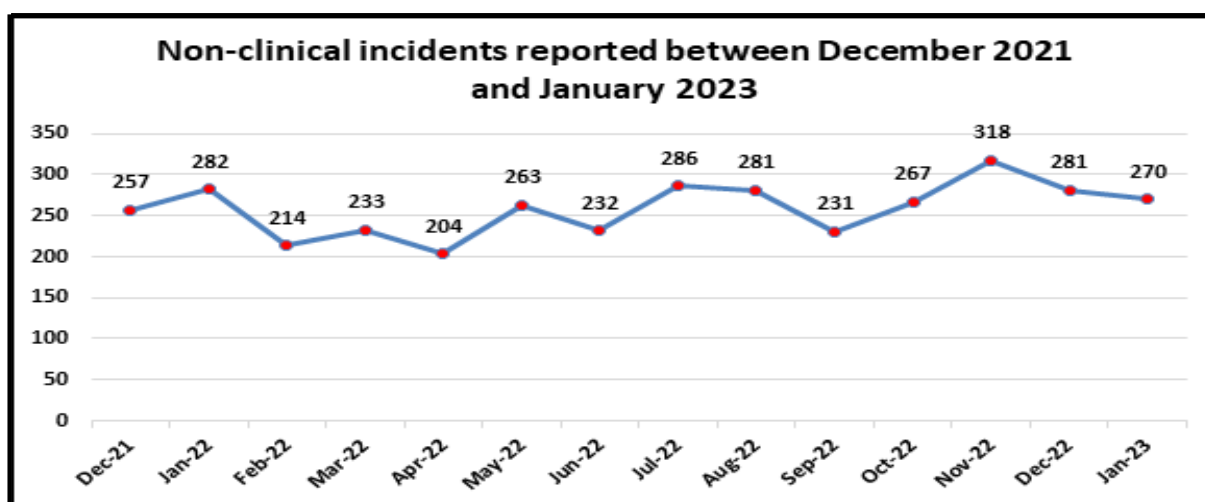
- 3.9.1 A 12% increase in **EOC** clinical incident reporting was noted when compared to previous months which coincided with the Trust operating at REAP¹ Level 4.
- 3.9.2 The top three **EOC** reported incident categories continue to be:
 1. Delay (90)
 2. Patient Care and Treatment (18)
 3. Information and Communication Technology systems issues (10) - not isolated to one system.
- 3.9.3 The most common themes identified to date relate to delays caused by system demand, contact centre not following procedures, hospital handover delays, as well as inappropriate decisions to discharge patients at scene.
- 3.9.4 A significant increase in the number of patients being admitted to hospital with respiratory problems was noted during the reporting period. This increase was observed nationally.
- 3.9.5 An increase in parents contacting community and 111 services was also noted due to concerns relating to Invasive Group A Streptococcus (iGAS)
- 3.9.6 The top three main reporting themes under the category of patient care and treatment continue to be:
 1. Inappropriate or incomplete requests for transfer
 2. Potential inappropriate dispositions
 3. Potential incorrect clinical assessments and recontact within 24 hours.
- 3.9.7 A 2% increase in **999** clinical incident reporting was also noted during the reporting period.
- 3.9.8 The top three reported 999 clinical incidents categories continue to be:
 1. Patient Treatment / Care (308)
 2. Medicines (169)
 3. Delay (91).
- 3.9.9 Risk grading for clinical incidents remains low with most incidents graded as low or minor harm.
- 3.9.10 There were however, 20 incidents categorised as moderate harm, severe harm or death. All incidents are under investigation.
- 3.9.11 Incident reporting in **NHS 111/IUC** remained static when compared to the previous reporting period. Higher numbers were reported during REAP 4 but improved when the Trust moved into REAP 2 in January 2023.

¹ REAP- Resource, Escalation, Action, Plan provides a framework to maintain an effective and safe operational clinical response for patients.

- 3.9.12 The most common themes for incidents captured under the category of Delays were cases in the wrong queue, CCC (Call Centre) staff failing to follow procedure and Clinical Advisor queue.
- 3.9.13 Work with the critical systems and operational teams is ongoing regarding queue layout and management.
- 3.9.14 A slight increase in Non-Urgent Patient Transport Services (**NEPTS**) clinical incident reporting was also noted during the reporting period primarily related to patient treatment and care provided by external care providers.
- 3.9.15 **Notable Completed Actions**
The Delayed Responses to Patients who have Fallen Task and Finish Group presented an update paper to Clinical Review Group in January, and the group approved recommendations made in relation to process, launch and audit activity for enhanced Community First Responder (CFR) deployment to patients who have fallen.
- 3.9.16 **Clinical Memo 205:** Invasive Group A Streptococcus (iGAS) was released to provide guidance to staff (8 December 2022).
- 3.9.17 **Clinical Memo 207:** Acute Respiratory Infection (ARI) decision tool released on 27 January 2023.
- 3.9.18 The Clinical Pathway Team, Swindon Great Western Hospital 'Navigation Hub', are now open 24/7 for crew support and to support hospital avoidance.
- 3.9.19 Category 3 and 4 validation time has been extended from 30 to 60 minutes for a trial period, in line with national guidance and is being observed for any safety issues.

3.10 Non- Clinical Incidents

3.10.1 The chart below illustrates the total number of non-clinical incidents reported on the incident reporting system between December 2022 and January 2023.



3.10.2 A downward trend noted during the reporting period following a spike in November.

3.10.3 The table below illustrates the top ten non-clinical incident categories reported.

| Top Ten Non-Clinical Incidents Dec 22-Jan 23 | | | |
|---|----------------------|---------------------|--------------|
| Category | December 2022 | January 2023 | Total |
| Abuse/Abusive behaviour | 36 | 41 | 77 |
| Feature Request | 27 | 36 | 63 |
| Manual Handling | 31 | 29 | 60 |
| Slip, Trip, Fall | 27 | 29 | 56 |
| Welfare | 24 | 15 | 39 |
| Physical Assault | 12 | 26 | 38 |
| Vehicle | 16 | 15 | 31 |
| Other | 12 | 12 | 24 |
| Ill Health | 17 | 6 | 23 |
| Contact with/Struck by Object/Vehicle | 14 | 8 | 22 |
| Total | 216 | 217 | 433 |

3.10.4 Abuse/Abusive behaviour incidents remains the top reported category.

3.10.5 The three top subcategories for abuse remain:

1. Verbal Abuse (28 incidents)
2. Threatening Behaviour (27 incidents)
3. Poor Attitude (21 incidents)

3.10.6 The majority of incidents continue to be reported by 999 Operational staff.

3.10.7 A report on the peer reviews/audit of the NHS England Violence, Prevention and Reduction Standards across all ambulance services will be produced and presented to AACE (Association of Ambulance Chief Executives). This will be considered by the Health Safety and Risk group when available.

3.11 Mental Health / Learning Disability

3.11.1 The Mental Health portfolio now formally sits in the Safeguarding, Mental Health (MH) and Complex Care portfolio.

3.11.2 Training for MCA (Mental Capacity Act) has been agreed for 4.5 hours as an e-learning module for delivery in 2023/2024.

3.12 Patient Experience (PE)

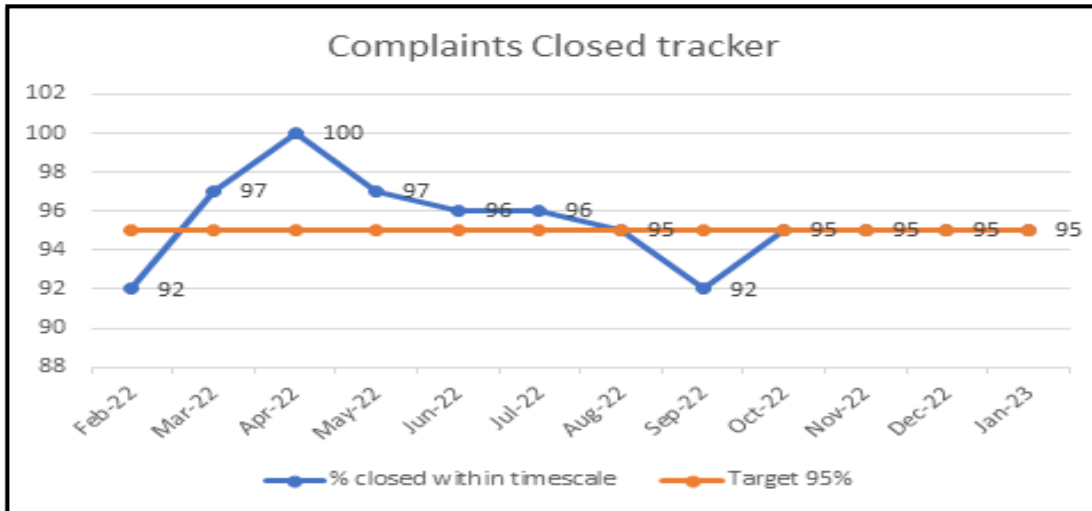
3.12.1 The Patient Experience team is responsible for the management of all feedback received by the Trust, encompassing comments, concerns and complaints (otherwise known as Patient Experiences or 'PE's') and PALS enquiries across all service lines. The management of PE's enables the Trust to analyse themes, trends and root causes which, in turn, guide our service improvement and future service development.

- 3.12.2 During the reporting period the Trust experienced a 19% decrease in the total number of PE contacts raised (553) when compared to the previous reporting period (684).
- 3.12.3 In the same period last year, the Trust received (559) PE cases, a 1% decrease year on year.
- 3.12.4 (640) cases were responded to and closed during the reporting period, of which; 419 Cases (or 65%) were either fully or partly upheld meaning that in six out of ten cases the complaint was justified in part/full.
- 3.12.5 Breakdown of Patient Experience (PE) Contacts by Service (table below)

| Patient Experience Contacts December/January | 2022/2023 | % of Trust Total | % change from previous reporting period |
|---|------------|------------------|---|
| NHS 111 incl GP CAS pilot | 78 | 14 | No Change |
| PTS | 317 | 57 | No Change |
| 999 Operations | 109 | 20 | ↓ 3% |
| EOC | 48 | 9 | ↑ 2% |
| Mental Health Triage Service | 1 | 0.1 | No Change |
| Trust total | 553 | 100% | ↓ 19% |

- 3.12.6 A 3% decrease in PE cases was noted in 999 Operations during the reporting period:
- 42% of these cases were regarding clinical care
 - 37% of the cases were regarding staff attitude & communication.
- 3.12.7 49% (274) of all PE issues were attributed to delays / non-attendance, a 2% increase from previous months
- 12% 999/EOC (33)
 - 85% PTS (232)
 - 3% NHS111 (9)
- 3.12.8 There has been a 46% increase in the Patient Transport Services (PTS) feedback regarding delays on the previous 2 months. The main concern relates to delays/ non-attendance in the arrival of vehicles.
- 3.12.9 Patient Transport Services feedback accounts for 55-60% of all PE contacts.
- 3.12.10 The Trust received (94) new formal complaints, (115) informal concerns and (344) HCP (Healthcare Professional) feedback requests during the reporting period.
- 3.12.11 The concerns raised formulate the following trends:
- Access and waiting.
 - Communication with patients and families and external partners
 - Clinical care.
- 3.12.12 Complaints responded to within agreed timescales: **December 95%, January 95%. The target is 95%.**

3.12.13 The table below demonstrates the sustained improvement over the last quarter in meeting the target following a review of internal systems and processes.

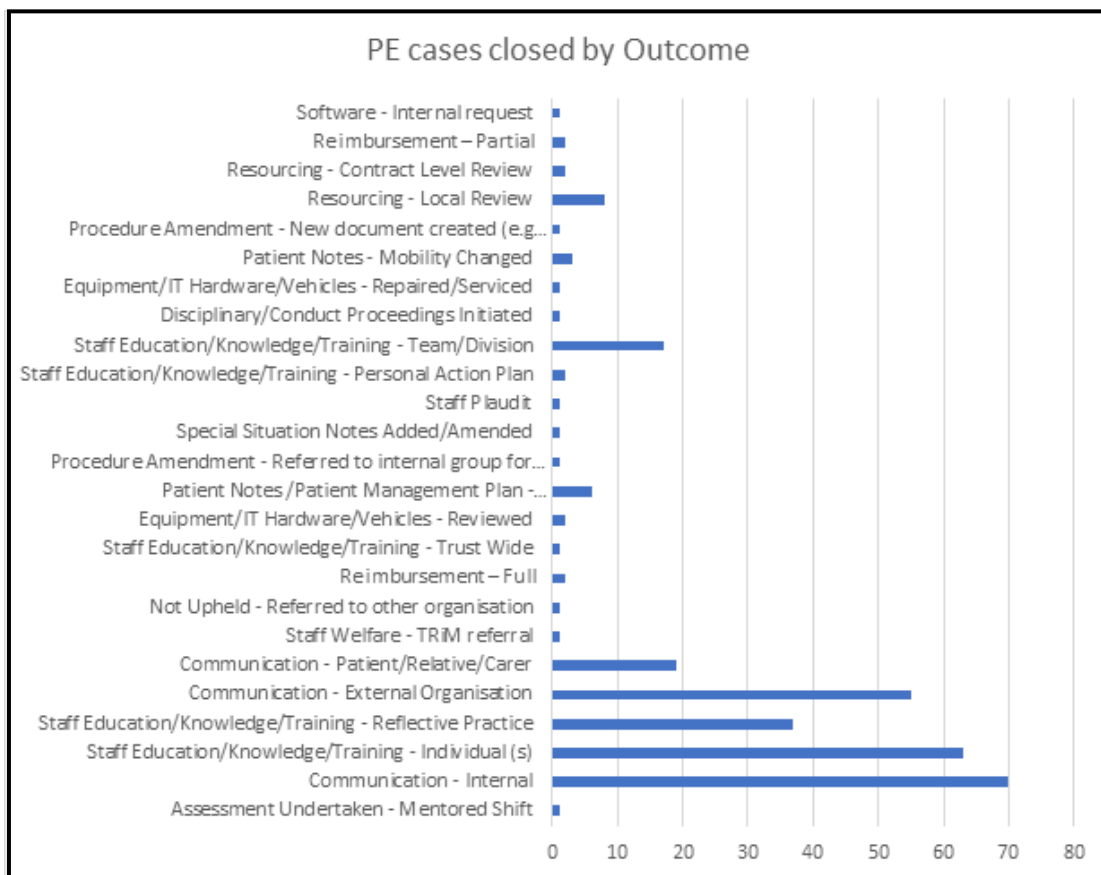


3.12.14 The Board are asked to note that despite the additional challenges faced by all staff due to high demand on our services, our staff have worked collaboratively to investigate and provide responses within an agreed or extended timescale to **146 of the 152 formal complaints closed.**

3.12.15 During the reporting period the Trust received:

1. (98) Informal Concerns
2. (373) Healthcare Professional Feedback.

3.12.16 The table below provides a breakdown down of the outcomes/lessons/actions taken from closed cases during the reporting period.



3.12.17 Communication, training, education and staff knowledge remains a constant theme and a focus for improvement work across the organisation.

3.12.18 The Trust received **(254)** compliments for the care and services delivered by our people during the reporting period.

3.12.19 Parliamentary & Health Service Ombudsman (PHSO)

3.12.20 During the reporting period the Trust closed 1 formal complaint and paid a financial remedy of £250 for the distress caused as a result of the case.

3.12.21 One complaint is currently being fully investigated.

4. Serious Incident and Incident Management

4.1 37 moderate harm incidents and above were presented at the Investigation Review Panel (IRP) during the reporting period. Compared with 33 in the previous reporting period.

