Agenda

Public Trust Board

Date: Thursday 30 November 2023
Time: 9.30 – 12.30
Venue: Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

Members:

Professor Sir Keith Willett CBE	Chair
David Eltringham	Chief Executive Officer
Sumit Biswas	Non-Executive Director
Mike McEnaney	Non-Executive Director
Nigel Chapman	Non-Executive Director
Les Broude	Non-Executive Director
Dr Anne Stebbing	Non-Executive Director
Ian Green OBE	Non-Executive Director
Dr Dhammika Perera	Non-Executive Director
Paul Kempster	Chief Transformation Officer
Daryl Lutchmaya	Chief Governance Officer
Helen Young	Chief Nurse Officer
Melanie Saunders	Chief People Officer
Mike Murphy	Chief Strategy Officer
Dr John Black	Medical Director

In attendance:

Stuart Rees	Interim Director of Finance
Mark Ainsworth	Director of Operations
Barry Thurston	Interim Chief Digital Officer
Gillian Hodgetts	Director of Communications and Marketing
Kate Hall	Intensive Support Director, NHSE/I
Nora Hussein	Interim Assistant Trust Secretary
Susan Wall	Corporate Governance & Compliance Officer

Apologies:
None received.

Questions received from Board Members for those items marked as 'For Noting' will be received under agenda item 23.

Item		BAF	Action	Time
OPENING BUSINESS				
1	**Chair's Welcome and Apologies for Absence** Keith Willett	-	**Verbal** **For Noting**	09.30
2	**Declarations – Directors' Interests and Fit and Proper Persons Test** Keith Willett	-	**Verbal** **For Noting**	
3	**Minutes from the meeting held on 28 September 2023** Keith Willett	-	**Page 6** **For Approval**	
4	**Board Actions Log** Daryl Lutchmaya	-	**Page 20** **For Approval**	09.35
5	**Chair's Report** Keith Willett	-	**Verbal** **For Noting**	09.40
6	**Chief Executive Officer's Report** David Eltringham	-	**Page 22** **For Noting**	09.45
7	**Update to the Public Board on the previous Private Board meeting held on 26 October 2023** Daryl Lutchmaya	-	**Page 28** **For Noting**	09.50
8	**Integrated Performance Report** Mike Murphy & Executive Director Leads	**SR9 20**	**Page 33** **For Assurance**	09.55
	High quality care and patient experience - We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.			
9	**Patient Story** Helen Young	**SR1 12**	**Verbal** **For Information**	10.25
10	**Quality and Patient Safety Report** Helen Young	**SR1 12**	**Page 37** **For Assurance**	10.40
11	**Medical Director's Report** John Black	**SR1 12**	**Page 50** **For Assurance**	10.50
12	**Operations Report – 999, 111 and Other** Mark Ainsworth	**SR2 20**	**Page 55** **For Assurance**	10.55

Item		BAF	Action	Time
13	**Operations Modernisation Programme** Paul Kempster	SR9 20	**Page 66** **For Assurance**	11.00
14	**Assurance Reports:** a. Anne Stebbing (Quality and Safety 20 November 23) b. Quality and Safety Committee 2022/2023 Annual Report	SR1 12	**Page 68** **For Noting**	-
	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 our system partner.			
15	**Finance:** a. Finance Update- Month 7 Stuart Rees	SR5 20	**Page 78** **For Assurance**	11.10
16	**Assurance Report** Les Broude (Finance and Performance 20 November 23)	SR5 20	**Page 88** **For Noting**	-
	People & Organisation – We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.			
17	**EDI** a) WRES Report b) WDES Report Melanie Saunders	SR7 12	**Page 92** **For Approval**	11.20
18	**People Directorate update** Melanie Saunders	SR7 12	**Page 148** **For Assurance**	11.30
19	**Ofsted Update** Melanie Saunders	SR6 16	**Page 153** **For Noting**	-
20	**Assurance Report** Ian Green (People and Culture Committee 23 November 23)	SR7 2	**To Follow** **For Noting**	-
	Partnership & Stakeholder Engagement- We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans.			
21	**Communications Update** Gillian Hodgetts	SR4 12	**Page 169** **For Noting**	-
	Technology transformation – We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.			
22	**No Report**	SR8 20	-	-
23	**Questions submitted by Board Members on "For Noting" agenda items: 14a &b,16,19, 20, 26 and 27.**			11.35
	5 MINUTES COMFORT BREAK 11.55			
	Well Led – We will become an organisation that is well led and achieves all of its regulatory requirements by being rated Good or Outstanding and being at			

Item		BAF	Action	Time
	least NOF2.			
24	**Risk:** a) Board Assurance Framework including strategic risk 9 Daryl Lutchmaya & Executive Director Leads	**SR9 20**	**Page 176** **For Noting** **For Approval**	12.00
25	**Improvement Programme Oversight Board Update- 1st November 2023** Mike Murphy	**SR9 20**	**Page 182** **For Assurance**	12.10
26	**Recovery Support Programme** Mike Murphy	**SR9 20**	**Page 184** **For Noting**	-
27	**Governance Update:** a) Governor Elections Update Daryl Lutchmaya	**SR9 20**	**Page 189** **For Noting**	-
	CLOSING BUSINESS			
28	**Any Other Business** Keith Willett	**-**	**Verbal** **For Noting**	12.15
29	**Questions from observers (items on the agenda)** Keith Willett	**-**	**Verbal** **For Noting**	12.20
30	**Review of Meeting** Non-Executive Director: Mike McEnaney Executive Director: Paul Kempster	**-**	**Verbal** **For Noting**	12.25
31	**Date, Time and Venue of Next Meeting in Public** Thursday 25 January 2024 at 9.30 Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN	**-**	**Verbal** **For Noting**	12.30

Our Values

Caring:

Compassion for our patients, ourselves and our partners

Professionalism

Setting high standards and delivering what we promise

Innovation

Continuously striving to create improved outcomes for all

Teamwork

Delivering high performance through an inclusive and collaborative approach

Minutes
Board of Directors in Public Meeting

Date: 28 September 2023
Time: 09:30
Venue: Winchester & Eastleigh Resource Centre, Woodside Road, Eastleigh, Hampshire SO50 4ET

Members Present:

Professor Sir Keith Willett CBE	Chair
Sumit Biswas	Non-Executive Director
Dr Anne Stebbing	Non-Executive Director
Les Broude	Non-Executive Director
Dr Dhammika Perera	Non-Executive Director
Nigel Chapman	Non-Executive Director
Ian Green OBE	Non-Executive Director
Mike McEnaney	Non-Executive Director
Paul Kempster	Chief Transformation Officer
Mike Murphy	Chief Strategy Officer
Daryl Lutchmaya	Chief Governance Officer
Professor Helen Young	Chief Nurse Officer
Melanie Saunders	Chief People Officer
Dr John Back	Chief Medical Director

In Attendance:

Stuart Rees	Interim Director of Finance
Kate Hall	Intensive Support Director, NHSE/I
Gillian Hodgetts	Director of Communications and Marketing
Volker Kellerman	Director of Partnerships and Strategic Development
Nora Hussein	Assistant Trust Secretary
Luci Papworth	Director of Operations Clinical Coordination Centres
Susan Wall	Corporate Governance & Compliance Officer

Apologies:

David Eltringham	Chief Executive Officer
Barry Thurston	Interim Digital Chief Officer

Item No.	Agenda Item
22/186	**Chair's Welcome, Apologies for Absence and Declarations of Interest** Professor Sir Keith Willett, Chair welcomed everyone to the meeting. Apologies and declarations of interest were noted.
22/187	**Minutes** The Minutes of the meetings held on 24 August 2023 were confirmed as an accurate record of the meeting.