4.2 16 of the incidents reviewed were declared Serious Incidents (SIs) compared with 12 in the previous reporting period. This is a significant increase from the number reported during the same reporting period last year.

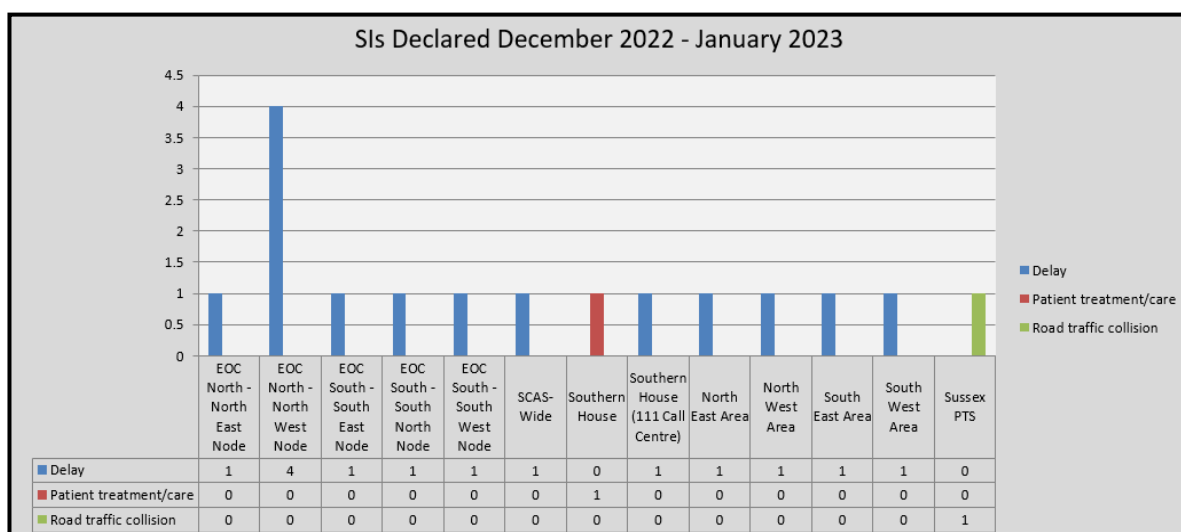
4.3 2 of the 16 are being investigated as System SIs.

4.4 1 Serious Incident has subsequently been downgraded by the ICB (Integrated Care Board).

4.5 The Trust has 2 SIs that are paused due to ongoing Police investigations.

4.6 There are currently 6 SIs breaching the 60-day target for completion, each of these has an ICB approved extension in place and will meet the extension date.

4.7 A further 7 incidents reviewed at IRP were referred for a Detailed Investigation (DI). A DI is undertaken when a patient safety incident does not meet the *2015 Serious Incident Framework* but warrants further review to establish the learning.



**system SIs and downgraded case included above*

4.8 Duty of Candour

4.8.1 The Trust aims to complete Duty of Candour notification of a Serious Incident or Moderate Harm Incident within 10 working days, to patients, or next of kin, where this is known.

4.8.1 The Duty of Candour quarterly audit will be reported to the Quality and Safety Committee.

4.9 Patient Safety Incident Themes

4.9.1 Themes from Patient Safety incidents continue to be as a direct impact of delays:

1. Inappropriate delays prior to resource dispatch
2. Delay in dispatch due to lack of resources
3. Increased service demand resulting in patients having to wait longer for treatment
4. Incorrect categorisation of patients following triage which can have an impact on how long a patient can wait.

The Patient Safety Specialists ensure daily critical reviews of all patient safety incidents are completed to ensure timely escalation and learning is achieved.

5. Recommendations

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

Name and Title of Author:

Sue Heyes

Director of Nursing, Governance & Quality / Deputy Chief Nurse (Interim)

Date:

March 2023



| | | | |
|--|--|---|--|
| Report title: | Operations Report – 999, 111 and Other | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 13 |
| Executive Summary: | The performance of our 999 and 111 services are being impacted by our capacity challenges to meet demand. | | |
| 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: | 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 <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input checked="" type="checkbox"/> |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> |
| Assurance level: | Significant <input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives | Acceptable <input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives | Partial <input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives |
| 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 30TH MARCH 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. After an extremely challenging December, the pressure on our services reduced in January, resulting in a significant reduction in long waits and improved performance. The impact of industrial action has so far been manageable but as more unions announce strike action the risk of disruption has increased. Capacity in the contact centres for call handling remains the biggest long-term challenge.

Clinical Co-ordination Centres

3. In January 2023 999 call centre demand reduced and hospital delays were also greatly improved. The mean call answer outturn for January was 19 seconds, which includes New Year's Day. This was a significant achievement with a low abandonment rate reflective of strong call answer performance.
4. At the time of writing this report February demand is starting to increase again. We are again experiencing 2,000 calls per day.
5. We currently have 141.73 ECTS within the EOC but of these we have 113 work effective ECTs. There remains a gap between work effective and staff in training/mentorship. The IOW have had some delay with signing off the 26 WTE within their contract due to some sickness and attrition. Recruitment and retention remain the biggest challenge for the contact centres.
6. Store cupboard staples have been introduced across the contact centres so that staff can access food whilst at work. This has been extremely well received.
7. Analysis is showing that we are neither a major exporter or importer of calls throughout January however, due to demand increases in February we are exporting more calls out to the network to answer.
8. We have commenced discussions with WMAS and the Welsh ambulance service to consider options for formalising call taking support arrangements which will improve our call handling capacity.
9. 111 calls offered dropped in January 2023, in comparison to the exceptional December volume, following a more typical January profile however calls offered were 6 –13% higher than January 2022. Demand picked up again through February 9.1% up per average day on previous month.
10. We remain substantially below requirement for both Health Advisors and Clinical Advisors. Current shortfall of 135.5 WTE (Health Advisors) to achieve performance. The recruitment pipeline is good, particularly in the Milton Keynes area with an additional training course of 20 heads scheduled for March. Sickness levels for

Health Advisors reduced through January and February, although overall departmental rates remain high.

11. The national resilience offer, from another 111 provider, successfully went live on 12th January and remained in place until 28th February. This resulted in performance improvements as well as time for staff to undertake duties away from the phones such as 1-2-1s and appraisals.
12. Support from a different provider via (NHSE contracted) national resilience commenced on 1st March and this will remain in place for 8 weeks. Like the initial support, 10% of SCAS demand will be managed by this provider, additionally they will also manage interim clinical dispositions and Cat 3/4 validation. Clinical dispositions such as ED validation, which are DOS driven, will be managed by SCAS and CAS providers as normal.
13. Projects to support performance improvement and increase/retention of workforce such as new premises in Milton Keynes, the technical ability to outsource home working for Health Advisors continue to receive high focus. Work is ongoing to improve average handling time as well as a review of the support given to staff whilst on calls.
14. The GPCAS pilot (Cat 3/4 validation) has demonstrated the impact the higher skillset can have on these types of calls with circa 80 – 90% downgrade rates. 999 transfer rates for January were 10.4%, with transfer to ED (includes Type 3/4) 11.5%. These rates remain in line with transfer rates prior to the Adastra outage but are up on December rates driven by the lower acuity of calls triaged.

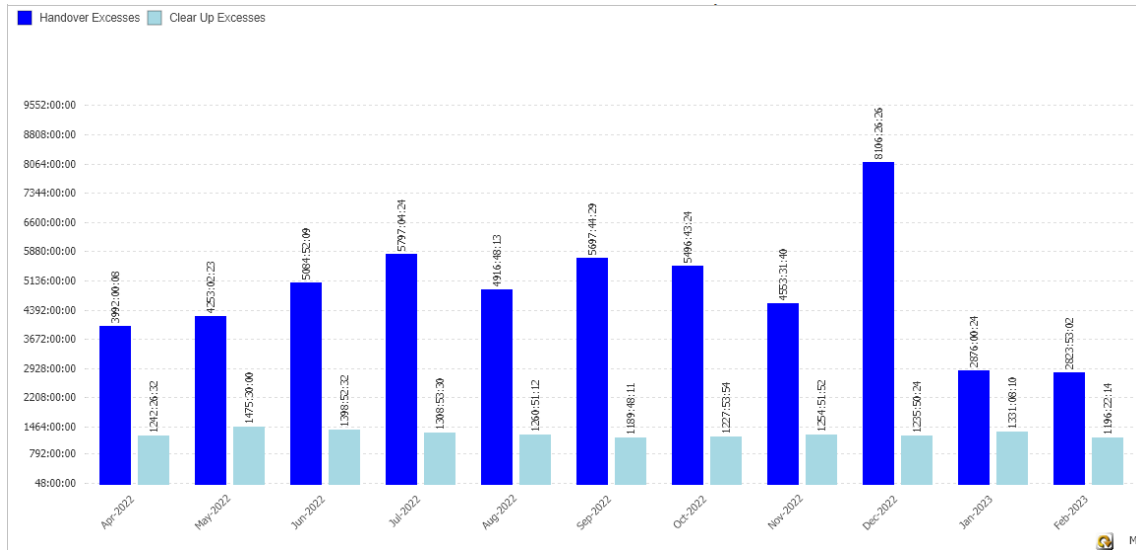
URGENT & EMERGENCY CARE

15. Capacity reduced slightly as leave limits have been maximised to ensure year end allocation is met. SCAS hours above budget level however pressure resides in Private Provider capacity and delivery against core plan.

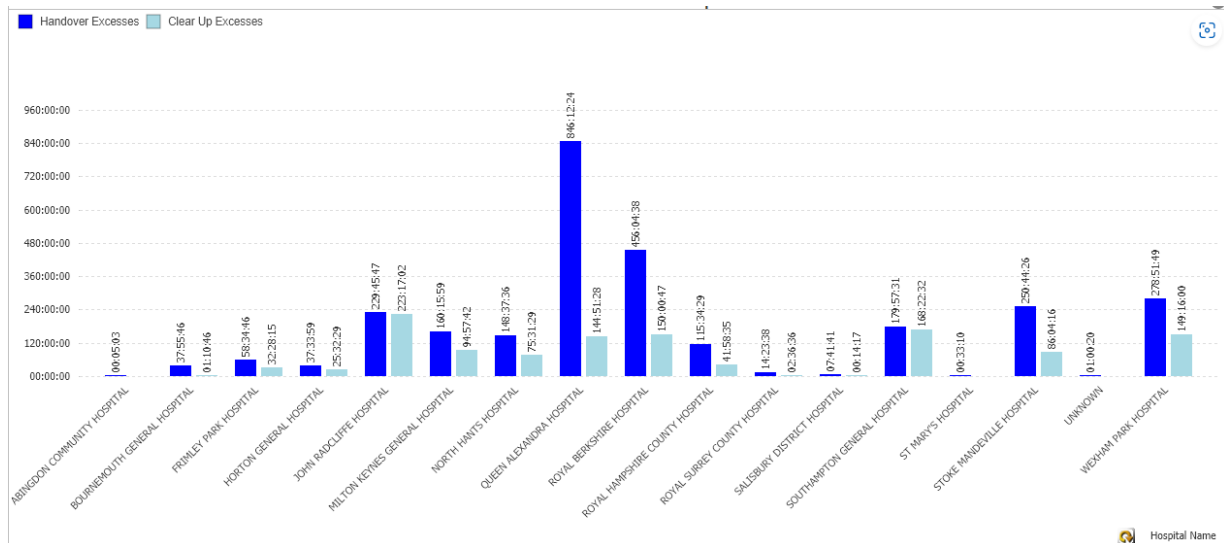


Hospital Handover Delays

16. We lost 2,823 hours during February with the average handover time across all hospitals being 20 minutes 48 seconds. This is a 28 second increase from January, however this is still a significant reduction from the 36 minutes in December.

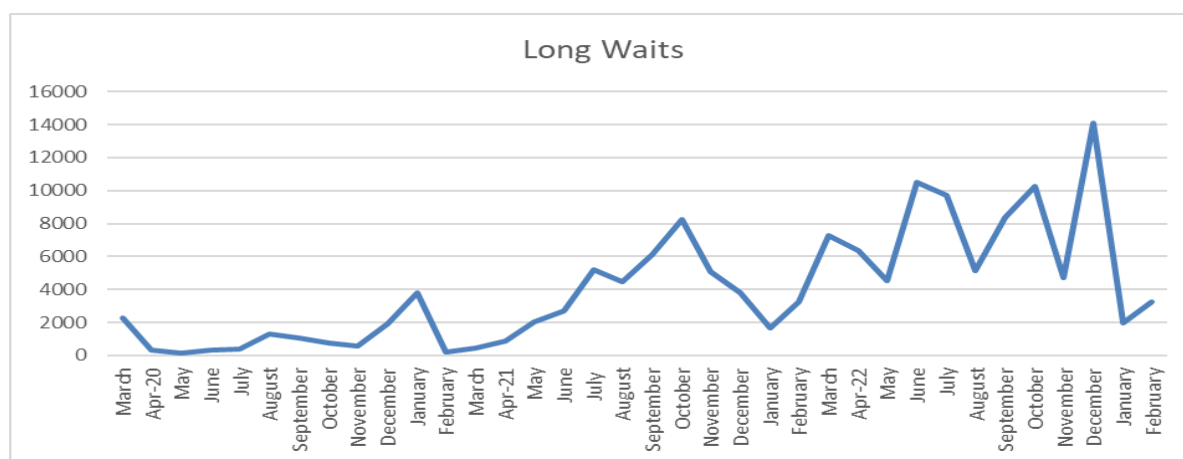


17. The QAH hospital had the highest level of delays at 846 hours, which is a significant reduction from the 3,983 hours lost at QA in December. We continue to see an impact from RBH and are continuing to work with them to resolve this.



Long Waits (LWs)

18. January has seen a significant decline in the cumulative total of LWs dropping to **1,970** which is the lowest total since January 2022. This decrease in LWs is in line with the reduction in lost hours in hospital handovers. February has seen a 39% increase in LWs compared to January which is also in line with the rise in utilisation and hospital handover delays. Although a significant increase the number is still lower than the last 12 months. Work continues to monitor trends and risks associated with LWs and the output from the LW governance group upwardly reports to Patient Safety Group.



Resilience & Specialist Operations

19. The top risks to SCAS which are currently being managed by the RSO team are:
 - Pandemic Influenza: Currently the top risk on the National Risk Register including the risk of mutation of Bird Flu in to Human to Human transmission.
 - Industrial Action: Industrial Action in the Ambulance Service, wider NHS and emergency services affecting the ability to respond.
 - Widespread Electricity Loss: Rolling power outages to meet demand or a no notice widespread electricity loss from 24hrs to 5-7 days.
 - Severe Weather: Last year's "Beast from the East" caused widespread disruption and it is expected that this year we should expect the same sort of issues. We have strengthened our Winter and Business Continuity Plans over the last month to ensure that we are in a good position to deal with these issues and are continuing to work with partners to ensure we are not all drawing from the same resources. In particularly around severe cold, snow and flooding.
20. The team continues to support the Industrial Action (IA) response which is ongoing and whilst it has currently paused it is still planned for all 3 unions to take IA on 20th March.
21. Business continuity is high on the agenda with specific planning around widespread electricity loss and its impact on the ability to maintain our services.
22. The Manchester Arena Inquiry (MAI) recommendations are being collated through the Resilience department and a full action plan is in place. We are fully linked in with the other Emergency Services through the Local Resilience Forum's.
23. Command training continues with both Multi Agency and Single Agency courses in progress through the next quarter.
24. SORT recruitment is still good and our goal of 290 staff in place, fully trained, by the end of March is going to be achieved.