	• To add- Stuart Rees, Interim Director of Finance in attendance.
22/188	**Minutes from the Annual Members meeting held on 13 September 2023** The minutes of the Annual Members meeting held on 13 September 2023 were confirmed as an accurate record of the meeting.
22/189	**Matters Arising and Action Log** The action log was reviewed, and it was agreed to close: • **22/125** - The Board to consider detailed results of the Staff Survey at a future Development Seminar. • **22/139** - Quality & Safety Committee to consider H&S audit on 'special notes' at a future meeting.
22/190	**Chairs Report** Keith Willett shared with the Board that South Central Ambulance service was as always, very busy with high demand and very challenging for operating model that ambulance services work to. He also added that there was a significant period of change within the NHS, and also across the Trust's service; some of that is reactive to operational pressures and to financial constraints something the Board would revisit during the course of the meeting. He commended the constant and impressive commitment of the Trust's staff. He shared that for the Trust to be resilient it needed a model that would operate and critically be future proof. Keith Willett informed the Board that ideas and support of frontline staff on organisational change and modernisation changes in the operating model and the business model were important. He emphasised that as an organisation all staff are responsible for all elements of performance, finance, culture, behaviour. He also informed the Board that it was to recognise that the Trust is much wider than staff and the Board and that the Trust had Governors, Volunteers, our Public and Membership and reflected that an important part of what the Trust must do is listen and lean into those areas to help support the Trust. Keith Willett informed the Board the Governor Elections opened today for nominations. The Board **noted** the Chairs Update.
22/191	**Chief Executive Officer's Report** Mike Murphy, Chief Strategy Officer provided an update to the Board on the Trust's planned exit date from the Recovery Support Programme (RSP) and the Hampshire and Isle of Wight system entry into the Recovery Support Programme. Mike Murphy informed the Board that David Eltringham, Chief Executive Officer had spent a significant amount of time engaging with the organisation when he joined that resulted in the 10 point plan which was a focus on getting the basics right within the organisation short and long term. He continued to inform the Board that following that David Eltringham and the Executive Team undertook a number of events across the organisation with regard to reaffirming the Trust's strategy.

	The Board were informed that in regard to finding the time to undertake a strategic review it was felt that the Chief Operating Officer's role, which really needed to lead that change, was too big for one person to cover both aspects. The Board were therefore informed that Paul Kempster, would now focus on a program to modernise the operational side of the organisation. He explained that it was a broad range and significant piece of work which would cover workforce, the estates and fleet. He continued to inform the Board that Mark Ainsworth, Director of Operations would focus on management and day-to-day operations and that he would also join the Executive Team for a period of time, and that work was now underway to scope the development of the significant piece of work. Paul Kempster thanked the Board and the Governors for their support during the challenging periods. Anne Stebbing, Non- Executive Director questioned whether Mark Ainsworth would now become a member of the Board. It was answered that he would join the Board as Non-Voting Board Member. Mike Murphy expressed that as a Trust its thoughts are with the families affected by the actions Lucy Letby and informed the Board that the agenda item FTSU response to NHSE Letter would discuss what the Trust is doing to avoid similar actions. Mike Murphy shared that the Trust had been speaking to South East Coast Ambulance Service (SECAMB) to try to find a way to deliver the Adult Critical Care Transport Service (ACCTS) across the whole South East. It is a crucial service in the region and the Trust were exploring more opportunities for collaboration. Both David Eltringham at SCAS and Simon Weldon at SECAmb, have been working in collaboration to find a workable solution to deliver a South-East region wide ACCTS. The CEOs had agreed to work in partnership and to present a workable solution to NHSE in due course. He informed the Board that an indictive start date was April 2024. Sumit Biswas, Non-Executive Director questioned whether there was any information of the scale of the collaboration and the effects on the Trust's finances. Keith Willett responded that there was a financial commissioning model and that there was a medical support structure to support the transfer. Nigel Chapman, Non-Executive Director questioned what work had been done regarding the Governor Elections to outreach through the region. Daryl Lutchmaya, Chief Governance Officer responded that the Communications Team had been involved in attending weekend events and promoting the Elections. He also responded that work was being done to extend the Trust's Communications and Engagement Strategy to start to think a little bit more about of those communities that were difficult to reach. Keith Willett informed the Board that work had been done to raise the profile of the deprivation and inequalities across the patch, and that mapping work had been carried out at the Membership and Engagement Committee. He shared that work focus must be to reach those we had failed to reach previously highlighting that this was the Trust's responsibility. Nigel Chapman advised the Board that the Communications Update should include the work being carried out to reach difficult to reach areas across the patch. Anne Stebbing questioned what had been done in terms of engaging current Governors with the elections such as videos in past elections. Gillian Hodgetts, Director of Communications, Marketing and Engagement responded that similar videos could be produced and that communications had been shared on social media platforms. She also added that the