Clinical Equipment

25. All Zoll devices have new moulded cables and as a result we have seen a reduction in Zoll related incidents.
26. The new asset management project is underway and has been approved through the Executive Transformation Board. A full business case is in development to include RFID to ensure ability to track all devices and highlight service requirements and recall notices.
27. December saw an increase in bag valve mask failures across the Trust. New processes identified the issue early and mitigations were put in place, including a MHRA yellow card alert, discussions with supplier and communications to staff. Further failures resulted in full recall of devices, sourcing of an alternative supplier and new devices being issued.

Ambulance Make Ready (MR) Services

28. The Tender for the new service closed in February with four potential suppliers, three for make ready and one for soft FM. The competitive dialogue process is due to take place through March. The project remains within planned timescales.
29. The existing contract has been extended to allow for implementation of the new service.

Fleet

30. The convertor remains behind schedule. Rectification plan submitted to start delivering 2022/23 ambulances in August with completion of deliveries in December. The Convertor has requested a price increase on orders for 2022/23. The NHSE procurement team are currently in discussions with the supplier to try to resolve.

PROJECTS

U&E Ops Roster Review & Realignment Project

31. The Roster Project Board has approved the new roster core principles/design rules in aid of standardising our improved operational work patterns. Workstreams are now being assigned to facilitate activities to complete workstream tasks. Staff consultation and roster launch meetings are being scheduled in with our trade union colleagues in preparation for nodal launches throughout March and April to engage with our teams. Timeline for delivery for the first roster changes is planned to begin from September 2023, with a rolling implementation thereafter.

EOC Roster Review Project

32. Considerable progress has been made having agreed the core principles in January and EOC leads nominating their staff champions for each skillset. Staff champions have engaged with the project team and have begun designing their skillset rosters. In additional, staff engagement and feedback sessions have been held throughout February, giving staff the results of the questionnaire held during late 2022. Work has also started to share their design concepts/options with their local teams to gain views for new work patterns, whilst still matching call demand against resource requirements.

999 CAD Replacement Programme

33. The Programme Delivery Documentation is in the process of being finalised and approved with an indicative timeline. A digital programme manager and business analyst have been appointed. The CAD Programme Board to oversee this work will be fully established by the end of March and work will begin on developing our CAD technical requirements with key technical and operational users over the coming months. Following this, SCAS will then be in a position to approve, prior to any formal procurement process taking place.

Emergency Services Mobile Control Project – National Radio Replacement

34. The ESMCP national rollout plan (for all ambulance trusts) is currently being reviewed and SCAS are awaiting confirmation of dates for the Mobile Data and Voice Solution (MDVS) on 999 vehicles. The Control Room Solution (CRS) is the replacement software and hardware to be used in EOC. The ASSURE programme of testing the network coverage of the new Emergency Services Network (ESN) is underway. Possible SCAS MDVS installation sites are currently being reviewed in order for up to 500 new vehicle fitments to be completed during 2023/24.

CONCLUSIONS AND RECOMMENDATIONS TO THE BOARD

35. 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 March 2023

BOARD OF DIRECTORS MEETING IN PUBLIC 30TH MARCH 2023

OPERATIONS REPORT – 999, 111 AND OTHER

APPENDICES

Indirect Resources

1. Whilst we have seen the on scene to incidents fluctuate since December, this has been mainly due to standing 15% of our responders down at varying stages due to non-compliance of their e-learning, this was enforced last year as a result of the CQC action to deactivate the pins of responders who could pose a risk to the organisation. This has also had an effect on the availability they provide us with 13,000 less hours in February in comparison to December. However, even with the lowest number of incidents attended we maintained 31 seconds of contribution last month.



| Availability | |
|--------------|-----------|
| Month & Year | Hours |
| Dec-2022 | 43,930.83 |
| Jan-2023 | 36,922.23 |
| Feb-2023 | 30,289.26 |

2. The percentage of Cat 1s stopped by a CET resource was the highest it has been since October 2022 and whilst they attended fewer C1 calls the contribution has increased to above 30 seconds which is where we like to see the departments contribution to performance.

| CET Contribution by Month | | | | |
|-----------------------------------|----------|----------|----------|----------|
| Month And Year Name | Nov-2022 | Dec-2022 | Jan-2023 | Feb-2023 |
| Total Cat 1 Incidents (SCAS) | 3,452 | 4,243 | 3,334 | 2,999 |
| % of Cat 1 Stopped by CET | 7.0% | 6.7% | 6.8% | 7.3% |
| Cat 1 CET OnScene | 351 | 383 | 341 | 318 |
| Cat 1 Stopped by CET | 243 | 284 | 228 | 218 |
| % of Cat 1 Onscene Stopped by CET | 69.2% | 74.2% | 66.9% | 68.6% |
| Cat 1 Mean Stopped by CET | 0:08:25 | 0:10:02 | 0:07:48 | 0:08:19 |
| Cat 1 Mean (SCAS) | 0:08:40 | 0:10:57 | 0:07:51 | 0:08:33 |
| Cat 1 Mean - CET Removed | 0:09:11 | 0:11:24 | 0:08:17 | 0:09:04 |
| CET Contribution | 0:00:32 | 0:00:28 | 0:00:26 | 0:00:31 |

3. The CET team met with BI to discuss the data that they need as the department migrate across to Qlicksense. The current Qlickview data is not reporting on all NIF's and CFW and we hope to see Qlicksense in during April 2023.
4. CRG approved the amendments required for NIF and CFW algorithms, however, we are unable to roll this out until the replacement request for the volunteer devices is approved, business case approval pending. The new devices will resolve the issues associated with Google updates and 1st generation Samsung A40 device - processor performance. Combined, these problems which are not within SCAS control, are having an impact on SCAS operational response performance, as the devices are failing and rebooting on receipt of a message, increasing delays to CFR colleagues mobilisation characteristics and their health and safety.
5. The project for GoodSam has not moved any further forward as we are still waiting for the patchwork required by IT before we can move forward with the integration.
6. The welfare vehicles will be returned to Nixon Hire at the end of March with no further welfare provision for our staff when queuing at hospitals until a submitted business case is considered further.



| | | | | |
|--|---|---|---|--|
| Report title: | Proposed 2023/24 Budget Update | | | |
| Report to: | Trust Board (Part 1) | | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 14 | |
| Executive Summary: | <p>The Board is asked to note and approve the update on the proposed 2023/24 budget. The presentation was discussed at the Executive away day on 14 March and the inaugural Finance & Performance Committee (F&PC) on 16 March 2023. Thereafter at the Extraordinary Board meeting on 20 March 2023.</p> <p>The current plan, at £16.4m deficit represents an improvement of c40% on the February 2023 plan submission of £26.9m deficit, and also represents a marginal improvement on the £17.2m underlying deficit position.</p> | | | |
| Recommendations: | The Committee is invited to review and approve the financial plan for 2023/24 for submission to NHS England. | | | |
| Executive lead: | Aneel Pattni, Chief Financial Officer | | | |
| Report author: | Aneel Pattni, Chief Financial Officer Sam Dukes, Deputy Chief Financial Officer Nuala Donnelly, Head of Management Accounts | | | |
| Previously considered at: | Executive Away Day, 14 March 2023 F&PC, 16 March 2023 Extraordinary Board. 20 March 2023 | | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input checked="" type="checkbox"/> | Assure <input type="checkbox"/> | |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> | |
| Assurance level: | Significant <input checked="" type="checkbox"/> <small>High level of confidence in delivery of existing mechanisms / objectives</small> | Acceptable <input type="checkbox"/> <small>General confidence in delivery of existing mechanisms / objectives</small> | Partial <input type="checkbox"/> <small>Some confidence in delivery of existing mechanisms / objectives</small> | No Assurance <input type="checkbox"/> <small>No confidence in delivery</small> |
| 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): 31/03/23 Submission of the 2023/24 Financial Plan to NHS England | |
| List of Appendices: | |



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

2023/24 Financial Planning Update

**Trust Board
30 March 2023**

**Aneel Pattni
Chief Finance Officer**

**NHS****South Central
Ambulance Service**

NHS Foundation Trust

Context:

- SCAS is forecasting to deliver breakeven financial performance in current financial year 2022/23. This is being delivered in the context of:
 - Exceptionally challenged urgent and emergency care environment across the NHS.
 - National recruitment and retention challenges and industrial action.
 - Internal challenges to address concerns raised by CQC report.
 - Wider NHS financial challenges:
- Current financial performance is being supported by a significant level of non-recurrent financial measures which are unsustainable.
 - Underlying financial deficit of £17.2m – this means we’re recurrently spending over £1.3m more a month than we’re receiving in income.
- £26.9m deficit plan for 23/24 submitted to NHS England in February.
 - Significant stakeholder pressure to improve this position. ICS has requested SCAS improve to breakeven.
 - Internal pressure to extend level of investment further than currently planned.
 - Unidentified CIP is material risk to existing plan.


NHS

 South Central
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NHS Foundation Trust

Underlying Position:

- 2022/23 break-even financial forecast underpinned by £17.2m of non-recurrent financial actions:
 - £11.5m of non-recurrent income.
 - £5.7m of balance sheet releases and expenditure benefits.
- Underlying deficit is 5% of Trust turnover. The average for Trusts across the HIOW ICS is 11%.
 - This may not be nationally representative due to HIOW ICS being a outlier for financial deficit.

| Item | £ |
|--|-----------------|
| 2022/23 covid income, non-recurrent | (£11.1m) |
| 2023/24 covid income, recurrent | £3.5m |
| HIOW non-recurrent funding | (£2.8m) |
| Other non-recurrent income | (£1.1m) |
| Subtotal – Non-recurrent income | (£11.5m) |
| Release of provisions and contingencies from balance sheet | (£4.8m) |
| VAT reclaim and CNST benefit | (£0.9m) |
| Total underlying deficit | (£17.2m) |


NHS

 South Central
 Ambulance Service

NHS Foundation Trust

Inflation:

- The Trust is planning to incur an additional £12.5m of expenditure next year due to inflationary pressures
 - General inflation is currently assumed at rates set out in national planning guidance:
 - Pay 2.1%, Non Pay 5.5%.
 - Exceptional inflation items included: Motor insurance premiums (£0.9m)
 - Planned expenditure inflation rate overall is 4.0% on underlying expenditure.
- The Trust expects to receive an additional £5.2m through inflationary uplifts on commissioner contracts.
 - This assumes the 1.8% net tariff uplift set out in planning guidance is received from all commissioners.
- The budget setting process has highlighted areas where the Trust may become exposed to inflationary pressures above the levels currently planned.
 - Increased fees from private ambulance/PTS providers are considered to be a particular risk.
 - This risk is not currently reflected in the Trust's planned financial deficit position.
- **The planned inflationary pressure on Trust is £7.3m additional deficit (pre-CIP)**
 - NHSE have asked ICSs to collect summary data on inflationary pressures above funded levels. It is unlikely that there will be significant additional funding made available to mitigate this.


NHS
**South Central
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Growth:

- Budget setting meetings to date have requested £8.2m of additional resource expenditure next year to manage expected activity growth. This equates to a 2.7% growth rate on underlying expenditure.
 - Activity modelling is a detailed process but has been broadly assumed using Q4 conditions to date.
 - A particularly sensitive input is assumed task time. The modelling is based on observed conditions and assumes handover delays at hospitals of an average of 32 minutes, with reduction in spikes seen at QAH.
 - Although activity is modelled on observed data, this still drives additional planned expenditure where activity and task time are above levels seen earlier in 22/23.

- The Trust expects to receive an additional £4.9m through net growth uplifts on commissioner contracts. This equates to a 1.7% growth rate on recurrent income.
 - This assumes the 0.9% underlying capacity uplift for ambulance Trusts set out in planning guidance is received from all commissioners.
 - This assumes that there is additional growth funding and 'convergence' funding adjustments for Hampshire and Isle of Wight, Surrey Heartlands, and Sussex based on received contract envelopes.
 - Additional funding adjustments have not been assumed for systems from whom contract envelopes have not been received (BOB, Frimley, BLMK).

- **The net pressure on the Trust is £3.3m additional deficit.**

**NHS****South Central
Ambulance Service**

NHS Foundation Trust

CIP and Investment:

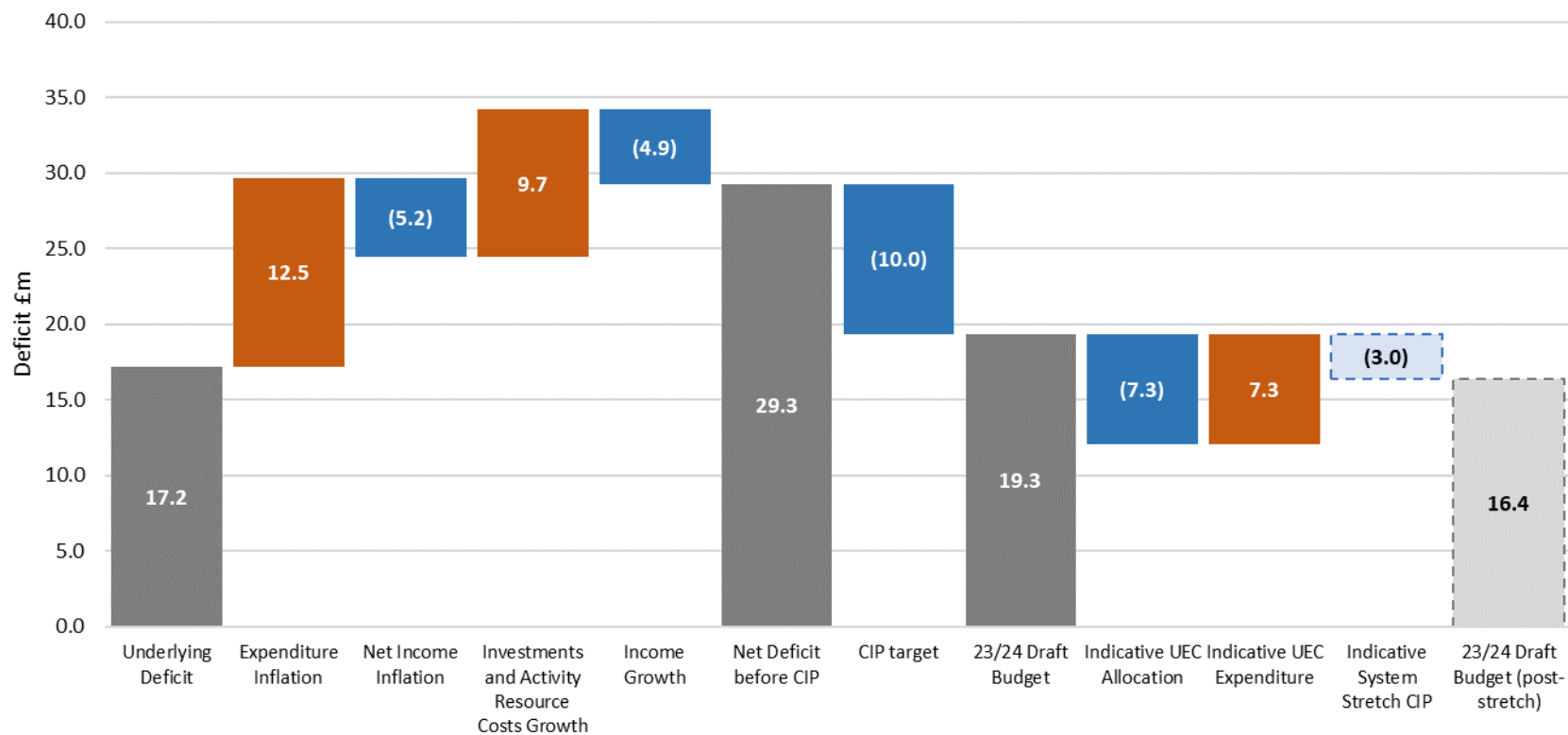
- The Trust is assuming £13.0m of Cost Improvement Programmes (CIP) in current financial plans. This comprises of two elements.
 - £10.0m Trust CIP target; and a
 - £3.0m System stretch CIP of £3.0m.
- Currently there is limited identification of CIP schemes for next year. The risk of unidentified CIP is not currently reflected in the Trust's planned financial deficit position.
- HIOW ICS have requested that we plan for a 5.0% CIP. This would equate to additional £6.2m of CIP stretch, total £16.2m CIP.
- £9.7m of investments are included in the draft financial plan as part of £16.4m deficit position.
 - A wider programme of £29m of proposed investments were submitted for review. Prioritisation session held in February agreed £7.0m of 'highest priority' investment, with a further £9.1m of investment recommended subject to further work-up. Further work has been done to review these investments.
 - HIOW ICS will undertake a review process of these proposals which includes a quality and safety impact assessment from a system perspective.



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

23/24 Financial Plan - Waterfall



**NHS****South Central
Ambulance Service**

NHS Foundation Trust

23/24 Capital Plan:

- Trust forecasting significant underspends against 2022/23 capital allocations:
 - £2m underspend against CDEL allocation due to slippage against planned schemes.
 - £15.5m against IFRS16 capital, mainly due to delayed delivery of vehicles.
- HIOW ICS has proposed SCAS CDEL allocation for 2023/24 of £6.4m. This is significantly reduced from 2022/23 CDEL allocation of £9.9m.
 - CDEL requests within the Trust for 2022/23 total £20.7m. Of this, £11.1m has rated by departments as highest risk if not undertaken.
 - SCAS will need to conduct further review and prioritisation of planned schemes to agree plan within the final allocation.
- IFRS16 allocation for 2023/24 is yet to be finalised.



| | | | |
|--|---|--|---|
| Report title: | Chief Medical Officer's Board Report | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 15 |
| Executive Summary: | The purpose of the paper is to update the Board on key Clinical Issues relating to: <ul style="list-style-type: none"> • Ambulance Clinical Quality Indicators (ACQI) and Internal Care Bundle Audits • SCAS Clinical Research Trials | | |
| Recommendations: | The Trust Board is asked to note the report. | | |
| Executive lead: | John Black Chief Medical Officer | | |
| Report author: | Vicky Holiday, Martina Brown and John Black | | |
| Previously considered by: | | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> |
| Assurance level: | Significant <input type="checkbox"/> <small>High level of confidence in delivery of existing mechanisms / objectives</small> | Acceptable <input checked="" type="checkbox"/> <small>General confidence in delivery of existing mechanisms / objectives</small> | Partial <input type="checkbox"/> <small>Some confidence in delivery of existing mechanisms / objectives</small> |
| | | | No Assurance <input type="checkbox"/> <small>No confidence in delivery</small> |
| 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) | | | |
| Quality Domain(s): | All Quality Domains | | |

Next Steps (what actions will be taken following agreement of the recommendations):
The Board is asked to note the actions taken to improve clinical performance and the progress with clinical trial recruitment that is helping to drive clinical innovation within our service.

List of Appendices:

- Appendix 1 – SCAS ACQI Performance
- Appendix 2 – Internal care bundle audits
- Appendix 3 – Participant enrollment into research projects
- Appendix 4 – CRASH4 recruitment update



PUBLIC TRUST BOARD PAPER

| | |
|-----------------------------|--|
| Title | Medical Director's Update Report |
| Author | Martina Brown Head of Research Operations Vicky Holliday Assistant Director of Quality John Black Chief Medical Officer |
| Responsible Director | John Black Chief Medical Officer |
| Date | March 2023 |

1. Purpose

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

- Ambulance Clinical Quality Indicators (ACQI) and Internal Care Bundle Audits
- SCAS Clinical Research Trials

2. Executive Summary

2.1 Ambulance Clinical Quality Indicators 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 – October 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. The same position as the last report to Board, with the 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. 7 indicators have seen an improvement and 5 a marginal deterioration since the last report to Board. Those experiencing a deterioration are one STEMI and all Stroke time-based indicators, as well as the STEMI care bundle.
5. Sepsis has been retired as an indicator. A pilot ACQI related to the assessment and care of falls in older adults will commence in relation to March 2022 data, although results will not be published nationally whilst NHS Ambulance Trusts are piloting the feasibility of this proposed new indicator.

6. The deterioration in time-based indicators is related to operational challenges during the autumn, and a performance recovery programme of work remains in progress to improve operational capacity. The current in person clinical update training includes ACQI care requirements and is being completed by all operational staff within the Emergency and Urgent Care service.
7. Further developments to the Electronic Patient Record (ePR) tablets to support thorough clinical documentation are on hold whilst two new roles are recruited into the Information Technology team, a clinical safety officer and clinical applications manager, following the retirement of a previous postholder. However Clinical Team Educators have been conducting quality assurance audits of a sample of clinical records using an approved ePR review tool and are providing 1:1 feedback to operational clinicians.

2.2 Internal care bundle audits

1. Internal care bundle audits are shown in **Appendix 2**. 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.
2. 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 (90% in February).
3. 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 has been 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, with timescales subject to the outcome of the trial.

2.3 SCAS Clinical Research Trials update

1. SCAS recruitment into NIHR funded research studies continues well (**Appendix 3**)
2. Ongoing clinical trials, open for participant enrolment:
 - CRASH4 (IRAS 283157) This randomised, double-blind, placebo-controlled trial is investigating an intramuscular tranexamic acid for the treatment of symptomatic mild traumatic brain injury in older adults in the UK. SCAS has recruited the most patients into this national trial (**Appendix 4**).
 - PARAMEDIC3 (IRAS 298182). This randomised trial is designed for an adult out-of-hospital cardiac arrest patients and compares the clinical and cost-effectiveness of intraosseous and intravenous access first strategy.
3. Trials that are opening to participants enrolment:
 - ELSA (IRAS 309252). Early detection of type 1 diabetes mellitus from the general population will allow insulin treatment to be started sooner, avoid type 1 diabetes mellitus being diagnosed as an emergency, improve glycaemic control, and will identify children who can be offered novel clinical trials of therapies for diabetes prevention.

:

- Spinal Immobilisation Study (IRAS 316755). This is 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 practice) in patients with cervical spine injury recruited in a pre-hospital setting.
- CARBON REDUCE (IRAS 285768). A survey using a clinical case scenario to assess whether the inclusion of carbon footprint information in asthma guidelines influences HCP inhaler preference.

4. Trials that concluded participants enrolment:

- POSED (IRAS 277693). This trial is a single site three-armed parallel-group feasibility randomised controlled trial aiming to identify the optimal energy for defibrillation for adult patients sustaining out-of-hospital cardiac arrest attended by a crew from the participating ambulance service in whom resuscitation is attempted and a shock indicated.
- HARMONIE (IRAS 1005180). The study determines the efficacy and safety of a single intramuscular dose of Nirsevimab, compared to no intervention, for the prevention of hospitalisations due to lower respiratory tract infection caused by confirmed Respiratory Syncytial Virus (RSV) infection in all infants under 12 months of age who are not eligible to receive Palivizumab.
- REACT2 (IRAS 317321) The aim of this survey study is to explore, describe and understand how paramedics make decisions regarding the commencement of resuscitation efforts. The collected data will provide an understanding of how these decisions are made and the trade-offs paramedics accept in these decisions.

3. Recommendations

The Board is asked to note the actions taken to improve clinical performance and progress with clinical trial recruitment that is helping to drive clinical innovation within our service.

Name and Title of Author:

John JM Black
Chief Medical Officer

Date:

16 March 2023

Appendix 1

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

| ACQIs YTD Apr to October 2022/23 Against Average | | | | | | | | |
|--|----------|----------|------------|------------------|---------------|------------|-------------------------------|--|
| Clinical Quality Indicator | Lower | Upper | Difference | National Average | South Central | Difference | Greater or lower than Average | Comments |
| % Cardiac Arrest ROSC At Hosp | 23.06% | 29.63% | 6.57% | 25.97% | 23.06% | -2.91% | ↓ | % of Cardiac Arrest patients who ROSC'd at hospital handover |
| % Cardiac Arrest Ustein ROSC | 43.30% | 53.01% | 9.71% | 47.51% | 50.77% | 3.26% | ↑ | % of Utstein patients who ROSC'd at hospital handover |
| % Cardiac Arrest Survive At 30 Days | 5.89% | 9.88% | 3.99% | 8.14% | 9.61% | 1.47% | ↑ | % of Cardiac Arrest patients who survive to 30 days |
| % Cardiac Arrest Utstein Survive At 30 Days | 21.52% | 34.72% | 13.20% | 26.07% | 34.72% | 8.65% | ↑ | % of Utstein patients who survive to 30 days |
| % Cardiac Arrest Resus Care Bundle Achieved | 60.27% | 100.00% | 39.73% | 79.60% | 70.50% | -9.10% | ↓ | % of Cardiac Arrest patients that received the care bundle |
| % STEMI Care Bundle | 58.39% | 96.84% | 38.45% | 74.96% | 64.37% | -10.59% | ↓ | % of patients that received the care bundle |
| % Stroke Care Bundle Achieved | 92.38% | 99.60% | 7.22% | 96.83% | 97.91% | 1.08% | ↑ | % of patients that received the care bundle |
| STEMI PPCI Mean Time CTN | 140 | 185 | 45 | 160 | 140 | -20 | ↓ | CTN= call to needle (minutes). Lower is better |
| STEMI PPCI 90Centile CTN | 181 | 268 | 87 | 224 | 200 | -25 | ↓ | Lower is better |
| Stroke Mean Time CTD | 01:32:21 | 02:13:27 | 00:41:07 | 01:46:43 | 01:41:45 | -00:04:58 | ↓ | CTD = Call to door (time). Lower is better |
| Stroke 50Centile CTD | 01:16:47 | 01:41:43 | 00:24:56 | 01:26:56 | 01:22:56 | -00:04:00 | ↓ | Lower is better |
| Stroke 90Centile CTD | 02:27:34 | 03:50:00 | 01:22:26 | 02:53:06 | 02:41:17 | -00:11:49 | ↓ | Lower is better |
| % Sepsis Care Bundle Received | 67.34% | 95.12% | 27.78% | 82.97% | 71.23% | -11.74% | ↓ | % of patients that received the care bundle |

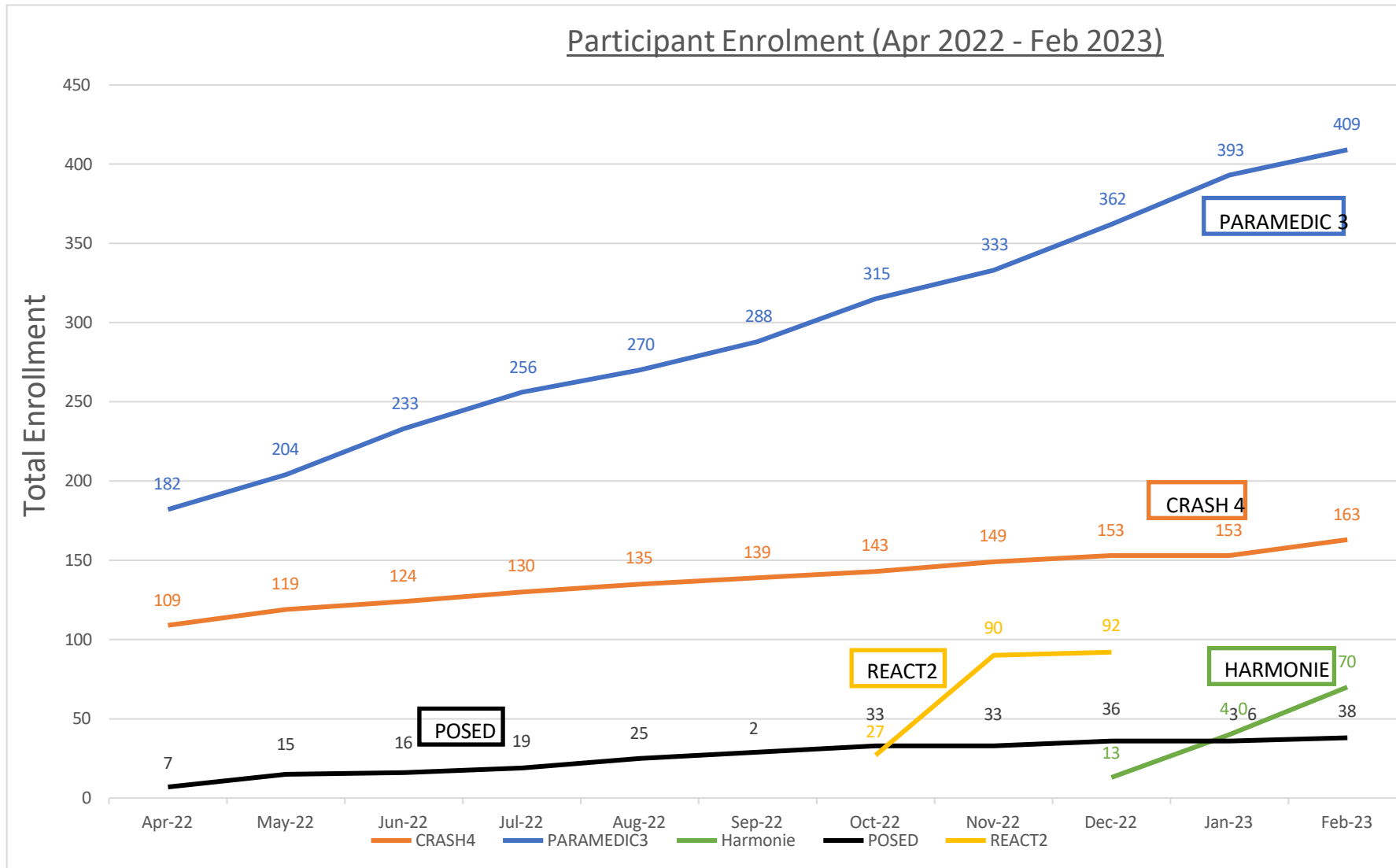
Appendix 2

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 | 34 | N/A | 131 | 188 |
| | Denom | N/A | 50 | N/A | N/A | 50 | N/A | N/A | 50 | N/A | N/A | 50 | N/A | 200 | 250 |
| | | N/A | 66.00% | N/A | N/A | 64.00% | N/A | N/A | 64.00% | N/A | N/A | 68.00% | N/A | 65.50% | 75.20% |
| Limb Fracture | Num | 14 | 20 | 15 | 19 | 14 | 14 | 14 | 14 | 21 | 17 | 13 | | 175 | 208 |
| | Denom | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | 550 | 518 |
| | | 28.00% | 40.00% | 30.00% | 38.00% | 28.00% | 28.00% | 28.00% | 28.00% | 42.00% | 34.00% | 26.00% | | 31.81% | 40.15% |
| Febrile Conv | Num | 43 | N/A | N/A | 43 | N/A | N/A | 41 | N/A | N/A | 43 | N/A | N/A | 170 | 119 |
| | Denom | 50 | N/A | N/A | 50 | N/A | N/A | 50 | N/A | N/A | 50 | N/A | N/A | 200 | 153 |
| | | 86.00% | N/A | N/A | 86.00% | N/A | N/A | 82.00% | N/A | N/A | 86.00% | N/A | N/A | 85.00% | 77.77% |
| Elderly Falls | Num | 28 | 24 | 30 | 30 | 29 | 26 | 31 | 31 | 27 | 31 | 26 | | 313 | 385 |
| | Denom | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | 50 | | 550 | 600 |
| | | 56.00% | 48.00% | 60.00% | 60.00% | 58.00% | 52.00% | 62.00% | 62.00% | 54.00% | 62.00% | 52.00% | | 56.90% | 64.16% |