	Communication's Team are regularly thinking of new ideas as well as thinking of ways to refresh current ideas. Anne Stebbing requested an update on the Electronic Patient Record outage (EPR). Paul Kempster responded that work continues within the testing stage which had provided positive results. He added that the there was an expectation of a go-live date 7 October 2023, providing connectivity into acute trust's had been resolved which was currently an issue. He also informed the Board that the complication had resulted in large amounts of manual scanning. The Chair added that as the EPR outage is a national issue, and that the Trust was not in control of new updates that NHS England and NHS Digital develop. Helen Young, Chief Nurse Officer detailed the risk implications such as safeguarding referral issues. She informed the Board that when the outage occurred as part of the business continuity plans, all the referral processes had undergone a risk assessment and the Trust put in place interim systems and processes to enable the information to be processed in a manual way. She continued to inform the Board that the tried and tested process that had been widely communicated and genuinely thought to be effective was considered to be effectively working. She further informed the Board that within approximately the past 10 days, it had emerged that the site that was receiving the paper records for scanning had found a number of safeguarding written referrals that had not been processed. She informed the Board that it had indicated to the Trust that the interim process that had been agreed was not working as effectively as expected. The Board were informed that a serious incident was declared, and the Trust was in the process of looking into it. She assured the Board given the scale of how many safeguarding referrals were processed it was clear that the majority of staff were using the right processes within the agreed interim process. Keith Willett also added that the Quality and Safety Committee was monitoring this. Les Broude, Non-Executive Director, questioned whether the EPR learning from the business continuity plans had been shared across the organisation in order for other departments to consider within their own business continuity plans. Mike Murphy responded that it was important that the Trust review the situation and review its business continuity plans generally across the whole organisation. He added that IT resilience also required review. The Board **noted** the Chief Executive Officers Report.
22/192	**Update to the Public Board on the previous Private Board meeting held on 28 July & 24 August 2023** Mike Murphy gave an overview of the Private Board meetings held in July and August 2023. The Board **noted** the Public Board Updates.
22/193	**Recovery Support Programme** The Board received information on the Recovery Support Programme within the Chief Executive Officer's Report.
22/194	**Communications Update** Gillian Hodgetts, Director of Communications, Marketing and Engagement informed the Board that SCAS Communications would be supporting the modernisation programme which would be a significant piece of work for the Communications Team and that they had begun work thinking about some of the planning of engagement events with the Trust's executive reports.