Appendix 3

Participant enrolment into research projects (April 2022- Feb 2023)



Appendix 4

CRASH4 (UK-wide recruitment)





| | | | | |
|---|---|---|--|---|
| Report title: | Ofsted Inspection Feedback | | | |
| Report to: | Trust Board (Part 1) | | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 16.b | |
| Executive Summary: | ✓ | | | |
| Recommendations: | The Trust Board is asked to: Review and note | | | |
| Executive lead: | Melanie Saunders, Chief People Officer | | | |
| Report author: | Ian Teague, Assistant Director for Education | | | |
| Previously considered by: | N/A | | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> | |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> | |
| Assurance level: | Significant <input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives | Acceptable <input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives | Partial <input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives | No Assurance <input type="checkbox"/> 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): Following SCAS factual accuracy feedback on draft report, the final report was published in February 2023. The continued development and improvement of apprentice programmes within SCAS will be monitored through the People and Culture Committee. | | | | |

List of Appendices:

Ofsted Report



PRIVATE TRUST BOARD PAPER

| | |
|-----------------------------|-------------------------|
| Title | Ofsted Feedback Report |
| Author | Ian Teague |
| Responsible Director | Melanie Saunders |
| Date | March 2023 |



Ofsted Inspection Feedback 30/11/22 – 02/12/22





NHS
South Central
Ambulance Service
NHS Foundation Trust

Inspection Overview

- Ofsted is the Office for Standards in Education, Children’s Services and Skills.
- Following a very successful initial monitoring visit in May 2021, SCAS were given notice of a full inspection on 28th November 2022
- Ofsted inspect in accordance with the Education Inspection Framework (EIF), specifically looking at:
 - The Quality of Education
 - Behaviours and Attitudes
 - Personal Development
 - Leadership and Management



NHS
South Central
Ambulance Service
NHS Foundation Trust

Inspection overview cont’d

- 3-day inspection with 3 inspectors.
- Followed the themes of “intent”, “implementation” and “impact”
- Review of Trust SAR
- Deep dive into data; numbers of learners, TPR completion, EPA completion etc
- Met with a large number of staff with a huge emphasis on the learners’ experience
- Inspection of paperwork






OUTCOME

1. Quality of Education Domain - **Requires Improvement** (Grade 3)
2. Behaviours and Attitudes Domain - **Good** (Grade 2)
3. Personal Development Domain - **Good** (Grade 2)
4. Leaderships and Management Domain - **Requires Improvement** (Grade 3)
5. Safeguarding Domain- **Effective** (Grade 1)

SCAS Overall Grading - Requires Improvement




High-lights

- Clear intent and strength to address staff shortages, appropriate courses
 - Well taught
 - Clear progression routes
 - Apprentices are highly motivated, acquire good knowledge, skills and behaviours
 - Apprentices highly value the teaching, are very engaged, comment positively
 - Apprenticeship Practice Mentors is successful
 - Apprentices add value to the organisation
 - Growth in Knowledge, Skills and Behaviours is clear
 - Apprentices gain resilience in challenging environments
 - Ofsted observed the range of support offered to Apprentices
- 



NHS
South Central
Ambulance Service
NHS Foundation Trust

Areas for Improvement

- Main weakness is Functions Skills (FS) - progress being made but insufficient currently to award good
- A few Apprentices were delayed gaining the award by the due end date, mainly down their failure to complete FS

Ofsted noted improvements already made by the Trust but too early to evidence the change



NHS
South Central
Ambulance Service
NHS Foundation Trust

What does this mean for SCAS Apprenticeships

Importantly Can continue with Apprentices and Apprenticeship as normal

- Must improve of the areas graded “Requires Improvement”
- Improvements must be made to appropriately manage and support failing learners (Ofsted commented SCAS had been overly supportive leading to delays)
- Staffing help urgently needed
- Improve number of apprentices achieving distinctions
- Collect greater Data (QAR)



Next Steps

- Report expected to be published within 30 days, ie c08.02.23
- Further risk based inspection 6 – 13 months ('monitoring visit')
- SCAS will have another full Inspection with 12-30 months after the monitoring visit
- ESFA likely visit sooner that they would normally
- Development of Apprenticeships within SCAS will continue to be monitored via the WFDB and PACC.



Name and Title of Author: Ian Teague, Assistant Director of Education
Date: January 2023



**APPENDIX ONE
OFSTED REPORT**

Further education and skills inspection report

The information contained within this draft report should not be shared or published under any circumstances. Ofsted will consider the sharing of information in any manner a serious breach of confidentiality and will take appropriate action if necessary.



Inspection of South Central Ambulance Service NHS Foundation Trust

Inspection dates: 30 November to 02 December 2022

Overall effectiveness

Requires improvement

| | |
|--|-----------------------------|
| The quality of education | Requires improvement |
| Behaviour and attitudes | Good |
| Personal development | Good |
| Leadership and management | Requires improvement |
| Apprenticeships | Requires improvement |
| Overall effectiveness at previous inspection | Not previously inspected |

Information about this provider

South Central Ambulance Service NHS Foundation Trust (SCAS) is part of the National Health Service (NHS). SCAS is one of ten ambulance services in England and they serve the counties of Berkshire, Buckinghamshire, Hampshire and Oxfordshire, as well as Sussex and Surrey for non-emergency patient transport service. The headquarters are based in Bicester, Oxfordshire and Otterbourne, Hampshire. SCAS began to offer the level 3 standards-based ambulance support worker apprenticeship from November 2019 and since the monitoring visit have introduced the level 4 associate ambulance practitioner. SCAS currently has 36 apprentices studying Level 3 ambulance support worker and 23 apprentices studying Level 4 associate ambulance practitioner. All apprentices are aged over 19 years of age. At the time of inspection there were nine apprentices studying functional skills.

The provider works with one subcontractor, Learn Direct, which provides training for apprentices in English and maths.

What is it like to be a learner with this provider?

Apprentices enjoy their programme, they rightly value the skills, knowledge and behaviours they acquire during their apprenticeship. For example, apprentices learn to safely drive 'blue light' vehicles. They become adept at conducting patient assessments and arrange end to end care, safely transporting service users to hospital and managing hand overs competently. Apprentices appreciate how this helps them grow in confidence and achieve greater resilience to respond positively to the challenges that they will inevitably face in their job roles. As a result, apprentices are prepared well for the next step in learning or work.

Apprentices benefit from training in well-resourced training facilities which enables them to learn and practice the skills they need to operate successfully and safely. For example, they train using the interactive simulation centre, the moving and handling room, and the 'simulance', the simulated ambulance area. As a result, they become proficient ambulance crew quickly.

Apprentices who need to achieve maths and English qualifications as part of their programmes do not benefit from well planned or structured teaching. As a result, most of these learners are making very slow progress. Too few apprentices on the level 3 ambulance support worker programme complete their apprenticeship within the planned end date.

Most apprentices do not receive sufficient access to their entitlement to off-the-job training. Whilst this is in part due to the complex and challenging nature of their work, too many apprentices' complete assignments in their own time as a result.

Apprentices are well informed about their next steps as a result of appropriate information, advice and guidance. They understand the options available to both within the Trust and alternative career opportunities.

Apprentices benefit from a comprehensive induction programme that effectively supports them to develop their understanding of British values and equality and diversity. Subsequently, apprentices have a secure understanding of these concepts and model these values in the classroom and workplace well.

Apprentices develop the resilience and character that they need to deal with the often challenging situations that they encounter in their job roles. Apprentices are well supported when they have responded to traumatic situations. Team leaders and ensure that they are suitably de-briefed and have the time and space to discuss what took place. Apprentices benefit from the support available through the Trust's occupational health service and the support through trained colleagues as part of the trauma risk management system.

Apprentices benefit from an inclusive and caring culture. Leaders and managers are acutely aware of the intense pressures of working in the ambulance service. They acknowledge the importance for leaders and staff to focus on compassion, for self and for others. Leaders have developed a training package known as 'a kind life'

with the aim of ensuring all staff put kindness into action. For example, senior leaders attend emergency departments with a 'welfare vehicle' to provide warm drinks to waiting ambulances and to check on staff and apprentices' wellbeing.

Apprentices feel safe in the classroom and in the workplace. They understand clearly how to raise concerns and are confident these would be listened to and acted upon. They benefit from a highly supportive environment created by staff in the education centres and ambulance stations.

What does the provider do well and what does it need to do better?

Leaders and managers have not made sufficient progress to resolve areas of concern that they have identified through their quality assurance processes. Whilst they have taken steps to fix issues in functional skills qualifications, they have been too slow in ensuring that apprentices achieve their English and mathematics functional skills. As a result, too many apprentices are unable to complete their courses on time, and so are unable to progress in their careers or further training.

Leaders and managers do not ensure that enough apprentices understand or are supported to achieve the high grades of which they are capable. In a small number of instances, tutors do not set sufficiently detailed or clear targets, or identify improvements in apprentices work which hinders apprentices' ability to make progress and achieve well.

Leaders and managers have not ensured that information about learners with identified learning difficulties and disabilities have been passed onto staff in the education centres quickly enough. As a result, some apprentices are not receiving the support or additional resource they require in assessments and so make slower progress in their studies.

Leaders have a clear vision to provide high-quality specialist training to meet the skills gap and staff shortage in the ambulance service. The well-planned and carefully structured programme prepares apprentices well to progress on to employment or further study.

Leaders and managers have designed the apprenticeship programmes logically so they build knowledge, skills and behaviours based on what learners know and can do. For example, level 4 associate ambulance practitioner apprentices learn about manual handling, conflict resolution and the importance of consent, before they go out on their first operational placement. Level 3 ambulance support worker apprentices learn the theory of how and why electrocardiogram (ECG) tests work using simulators, before progressing to work with patients.

Leaders have designed a course that enables most apprentices to swiftly gain the practical skills they need to become responsible ambulance service professionals who play an active role in the care and protection of the public. Most apprentices can easily put into practice the learning that they acquire in training. For example, they learn how to adapt communication when dealing with patients with dementia or Alzheimer's, as a result apprentices develop into well-rounded, respectful, and confident professionals who make a positive contribution to society.

Well qualified and specialist training staff use their experience to help apprentices learn. For example, apprentices on the level 3 ambulance support worker programme reflect on how they communicate with patients receiving end of life care and use this effectively to enhance how they communicate with patients in the future.

Tutors skilfully explain concepts clearly and use resources effectively to support and consolidate apprentices learning and understanding. For example, tutors model and supervise airway management techniques so that apprentices successfully achieve fluency in these techniques.

Tutors use a range of appropriate methods to help apprentices learn and remember key concepts expertly. This helps apprentices apply classroom learning in the workplace. For example, they use helpful acronyms so that apprentices remember which leads are placed where when carrying out an ECG.

Leaders ensure staff have access to a wide range of development activities to maintain the currency of their skills and knowledge. They request funding to support specific training activities as well as taking part in regular training events organised by the Trust. As a result, apprentices benefit greatly from the teaching of the most recent developments in the health sector and from staff specialisms.

Members of the executive and governance board understand the strengths and weaknesses of the education provision. They challenge leaders to take the steps they need to improve the experience of learners such as changes to rostering to ensure apprentices can successfully balance work and family needs. However, they have not sufficiently challenged leaders to take the actions required to improve apprentices' achievement within the planned study time quickly enough.

Safeguarding

The arrangements for safeguarding are effective.

Appropriately trained safeguarding staff understand current and emerging s/g trends well. They ensure staff complete mandatory safeguarding training and are kept up to date about safeguarding concerns.

Staff teach apprentices about how to keep safe, including from extremism and radicalisation and know how to raise concerns. However, apprentices do not know about local threats where they work or study to help keep them safe.

Apprentices feel safe while in education and at work. They rightly appreciate the steps that leaders have taken to keep them safe while on work such as the provision of body cameras and protocols to keep them safe while lone working.

What does the provider need to do to improve?

- Leaders and managers should ensure apprentices are appropriately informed and supported to complete their programmes within their planned end date and achieve well, including those requiring qualifications in English and mathematics.
- Leaders and managers should ensure that training staff are quickly informed about learners with identified learning difficulties and disabilities to ensure they receive the support they need.
- Leaders and managers should ensure apprentices receive sufficient time to complete their written work within their planned study time.

Provider details

| | |
|-------------------------------------|---|
| Unique reference number | 2625229 |
| Address | South Central Ambulance Service NHS Foundation Trust Bone Lane Newbury RG14 5UE |
| Contact number | 01869365000 |
| Website | www.southcentralambulance.nhs.uk |
| Principal, CEO or equivalent | Will Hancock |
| Provider type | Employer |
| Date of previous inspection | Not previously inspected |
| Main subcontractors | Learn Direct |

Information about this inspection

The inspection team was assisted by the Head of Educational Development and Quality Assurance, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous new provider monitoring report. The inspection was carried out using the [further education and skills inspection handbook](#) and took into account all relevant provision at the provider. Inspectors collected a wide range of evidence to inform judgements including visiting learning sessions, scrutinising learners' work, seeking the views of learners, staff and other stakeholders, and examining the provider's documentation and records.

Inspection team

| | |
|----------------------------------|-------------------------|
| Jo-Ann Henderson, lead inspector | His Majesty's Inspector |
| Viki Faulkner | His Majesty's Inspector |
| Roland White | His Majesty's Inspector |

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| | | | |
|--|--|--|---|
| Report title: | People Strategy | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 16.c |
| Executive Summary: | ✓ | | |
| Recommendations: | The Trust Board is asked to: To review and agree proposal | | |
| Executive lead: | Melanie Saunders, Chief People Officer | | |
| Report author: | Nicola Howells, Assistant Director - Organisational Development | | |
| Previously considered by: | People & Culture Committee | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input checked="" type="checkbox"/> | Assure <input type="checkbox"/> |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> |
| Assurance level: | Significant <input type="checkbox"/> <small>High level of confidence in delivery of existing mechanisms / objectives</small> | Acceptable <input checked="" type="checkbox"/> <small>General confidence in delivery of existing mechanisms / objectives</small> | Partial <input type="checkbox"/> <small>Some confidence in delivery of existing mechanisms / objectives</small> |
| | | | No Assurance <input type="checkbox"/> <small>No confidence in delivery</small> |
| 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):

This strategy is derived from the overall corporate strategy and aligned to the NHS national people plan to ensure that our strategy is clearly aligned with the NHS direction. Implementation plans, linked to our overall improvement plans will now be developed.

In drafting the strategy the People Directorate engaged with stakeholders across the Trust, including our trade unions and leadership teams. The strategy has been approved in principle by the Trusts People and Culture Committee and is presented to March Trust Board for approval prior to formal publication.

List of Appendices:

SCAS People Strategy, overview presentation



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Our SCAS People Strategy

2023-26



Creating a workplace where people feel appreciated, valued, supported and encouraged every day...

CONTENTS

Our SCAS
Corporate
Strategy 2022/27

Our SCAS
people vision
and values

The national
context



Looking
after our
people

Belonging in
the NHS

New ways
of working

Growing for
the future

Enablers

Ensuring delivery
of this strategy

Our SCAS Corporate Strategy 2022/27

Our Mission
Why we are here

**We deliver
the right care,
First time,
Every time**

Our Vision
Where we want to go

**To be an outstanding
team, delivering world
leading outcomes
through innovation
and partnership**

Our Values *How we are*



Caring



Professional



Innovative



Teamwork

Our Strategic Themes *The core strategic challenge*

Clinically-Led

Service Quality &
Patient Experience

People & Organisational
Development

Partnerships &
Stakeholder Engagement

Technology Transformation

Finance & Sustainability

Enclosure 12

Our Enabling Plans *How we will deliver our vision*

Clinical / Research

Commercial / Procured
Services

Core Service Delivery
Operations

Quality Improvement

Our People

Volunteers

Communications &
Stakeholder Engagement

Digital & Management
Information

Finance

Sustainability (Inc. Estates)

All KPIs / Milestones

The National Context: The NHS People Plan for 2022/2023 and beyond

Looking After Our People:

Quality Health and Wellbeing support for everyone. Focusing on the actions we must all take to keep our people safe, healthy and well – both physically and mentally.



Belonging in the NHS:

Highlighting the support and action needed to create an organisational culture where everyone feels they belong with a particular focus on tackling the discrimination some staff face.



New Ways of Working and Delivering Care:

Emphasising the need to make effective use of the full range of our people’s skills and experience to deliver the best possible patient care.



Growing for the Future:

How we recruit and keep our people. Building on the renewed interest in NHS careers to expand and develop our workforce as well as retaining colleagues for longer.



People Promise



The plan includes a “people promise” which sets out in their own words, what our NHS people said would make the greatest difference in their working lives...



Looking After Our People

Our people are led by skilled leaders who demonstrate civility, respect and compassion

Our people feel physically and psychologically safe in the workplace

Our people have greater flexibility in how, where and when they work

We have a healthy workforce who feel well supported

We have a culture in which we learn from events that haven't gone to plan

Long term vision

Measures of Impact:

- Staff survey results concerning compassion/caring
- Sickness absence rates and reasons
- Number of formal employee relations cases
- People Voice narrative describing working environment and culture
- Benchmarking against other Trusts

Looking After Our People:

*Quality health & wellbeing
support for everyone*



Short term actions:

(6 – 18 months)

- Establish/consolidate our “People Voice” feedback channels to improve how we listen to our people and how we act on feedback
- Continue delivery of our SCAS Leader and Essential Skills for People Manager programmes
- Integrate civility and respect within all work areas across SCAS to promote a culture where staff feel safe, supported, valued and respected
- Improve 1:1 conversations with particular focus on Health and Wellbeing and access to 1:1s for all staff
- Continue to deliver our Health and Wellbeing plan with focus on mental health and a healthy working environment
- Engage our leaders (at all levels) in the development of a Just and Learning Culture

Looking After Our People:

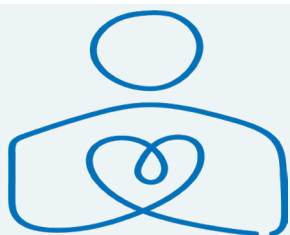
*Quality health & wellbeing
support for everyone*



Longer-term actions:

(18 months – 3 years)

- Develop a comprehensive reward and recognition programme
- Develop more flexibility in how and when we work (in all roles) including the development of remote/hybrid working
- Make improvements to our working environments, facilities and rest areas
- Ensure that we have clear, supportive people policies in place that embody civility and respect and support a Just and Learning Culture
- Continue to develop and embed a restorative approach to learning from events that haven't gone to plan
- Engage our leaders (at all levels) in embedding a Just and Learning Culture
- Health and Wellbeing interventions are embedded and regularly refreshed to incorporate all aspects of physical and mental health



Belonging in the NHS

Long term vision

We attract talented people from all backgrounds and parts of the community

Colleagues from all backgrounds agree that there are equal opportunities for progression and development

All our people feel safe and respected to deliver high quality patient care

We employ people with a range of knowledge and experience to deliver the best patient care

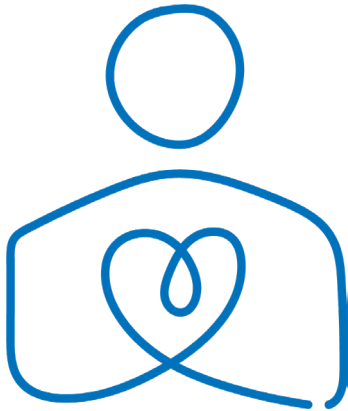
Our workplace is free from discrimination

Measures of Impact:

- Staff survey results: We each have a voice that counts
- People Voice: evidence that feedback comes from diverse sources and describes a safe, inclusive culture
- Appointments to roles reflect the diversity of our communities

Belonging in the NHS:

Creating a culture where everyone feels they belong

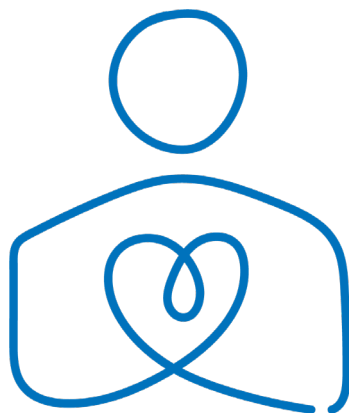


Short term actions: (6 - 18 months)

- Publish and promote our Equality, Diversity and Inclusion (EDI) strategy at every level
- Deliver Recruitment and Selection training to promote consistency, fairness and inclusion on interview panels
- Develop resilience, resourcing and visibility of our Freedom to Speak, Listen and Follow Up team
- Improve access to Freedom to Speak Up e-learning, encourage completion and develop a dashboard for monitoring this
- Strengthen and consolidate partnership working with our Trade Union colleagues and staff networks
- Take action to improve sexual safety across the organisation
- Continue with a calendar of events to promote diversity and support under-represented groups
- Ensure that equality impact assessments are undertaken on all board papers and business cases

Belonging in the NHS:

Creating a culture where everyone feels they belong



Longer term actions:

(18 months – 3 years)

- Support Black, Asian and Minority Ethnic staff and other staff with protected characteristics to access leadership roles through provision of suitable development opportunities and mentorship
- Develop inclusive leadership, providing diversity training, information and resources
- Improve our speaking, listening and following up culture, ensuring learning is embedded and effectively communicated
- Work to gain Disability Confident Leader status
- Review gender reports and take associated actions to close the gender pay gap



New ways of working and delivering care

Long term vision

Our people choose to stay with us as they develop (in their roles and beyond)

We have credible successors to business-critical roles up to and including Board/Director roles

Our people are happy, fulfilled, motivated and provide high quality patient care

People at all levels and in all parts of the organisation understand what their job/role is and how to perform well in it

People are recognised for the talents they bring and can pursue a rewarding career path

Measures of Impact:

- Performance Development Review (PDR) compliance rates
- Staff Survey results: career development and PDRs
- Number of employees progressing into different roles
- Number of staff accessing learning and development
- Attrition (not associated with positive progression)

New ways of working and delivering care:

Making effective use of our people's skills & experience



Short term actions:

(6 – 18 months)

- Embed our new Personal Development Review (PDR) forms
- Develop an annual planning process with cascading objectives
- Improve access to paid development/learning opportunities across our workforce (coaching, leadership development)
- Provide fully regulated courses with high quality teaching
- Develop Digital Education and simulation facilities to improve learning and development opportunities
- Improve the welcome programme for new joiners

New ways of working and delivering care:

Making effective use of our people's skills & experience



Longer term actions:

(18 months – 3 years)

- Develop career progression pathways for all staff groups and ensure that staff are aware of these opportunities
- Support our managers with succession planning activities
- Develop an Advanced Practice Strategy and career framework
- Develop a clear Leadership and Management Development pathway
- Ensure all our people have an effective PDR and have equitable access to development
- Improve mentoring capacity and model to support the development of our clinical workforce
- Provide diverse methods of training and education to enable staff from all roles/backgrounds to develop



Growing for the Future

We have the right number of skilled people in the right locations to deliver outstanding patient care

We have a comprehensive, competitive offer to employees, attracting (and retaining) a diverse pool of applicants

Long term vision

We have a robust workforce pipeline that encompasses diverse talent pools

We retain our staff by looking after our people, developing skills/experience and focusing on a sense of belonging

We have an embedded brand and reputation as a great place to work

Measures of Impact:

- Vacancy rates
- Numbers of applicants to roles and course fill rates
- Time taken to recruit to roles
- Acceptance rates of recruitment offers
- Attrition (not associated with positive progression)

Growing for the future:

How we recruit and keep our people



Short term actions:

(6 – 18 months)

- Review our long term workforce plan, taking a collaborative system wide approach
- Reach out to under-represented groups in our communities to improve diversity within our workforce
- Promote and use inclusive recruitment practices, attracting candidates from a range of backgrounds and signposting them to the best role
- Continue with international recruitment into clinical roles
- Continue to work in partnership with the Princes Trust, Ministry of Defence and Agencies
- Strengthen our offers/accessibility for staff returning to practice
- Improve placement experience for student paramedics
- Ensure that there is effective oversight and governance of recruitment and retention activities

Growing for the future:

How we recruit and keep our people



Longer term actions:

(18 months – 3 years)

- Develop a 3-5 year integrated workforce plan for each business area
- Set up an international recruitment pipeline for paramedics and nurses in a variety of roles
- Build a positive brand image that represents the Trust, its people and its values
- Increase the scale and breadth of apprenticeships on offer
- Make employment offers that are attractive and competitive
- Strengthen offers to graduate paramedics, offering quality education and support
- Use the total reward package when engaging with candidates and explain the wider benefits
- Collaborate across organisational boundaries to further develop rotational working



Strategy Enablers

Our people know how to contact HR and can access accurate people information/data easily

We will have easy to follow, efficient, value-added processes and systems

Long term vision

Our people can quickly get support when they need it

Our people (and their ability to deliver first class patient care) will be at the heart of decisions made by the organisation

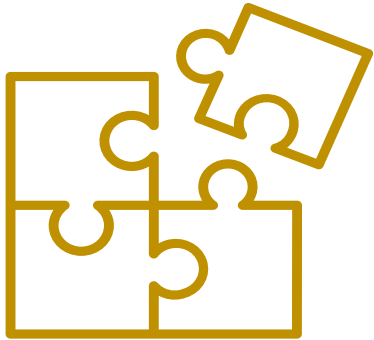
We have the right roles sustainably in the right places within the People Directorate

Measures of Impact:

- "Customer" feedback
- Staff Survey results from People Directorate
- Availability of People data at key meetings/forums

Strategy Enablers:

Factors that will facilitate effective delivery of our People Strategy



Short term actions:

(6 – 18 months)

- Develop automated Business Intelligence reports that give access to good quality people data
- Improve our people administrative processes, ensuring better access, responsiveness and resilience
- Build our Supporting Our People intranet site ensuring that people can easily access the help/support that they need in one place
- Improve the recruitment process, seeking feedback from candidates/managers and developing clear Key Performance Indicators (KPIs)
- Review our people governance committees to ensure appropriate leadership of our people agenda and oversight of key activities

Strategy Enablers:

Factors that will facilitate effective delivery of our People Strategy



Longer term actions:

(18 months – 3 years)

- Introduce ESR Manager Self Service to provide better access to data and improve quality/timeliness
- Make improvements to our workforce management and rostering system
- Re-invest funding relating to Education Business Development into staff learning and development
- Use the full potential of our existing systems and provide full training
- Implement automation and explore options with bots to improve quality and consistency of recruitment activities
- Review our People Team structure to ensure that we have the right roles sustainably in the right places

Next steps: making the vision a reality...



We will measure...

- How our people feel and what would improve their experience of working in this organisation
- Number of people joining and leaving our organisation and the reasons for this
- How many formal employee relations/sickness absence cases we have and the reasons for these
- How our people are progressing in their careers and the uptake of training/development opportunities
- How diverse and inclusive our Trust is, including fair recruitment process, opportunities for progression and flexible working
- Vacancy rates and time taken to recruit into vacancies
- How well our people processes work for our HR teams, our managers and our people

To do this we will use...

- Results from our People Pulse and NHS Staff surveys to understand how people feel and how well the Trust is living its values
- Intelligence from our HR systems to understand workforce/recruitment information, patterns and trends
- Information from our staff exit interviews to understand why people leave and what actions we can take to address this
- National statutory returns such as WRES, WDES and Gender Pay Gap reporting
- Feedback on our People Directorate processes and services from those who use them
- The People Directorate risk register to monitor/assess the workforce risks
- Benchmarking against other Trusts and collaborating to share good practices

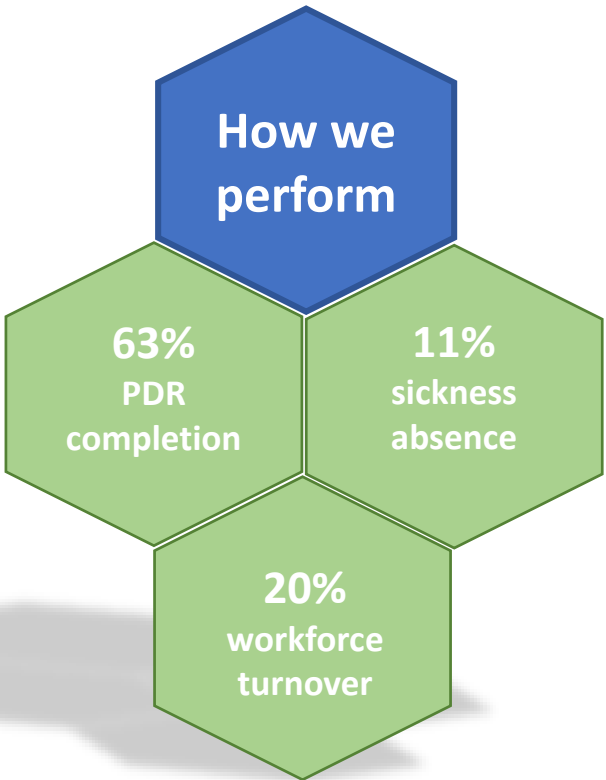
By 2026 this will show...

- That people enjoy coming to work and feel positive about working in the Trust
- A healthy workforce with reduced sickness absence
- That our people can work flexibly and achieve a good work/life balance
- That people of all levels are able to develop and progress their careers within (and outside of) the Trust
- A reduction in formal employee relations casework, with improved informal resolution and learning from events
- That we have an increasingly diverse workforce at all levels of the Trust
- Reduced vacancy rates and time to hire
- A reduction in the number and severity of workforce risks across the Trust
- That people are positive about the services they receive from the People Directorate

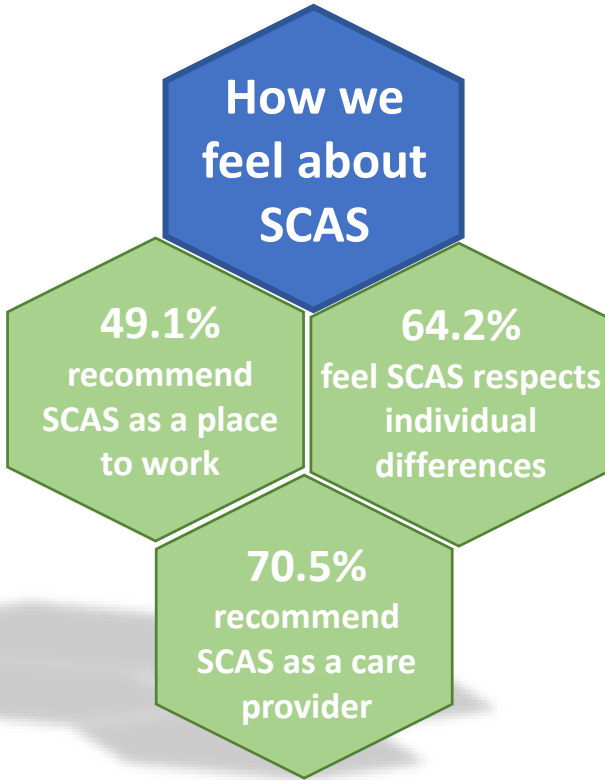
Where are we now (in numbers)?