	She informed the Board that the Trust had been shortlisted as a finalist for the Chartered Institute Public Relations (CIPR) Awards for Anglia, Thames and Chiltern. She added that the Trust had been recognised for its defibrillator campaign. The Board **noted** the Communications Update.
22/195	**Staff/Patient Story** Keith Willett informed the Board that this item would be covered within the FTSU response to NHSE Letter agenda item in line with the request for the Board to consider the findings of the Lucy Letby Trial.
22/196	**Quality and Patient Safety Report** Helen Young informed the Board that the data within the report related to the period of June and July 2023. Helen Young, Chief Nursing Officer informed the Board that there had been two Zoll incidents reported and were currently under investigation with Zoll forensically analysing the devices. An audit of vehicles was in progress to ensure secondary devices were on every vehicle, and that secondary devices would now be included on the critical check list for staff at the start of their shift. She also informed the Board that Level 3 Safeguarding training was suspended for a period of two weeks during the reporting period to release capacity and support operational performance. It was anticipated that the target will be achieved at year end following implementation of remedial actions. The Quarter 1 metrics for Safeguarding were on track with training compliance above trajectory at 14.75%, Level 3 Safeguarding above trajectory at 51%, against the target of 46%, and SAAF above trajectory at 94.5% against the target of 70%. She continued to inform the Board that the Infection Prevention and Control (IPC) Annual Report was approved by the IPC Committee and Quality and Safety Committee and would be published on the website. She also updated the Board that preparation had commenced for International IPC week, 15 – 22 October 2023. The Board were also informed of the 10 Patient Safety incidents identified and declared as Serious Incidents: • 7 SCAS declared SIs, • 3 System SIs and are currently being investigated in a cross organisational method. She updated the Board that the Patient Safety Incident Response Framework (PSIRF) Strategic Decision Makers training had taken place on 14 September 2023. Mandatory training for all staff Level 1 compliance was currently at 75% and Level 2 at 60%. She highlighted to the Board that she had previously raised the safeguarding incident relating to EPR within the Chief Executive's Report agenda item. Dhammika Perera Non- Executive Director commented that currently the serious incident reporting detailed the themes and that it would be useful to detail the root causes in order to understand the themes further. Helen Young responded that this could be made visible to the Board as it is detailed within the Learning from Experience Reports. Nigel Chapman expressed disappointment in the Zoll incidents given that they were brought in following the CQC inspection. Helen Young assured the Board that both the Make Ready team and staff check before they leave to go on their shift and before they leave their base

	that there was a secondary working device on their vehicle. She also informed the Board that if feedback is received that there are insufficient secondary devices then action would be taken. Mike McEnaney, Non- Executive Director commented that cultural behaviour should be changed to reduce delays. Helen Young responded that her approach was to learn and improve on what can be done based on what had been done. She continued to explain that PSIRF would improve behaviour by proactively working forward to improve rather than work reactively. She informed the Board that the thematic review was a good piece of work, and continued to explain that there were times that there was no ability to directly influence a delay such as because of a handover delay or the sheer demand because of a given day. She further explained that there are delays that can be influenced such as the End of Shift Policy and Meal Break Policy. Paul Kempster also added that there were “lock daily” calls that was monitored daily. He explained that it monitored what was happening and where the ques where. He also explained that this enabled the Trust to monitor what was happening before a problem occurred. He also informed the Board that some of the delays were complex due to the Trust working as a system and that resources were a contributing factor. Mike Murphy also added that the culture of the organisation needed to change and added that some of that change would come through the Improvement Programme. He continued to inform the Board that the Trust needed to accelerate that change and to make sure that it moved to a proactive status rather than a reactive one quickly which had been discussed with the Executive Team. Anne Stebbing requested further clarity on the safeguarding training metrics within the report. Helen Young responded that the Trust’s target to get to Level 3 Safeguarding training was 90% and explained that Education colleagues had developed a month-by-month trajectory as to where the Trust should be. She clarified that were it stated that the Trust was ahead it was based on the percentage required to be reach per month. Anne Stebbing and Helen Young agreed to continue the discussion outside of the meeting. The Board received the paper and **noted** the key quality and patient safety issues.
22/197	**FTSU response to NHSE Letter** Melanie Saunders, Chief People Officer informed the Board that since the last meeting a number of meetings and reports had been put in place to develop patient safety across the Trust including daily reviews of Datix with Clinical Directors and working closely with the FTSU Guardian team. Melanie Saunders informed the Board that the People and Culture Committee had previously agreed to move the FTSU Reports from quarterly to twice annually. She questioned the Board as to whether that was now appropriate. She also informed the Board that Dhammika Perera was now the Trust’s FTSU Non- Executive Director and was now meeting with Simon Mortimore, regularly. Keith Willett highlighted to the Board that October was the national FTSU month and encouraged Board members to participate in events. Helen Young also informed the Board that the Trust’s response and responsibility to the letter was to ensure that there was good governance, assurance and oversight in place. She also