We are made up of approx. 4400 staff and over 1000 volunteers delivering a broad range of clinical and non-clinical services across the south central area

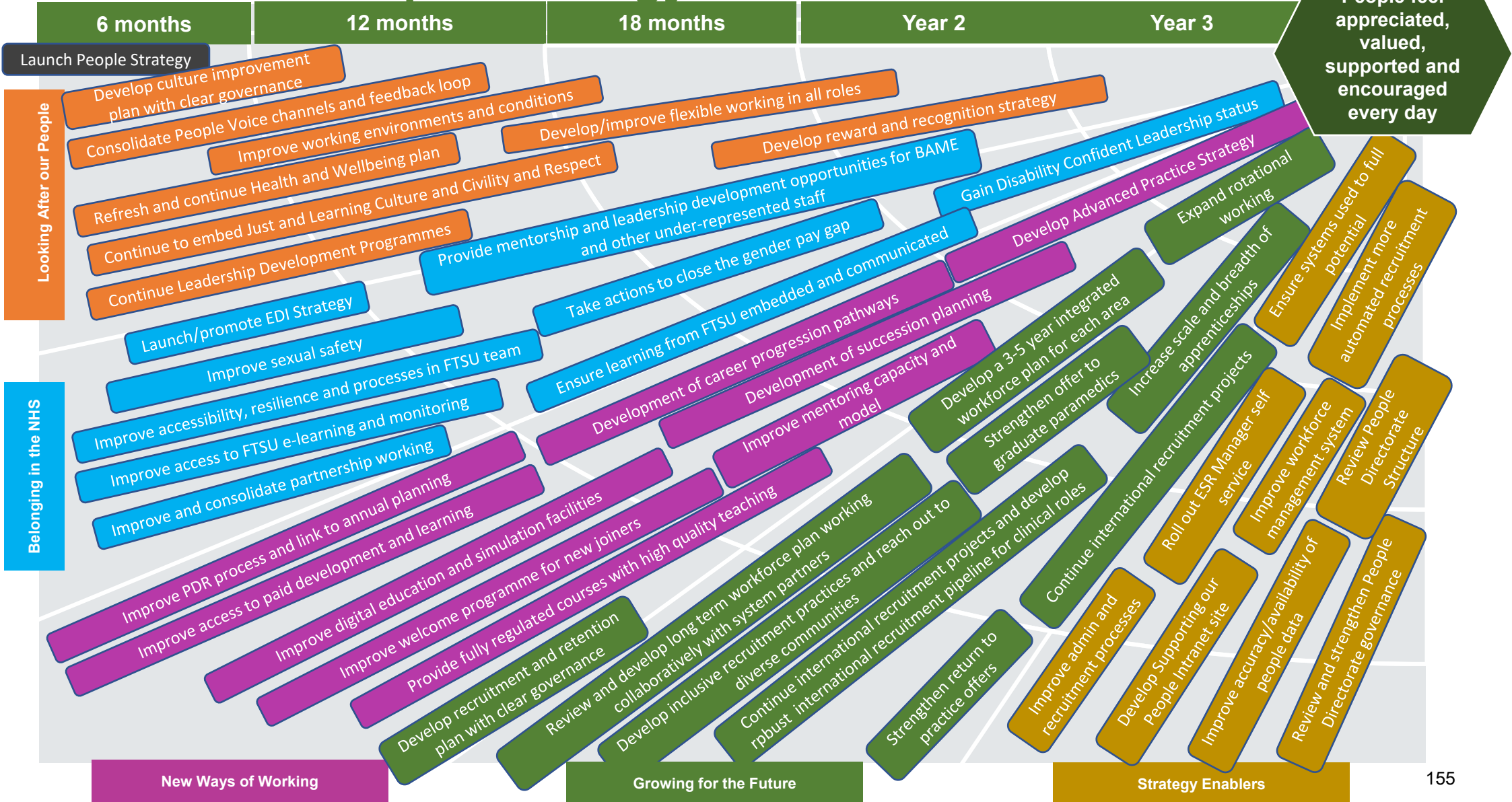


We want all of us to have high quality performance and development reviews (PDRs) that support our wellbeing, performance and development within and beyond our current roles



We want more of us to recommend SCAS as a place to work & to receive care and we want to attract & retain a more diverse workforce who feel welcome and respected

People Strategy Horizon Plan



Assuring delivery of this strategy...

The People Directorate will develop detailed annual plans aligned to this strategy, working closely with stakeholders, which will detail the actions and programmes of work which will contribute to the delivery of our vision by 2026.

Progress will be monitored through regular review of our Measures of Impact which will be developed into a framework that we monitor alongside progress of our plans.

Assurance on progress will be provided to the Board through these reporting lines/mechanisms:

- Through the People and Culture Board Sub-committee meetings
- Through sub-groups that report into the People and Culture Committee
- Through annual plans and cascaded team objectives for delivery by members of the People Directorate



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Right care
First time
Every time



| | | | |
|--|--|--|---|
| Report title: | Board Committee Upward Reports | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 26 January 2023 | Agenda Item: | 17 |
| Executive Summary: | ✓ To provide an update on the recent Board Committee meetings. | | |
| Recommendations: | The Trust Board is asked to: Note the updates | | |
| Executive lead: | Various | | |
| Report author: | The Chair of each Committee | | |
| Previously considered by: | | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> |
| Assurance level: | Significant <input type="checkbox"/> <small>High level of confidence in delivery of existing mechanisms / objectives</small> | Acceptable <input checked="" type="checkbox"/> <small>General confidence in delivery of existing mechanisms / objectives</small> | Partial <input type="checkbox"/> <small>Some confidence in delivery of existing mechanisms / objectives</small> |
| | | | No Assurance <input type="checkbox"/> <small>No confidence in delivery</small> |
| 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): | | | |
| | | | |



Summary of Upward Reporting: Issues identified.


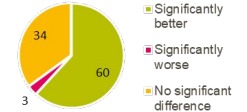

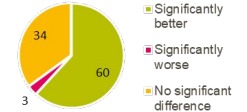

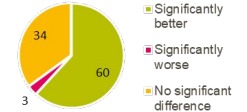
Upward reporting from the: **People & Culture Committee**

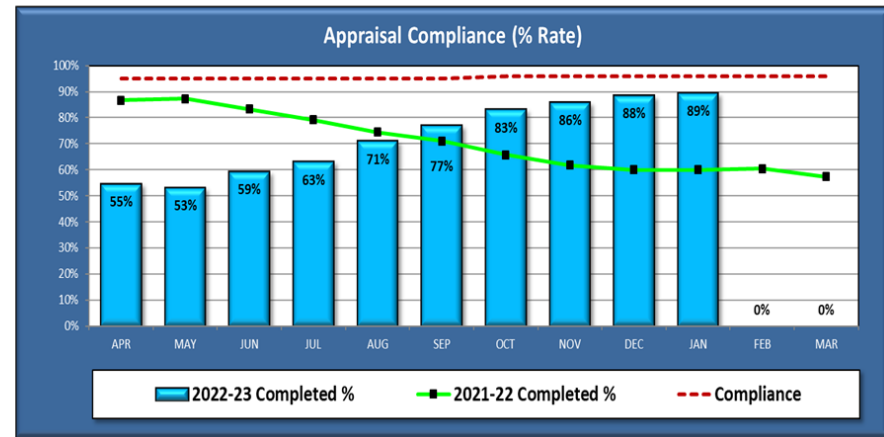
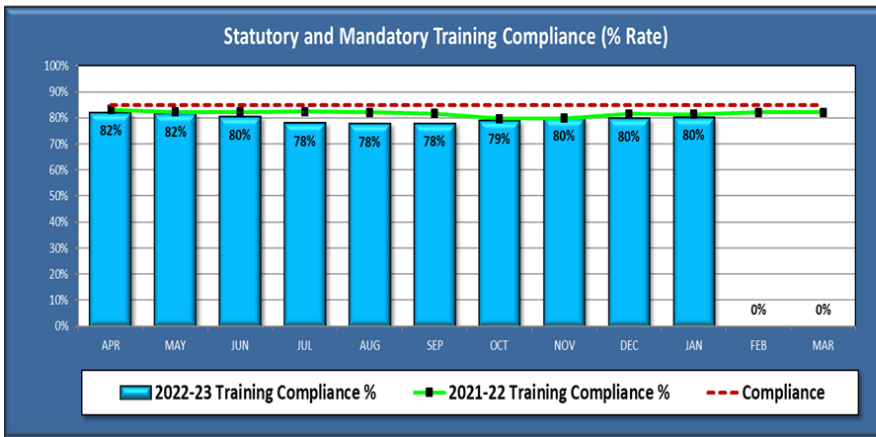
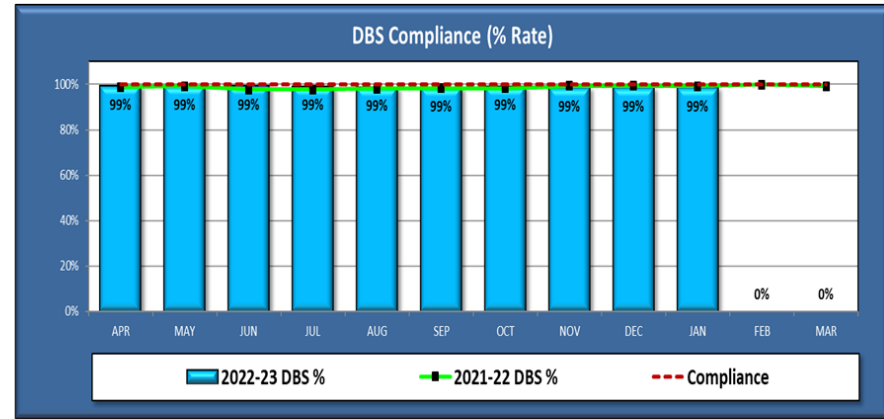
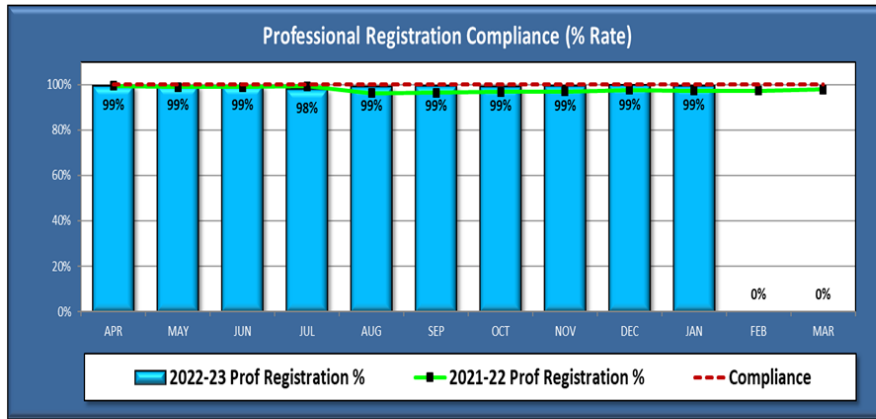
to: SCAS Trust Board March 2023

Date of meeting: 06 March 2023

| Items for approval | Issue | Action Taken |
|----------------------|--|--|
| People Strategy | This has been set against SCAS Corporate strategy and NHS national people plan to ensure that it is clearly aligned with the NHS direction. Implementation plans, linked to our overall improvement plans will now be developed. . | The Committee's recommendation is to submit to SCAS Board for approval with minor changes discussed. |
| Ofsted Report update | <p>Following receipt of our Ofsted inspection report, the committee received an update on the Apprentice improvement plan which included:</p> <p>Areas of focus:</p> <ul style="list-style-type: none"> • Functional Skills completion • Special Educational Needs (SEN) communication • Study time allocation • Inconsistencies in Tripartite Reviews • Distinction Grade Attainment • Communication of local Prevent issues • Inter departmental communication • Pre-employment skills scant • Academic skills <p>Next steps:</p> | Committee to continue to monitor improvements. |

| | <ul style="list-style-type: none"> • Improvement in Governance Structure and reporting lines • Improved engagement with key stakeholders and reconvening of SCAS Apprenticeship Working Group • Push to reconvene National Strategic Working Group • Ofsted Monitoring Visit expected within 13 months of our inspection • Education Skills Funding Agency (ESFA) Audit is expected <p>Challenges:</p> <ul style="list-style-type: none"> • Additional workload on existing team • Financial implications linked to some of the required improvements • Timeframes to see improvements | |
|------------------------------|---|---|
| Areas of Concern/Risk | Issue | Action Taken |
| Recruitment & Retention | <p>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.</p> <p><i>Key Findings:</i></p> <ol style="list-style-type: none"> 1. Staff turnover is now at the highest point since SCAS was formed 2. Staff turnover (12 month rolling % rate) is increasing 3. Staff retention rate is decreasing 4. 16% of leaver reasons are missing data/48% of leaver destinations are missing data 5. Further investigation required to look at gender differences (flexible working?) 6. Length of service (38% less than 12 months) 7. Pay band (last 12 months) | Retention plan is being drafted taking into account listening sessions from staff, thus helping the Trust to take positive actions/steps are being taken to help improve retention. |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|---|---|
| | | | | | | | | | | |
| <p>NHS Staff Survey 2022</p> | <p>This report summarises the findings from the core NHS Staff Survey 2022* carried out by Picker, on behalf of SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST. Picker was commissioned by 7 Ambulance Trusts organisations to run their survey – this report presents your results in comparison to those organisations.</p> <p>A total of 117 questions were asked in the 2022 survey, of these, 112 can be compared to 2021 and 97 can be positively scored. Your results include every question where your organisation received at least 11 responses (the minimum required).</p> <table border="1" data-bbox="616 343 1552 454"> <tr> <td style="text-align: center;">4489 Invited to complete the survey</td> <td style="text-align: center;">4404 Eligible at the end of survey</td> <td style="text-align: center;">50% Completed the survey (2187)</td> <td style="text-align: center;">50% Average response rate for similar organisations</td> <td style="text-align: center;">60% Your previous response rate</td> </tr> </table> <table border="1" data-bbox="616 462 1552 694"> <tr> <td style="vertical-align: top;"> <p>48% q23c. Would recommend organisation as place to work</p> <p>63% q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation</p> <p>63% q23a. Care of patients/service users is organisation's top priority</p> </td> <td style="text-align: center;"> <p>Comparison to 2021**</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference </td> <td style="text-align: center;"> <p>Comparison with average**</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference </td> </tr> </table> | 4489 Invited to complete the survey | 4404 Eligible at the end of survey | 50% Completed the survey (2187) | 50% Average response rate for similar organisations | 60% Your previous response rate | <p>48% q23c. Would recommend organisation as place to work</p> <p>63% q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation</p> <p>63% q23a. Care of patients/service users is organisation's top priority</p> | <p>Comparison to 2021**</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference | <p>Comparison with average**</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference | <p>Key themes from the survey for The Trust are H&S, flexible working and overall morale. The decision has been taken to integrate the findings from the survey into the action arising from our 'People Voice' work</p> <p>The Committee will continue to monitor progress with the implementation of 'the People Voice'</p> |
| 4489 Invited to complete the survey | 4404 Eligible at the end of survey | 50% Completed the survey (2187) | 50% Average response rate for similar organisations | 60% Your previous response rate | | | | | | |
| <p>48% q23c. Would recommend organisation as place to work</p> <p>63% q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation</p> <p>63% q23a. Care of patients/service users is organisation's top priority</p> | <p>Comparison to 2021**</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference | <p>Comparison with average**</p>  <ul style="list-style-type: none"> ■ Significantly better ■ Significantly worse ■ No significant difference | | | | | | | | |
| <p>Items for awareness/assurance</p> | <p>Item</p> | <p>Action Taken</p> | | | | | | | | |
| <p>Appraisal/S&M Training Update</p> | <p>Reviewed M10 information:</p> <p>Stat/Man training – 80% going up to 84% Appraisals – 89% These figures are viewed as a success story as this time last year was 55%but we will continue to work to improve the numbers.</p> <p>Sickness rate – 7% heading in the right direction, some local differences, we are working to a drop overall to 5%.</p> | <p>Committee to continue to monitor improvements.</p> | | | | | | | | |



FTSU Listening to Workers Report overview, review of FTSU in NHS Ambulance Trusts

The NGO report summarises the key findings of the review into five themes:

- Culture of ambulance trusts
- Leadership and management
- Experience of people who speak up
- Implementation of the Freedom to Speak Up guardian role
- Role of system partners and regulators

Recommendation 1: Review broader cultural matters in ambulance trusts

The Committee reviewed a gap analysis (against four key recommendations and their subsequent supporting actions), this

The Trust will prioritise 2-3 key themes to be working on this coming year and bring it to the next Committee Meeting for review/approval.

| | <p>This recommendation calls for an independent cultural review, bringing together the work of NHS England, the Association of Ambulance Chief Executives (AACE), the Care Quality Commission and partner organisations with Ministerial oversight.</p> <p>Recommendation 2: Make speaking up in ambulance trusts business as usual (all ambulance trusts)</p> <p>Recommendation 3: Effectively regulate, inspect and support the improvement of speaking up culture in ambulance trusts (Care Quality Commission and NHS England)</p> <p>Recommendation 4: Implement the Freedom to Speak Up Guardian role in accordance with national guidance to meet the needs of workers (all ambulance trusts)</p> | |
|---------------------------------|---|---|
| Best Practice/excellence | Item | Action Taken |
| ED&I | The Trust received an email advising that the reporting deadlines for the WRES & WDES data have been brought forward to 31 May 2023. Due to the date change, the new annual report will probably incorporate some actions from this year as well. | The Committee will review the timetable to see when the report will come through the PACC and then Board. |



Summary of Upward Reporting: Issues identified.

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

Date of meeting: 9th March 2023

| Items for escalation | Issue | |
|--|--|---|
| None identified. | | |
| 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, and Upwards Reports to Q+S indicates further progress against the plan, and risks / mitigations against delivery of plan. | Noted. More specific detail under individual concerns / risks below. |
| Areas of Concern/Risk | Issue | Action Taken |
| 1. Staffing | Continued high level of risk (as per BAF), particularly around retention impacting many specific areas. | NEDs and Executive Directors to ensure the potential impact of these risks on Quality and Safety are considered at Board discussions. |
| 2. IT resilience and capacity | Potential impact on many of Improvement Plans noted. | As above. |
| 3. Financial pressures | Future financial position means challenging decisions need to be taken in terms of new investments – some of which are essential for delivery of Improvement Plan | As above. |

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| 4. Medical Equipment | Continued progress noted. Financial concerns with Asset Management system and delays to IT assets. Planning for industrial action had impacted progress against Improvement Plans. | Q+S highlighted still need to receive robust assurance, perhaps by reporting of KPI's for safe deployment and maintenance of equipment going forward. |
| 5. Safeguarding (SG) | <p>SCAS wide training requirements:</p> <ul style="list-style-type: none"> • Induction podcast filmed - for use if SG team not available for Trust Induction. • Level 2 Training reviewed and to be tailored to each service line. Details agreed with, and 2 pilots to be tried. • Level 3 Training for Registrants still tracking planned trajectory and now at 58% of registrants. On track for 95% of registrants by June 2023. • Level 3 Training for other staff groups to commence April 2023. Funding needs clarification. <p>IT hardware (server) to support Safeguarding software, to enhance stability due April 2023.</p> | Q + S noted Safeguarding Training Plan details. |
| 6. Patient Safety | <p>Board and Q+S to be sighted on Serious Incidents and the learning from investigations.</p> <p>Delivery of national patient safety strategy and timetable across next financial year is challenging.</p> <p>Patient Safety Survey has been completed but low participation noted.</p> <p>Improvement work may not be making sufficient impact on safety culture.</p> <p>Learning from Patient Safety events working group established.</p> <p>PSIRF implementation plan in place, but need for Lead identified, and subject to budget setting.</p> <p>Need to ensure ability to learn from experience is not impacted by staffing or financial challenges.</p> | <p>Quality of information received is improving. Further requirements as to the detail required for Q+S and Board to be assured were discussed.</p> <p>Noted Board Seminar briefing on the Patient Safety Strategy is planned for (April 2023 tbc).</p> |

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| 7. Infection Prevention and Control (IPC) Concerns | <p>Progress made against the actions required and Phase 2 Plans.</p> <p>Below trajectory for number of audits and concerns re accuracy of some data.</p> <p>Infestations at SCAS premises.</p> | <p>However, Q+S received assurance that preventative measures are in place to reduce risk of infestations and recent audits demonstrate these are working.</p> |
| 8. Medicines Management | <p>Q+S received assurance on progress against the Improvement Plan.</p> <p>Sickness within the team is providing challenges for continued progress, but have successfully recruited new Pharmacy Technician.</p> <p>SCAS needs to have a Controlled Drugs Licence due to changes in our current provision for this. This is dependent on the delivery of the new Pharmacy Distribution Centre.</p> | <p>Q+S noted that this and other areas require additional investment.</p> <p>Q+S noted mitigations are in place to ensure we can continue to provide our crews with the necessary medications meanwhile.</p> |
| Items for awareness/assurance | Item | Action taken |
| 9. BAF / Risk Register | <p>Q+S discussed the current BAF and Corporate Risk Register. As well as items listed at 1 -3 above, Q+S also noted the risk to corporate memory loss may still be quite high, even though posts have been filled.</p> <p>Increased risk around business continuity was noted to be as a result the lack of agreed derogation around industrial action, (which in the event did not occur), but was significant at the time of discussion of the BAF and Corporate Risk Register.</p> | |
| 10. Governance recommendations | <p>Q+S noted this report and agreed that the majority of the recommendations were appropriate and should be adopted.</p> | <p>Q+S had tried different orders to its agenda over the last two meetings and will take that experience through into developing a new agenda and workplan for the next financial year.</p> |

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| 11. Patient Safety Learning from Experience report | Q+S received this report. Q+S noted a decrease in the number of overdue investigations and that processes are being established to ensure that actions / learning identified by the investigation are completed, and subject to audit where necessary. Summary information from this should be available to Q+S in future to provide additional assurance. | Q+S requested that this report focuses on the learning that SCAS identifies from incidents, patient experience, staff suggestions, surveys, coroners reports and legal cases, and does not include operational bulletins (such as change of supply of specific drug etc). |
| 12. Quality priorities | Q+S noted that rather than separate priorities for the coming year, the focus would be on all the Improvement Plan priorities. | |
| 13. IPR | Q+S agreed it needed to consider the Integrated Performance Review (IPR) at each meeting, with the senior managers identifying on the front summary sheet the items that need consideration by Q+S. | IPR to be added as an additional Q+S standing agenda item. |
| 14. Upward reports from other committees | <p>Q+S received and discussed upward reports from:</p> <ul style="list-style-type: none"> • Education and Training summary • Clinical Review Group, Q+S requested updates regarding: <ul style="list-style-type: none"> ○ National oxygen shortage – what is the impact and to what extent is the impact on SCAS. ○ SCAS ePR pain scores – is there a plan for date for completion of the work by the ePR team to improve pain score reporting • Patient Safety Group • Commercial Division <ul style="list-style-type: none"> ○ Q+S requested an update on Cleric: if any continued issues and is Cleric sufficiently stable. • Patient Experience Review Group (PERG) <ul style="list-style-type: none"> ○ The Committee requested an update on the batching of NEPTS HCP cases that leads to peaks of workflow/aged cases for the SCAS team, which was raised to the Clinical Governance Lead for Thames Valley. • National Covid Services | <p>Significant items have been included in the reporting above.</p> <p>Updates on the CRG related questions at next Q+S meeting.</p> <p>An update on the Cleric related question at next Q+S meeting.</p> <p>Update on the PERG batching issue of work at next Q+S meeting.</p> |

| Best Practice / Excellence | Item | Action taken |
|---|---|--|
| 15. Joint incident investigation and learning summary | Q+S commended the assurance provided by a joint investigation with Portsmouth University Hospitals and the learning summary that was included in the Learning from Experience report. | |
| Compliance with terms of reference | | |
| | <p>Q+S were quorate for this meeting.</p> <p>Q+S covered the standing agenda items and reports expected from the workplan.</p> <p>Q+S continues to meet bi-monthly (an increased frequency from the 2021/2022 year).</p> <p>Next meeting 11 May 2023.</p> | <p>Next meeting will include review of Terms of Reference (last reviewed March 2022), agreement on standing agenda items, draft workplan for the year.</p> |



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| Report title: | National Covid Response Service Update | | |
| Report to: | Trust Board (Part 1) | | |
| Date of Meeting: | Thursday, 30 March 2023 | Agenda Item: | 18 |
| 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 | | |
| Recommendations: | To note the content and progress of Vaccine services | | |
| Executive lead: | Helen Young SRO for NHS 111 COVID-19 Response Services / Executive Director of Patient Care and Service Transformation / Chief Nurse. | | |
| Report 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 | | |
| Previously considered by: | NA | | |
| Purpose of report: | Note <input checked="" type="checkbox"/> | Approve <input type="checkbox"/> | Assure <input type="checkbox"/> |
| Paper Status: | Public <input checked="" type="checkbox"/> | Private <input type="checkbox"/> | Internal <input type="checkbox"/> |
| Assurance level: | Significant <input type="checkbox"/> High level of confidence in delivery of existing mechanisms / objectives | Acceptable <input checked="" type="checkbox"/> General confidence in delivery of existing mechanisms / objectives | Partial <input type="checkbox"/> Some confidence in delivery of existing mechanisms / objectives |
| 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) | | | |
| Quality Domain(s): | All Quality Domains | | |

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

List of Appendices:



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 | 30 March 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 NHS Business Services Authority (NHSBSA).

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 successfully transitioned National Vaccine Booking Service (NVBS) to UK Health Security Agency (UKHSA) on 1 Feb 2023. Covid Pass Service (CPS) will transition to UKHSA on 31 Mar 2023 and Vaccination Data Resolution Service (VDRS) will close on 31 Mar 2023.
- 3 **The National Covid-19 Vaccination Booking service (NVBS)** The service reduced its headcount from 100 FTE to 60 FTE by the end of January 2023. At our close on 31st January this service had answered 17.4 million calls since the start and made 6.3 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 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. We have recently reduced the opening days of the service, and we are now closed over the weekends, citizens are still able to be referred into the service, but this allows for improved staff utilisation, during the week. Since the service went live it has handled 339,676 referrals.

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- 5 **The NHS Covid Pass Service (NCPS)** has now answered 3.8 million calls to date and requested 1.75 million letters on behalf of citizens.

Operational Highlights:

National COVID-19 Vaccination Booking Service

- 6 Service performance for the service since opening¹:
- 18.1 million offered calls
 - 17.4 million answered of which 87.6% 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 6.30 million
 - staff utilisation at the end of January was running at 42% (YTD 37%)
- 7 The service has now successfully transitioned management to the UK Health Security Agency team in January 2023

NHS Covid Pass Service (NCPS)

- 8 NHS Covid Pass service performance for the service since opening²:
- 4.1 million offered calls
 - 3.8 million answered of which 89% were within 120 seconds³
 - In February 98.9% of calls met the new call answering standard
 - 0.46 % of offered calls were abandoned after 30 seconds.
 - average speed to answer 6.6 seconds and 52.9 seconds YTD
 - average handling time 380.7 seconds
 - staff utilisation was within commissioner agreed parameters
 - letters requested 1.75 million
- 9 The ongoing reduction in international covid related restrictions is reflected in the downsizing of the service to 21 Full Time Equivalent (FTE) resources at the end of February 2023.
- 10 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 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.
- 11 Over 29 million citizens have now registered to use the NHS App.
- 12 Work is in progress to transition the service management to the NHS Business Services Authority (UKBSA) & UK Health Security Agency (UKHSA) by 31 Mar 2023.

Vaccination Data Resolution Service (VDRS)

¹ Until 31-01-2023

² Data until 28-02-2023

³ Change to reporting KPI in October saw a change to > 85 % calls answered in 120 Seconds.

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- 13 To date, the Vaccination Data Resolution Service (VDRS) has had 343,395 calls referred from the 119 call agents.
 - 14 The service has made 977,264 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.
 - 15 Referrals to the service have reduced in number week on week, and average around 53 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.
 - 16 There are currently 13.04 Full Time Equivalent (FTE) agents working on the service, alongside 4.0 FTE Team leaders, and 2.8 FTE Quality Assurance coaches (QACs), we continue to reduce staff numbers by natural attrition
 - 17 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 28,499 synthetic records and amended 11,579 records to reflect a true representation of the citizens actual vaccination history.
 - 18 As the South-Central Ambulance Service VDRS service closes on the 31 March 2023, we have been working with the commissioners in NHSE/I to safely put plans in place to ensure all cases are closed with a resolution for the citizen before this date. As yet plans for the future of a VDRS service are unknown. All staff working on the VDRS service have received notice for the end of their contract, some moving on to other roles within the NHS.

Clinical Governance

- 19 Awaiting formal approval of the recommendations from the SI review.
- 20 Safeguarding Assurance review actions and recommendations are approved.
- 21 The governance team continue to work through the closure process for the services. Datix incidents are on track for completion by 31 March 2023.

Patient Experience (PE) – Feedback from Patients

- 22 For Covid-19 Response Service 1 and 2, (CRS1 and 2), and the Covid Clinical Assessment Service (CCAS1) we have no open Patient Experience cases.
- 23 No complaints have been received from Covid-19 Response Services (CRS3).
- 24 We are working collaboratively with the Service Centre Rotherham with their Vaccine Data Resolution Service (VDRS & CPS) workload into the relevant email boxes.

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- 25 The Vaccine Booking Service (VBS) that SCAS previously provided, has now been transferred and migrated over to UK Health Security Agency (UKHSA). All relevant complaints documentation (process & guidance documents) has been transferred.
- 26 The Patient Experience team engaged in regular quality assurance meetings for complaint workshops and levelling sessions with our service providers.
- 27 No cases are currently open with Parliamentary Health Ombudsman (PHSO)

Finance Update

- 28 SCAS continue to provide business and operational support to the Covid Response Services (CRS) in dormancy and operationally for the Vaccination Data Resolution Service (VDRS). We continue to recover all costs incurred in delivery. Resource input for the National Vaccine Booking Service (NVBS) and the Covid Pass Service (CPS) have now ended and income and expenditure for the current financial year have been paid in line with agreed plan
- 29 All financial funding to support the provision of National Covid Services will cease on 31st March 2023. The finance team are working with Commissioners to review current costs and any financial liabilities arising. Final invoices will be agreed by the end of the financial year and will aim to recover all known actual and forecast costs for both SCAS governance wrap and direct Operational costs.

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: 16 March 2023