	raised to the Boards attention that by January 2024 the must have adopted the FTSU approach and the Fit and Proper Person. Sumit Biswas commented that in terms of receiving assurance it was important to be able to test with the audience (staff), to capture cultural shift and any lack of reluctance to speak up at all. Dhammika Perera reflected on the importance of background checks during recruitment and the way the Trust analyse incident trends, what had happened and what had gone wrong. Nigel Chapman reinforced the importance of background checks whether the Trust has used a random "dip sticking" approach to assure itself that thorough checks that had been completed. He reflected that the FTSU focused on what to do within the organisation and advised that consideration was required on how to create prevention through recruitment. Melanie Saunders responded that in terms of background checks, the Trust followed the NHS written practice guidance very carefully. She shared that the Recruitment Team were often criticised for the lengthy due diligence work carried out which is regularly audited. She expressed that it was not always possible to gain a full story from references and checks but was assured that the Recruitment Team were working to its best ability. Anne Stebbing questioned whether there was a handle on what percentage of calls were attended by staff were wearing body cameras. She also requestioned clarification on patient safety meetings that were in place to monitor but not develop. Helen Young responded that there was currently not a robust uptake in the usage of body warn cameras. She shared that she was aware that that Trust had an increase in reporting of assaults, verbal and physical on staff, and that it was a potential way of mitigating to understand from both sides what had happened. She continued to explain that once footage was reviewed the Trust would be able to keep its staff safe but for a number of reasons staff were unwilling to engage. She also responded that the Health and Safety Committee are sighted on figures. Dhammika Perera shared that the current cameras were clunky and could be considered problematic. He continued to reflect that as technology moves the cameras would become smaller and it was important that the Trust focused on whether there would be a policy around it and if it would be mandated followed by the development of a framework to implement it. Helen Young responded that staff are nervous of the usage of body worn cameras due to cultural reason primarily lack of privacy. She shared that this area of work had a long way to go. The Board **noted** the FTSU response to NHSE Letter
22/198	**Medical Director's Report** John Black, Chief Medical Officer drew the Boards attention to the Adult Critical Care Transfer Services Stakeholder Feedback included within the appendix. He informed the Board that it had received positive feedback from multiple stakeholders and requests for the service to be extended. The Board **noted** the Medical Director's Report.
22/199	**Governance Update:** **a) Governor Elections Update** Daryl Lutchmaya informed the Board that the Governor Elections was now open and that the Trust will be holding Governor elections on 17 seats. He shared that 5 seats remained vacant.

	The Board was informed that the Declaration of Results would be announced on Wednesday 13 December 2023. Keith Willett requested that the Board gave its support to the Governor Elections. Les Broude requested that relevant checks are carried out within the relevant times due to issues that were raised at the last elections. **b) Fit & Proper Persons Framework** Melanie Saunders informed the Board of changes to NHS England's Fit and Proper Person Test Framework, which were introduced on 2 August 2023. They must be fully implemented by 31 March 2024, with some changes from 30 September 2023. The changes support the implementation of the recommendations from the Kark Review and are mandatory for all Trusts. The updated framework amends existing arrangements and introduces new processes relating to retention of information, standard competencies, and reference checks. The Board were informed that the Chair, supported by the Chief Governance Officer were responsible for the ongoing operation of the framework with support from the Chief People Officer and People Directorate. Sumit Biswas questioned what had triggered the change, and whether there were any areas identified that required focus. He also commented that it would be helpful to have more information on the agenda of the Remuneration Committee report. Melanie Saunders responded that the work had been a long time coming and explained that the reasons of triggering the work was unknown. She advised that given the tragedies caused by Lucy Letby the work should be welcomed by the Board. Anne Stebbing commented that it was important to recognise that things take time and had different prioritisations noting that the Board had had conversations regarding issues already. Mike McEnaney shared that given the Lucy Letby findings the Board should consider expanding the framework across the Trust as good practice. Anne Stebbing questioned whether the work is transferable. Melanie Saunders responded that it was not yet clear however it had been discussed at system level as DBS checks were not yet transferable. It was agreed that oversight of the framework would sit with the Remuneration Committee. The Board **noted** the Governance Update.
22/200	**Risk** **a) Risk Register** Daryl Lutchmaya informed the Board that the Executive Committee approved the development and implementation of a new Digital Risk Management Platform utilising Microsoft SharePoint and linking to the Trusts BI solution (Qlik). This will allow the Trust to have a single source for risks and develop improved reporting for risks for each committee. The Board were updated on the increasing and decreasing risks.

	Nigel Chapman questioned the increase in the risk relating to internal and external fraud. Paul Kempster responded that the Trust was made aware of concerns to the management of overtime that was being investigated. Daryl Lutchmaya informed the Board that he would be reviewing the Gifts and Hospitality Policy and working on implementing it across the Trust via SharePoint. Anne Stebbing questioned whether there should be a corporate risk around business continuity. The Board agreed that this should be added to the risk register. **Action 1.** **b) Board Assurance Framework (BAF)** Daryl Lutchmaya informed the Board that the BAF had previously been considered at Audit Committee. The Audit Committee agreed an additional BAF, BAF9 to consider the Improvement Programme, which would be presented to the Board once developed. The Board were updated on the changes made to Strategic Risk 1,2,3,4,5,6,7 and 8. Keith Willett reflected that the BAF had changed significantly, and the Board welcomed the improvements. Dhammika Perera commented that the risks should contain a further level to detail the risk. Daryl Lutchmaya commented that further work is required on the BAF presentation. Anne Stebbing advised that phrasing around the finances should be considered. The Board reviewed and **approved** the Strategic Risks included in the Board Assurance Framework that fall within the Committee's remit. *The Board took a 5-minute comfort break at this point.*
22/201	**Integrated Quality Performance Report** The Board were informed that there was a formal agreement with West Midlands Ambulance Service (WMAS) to take a percentage of the Trust's 999 calls when breaching the 60 seconds waiting for SCAS to answer. This has improved the call answer performance along with the Trust's own on-going actions to increase Emergency Call Taker staffing levels in its call centres. The Board were informed that the heatwave in June and September 2023 had affected performance. The Board were informed that the Operational Performance Improvement Plan had delivered a number of immediate actions to increase operational staffing levels and reduce the abstractions which were also supported by short and medium-term actions to increase operational hours to meet 999 response demand. The actions included increase in private provider hours, increase in SCAS staff hours through overtime, incentivising specific shifts and bank shifts. Mike McEnaney questioned whether the trajectory plans would have been met if not for the heatwave. Paul Kempster responded that it is possible to demonstrate the underlying performance by removing the heatwave anomaly. Les Broude reflected that there will other times that unexpected anomalies would affect performance, and that it was important to find a way to manage this. He also questioned what the Trust was doing in terms of addressing recruitment. Melanie Saunders responded that funding for internet phones had been sourced. She informed the Board that the Trust aimed to

implement 75 of these phones in the current year and a further 100 in the coming years and that the support and infrastructure was in place with Health Education England.

Melanie Saunders also informed the Board that through the transformation work, both clinicians and students will require support in order to secure the future workforce.

In response to a question regarding maintaining improved performance Paul Kempster responded that this remained challenging due to a shortage of core staff and reliance on bank workers. He informed the Board that the Trust continues to work with WMAS and develop a long term plan with their support.

Nigel Chapman commented that the Executive Summary demonstrated improvement. He also requested further clarification on cat 2 segmentation. Paul Kempster responded that cat 2 segmentation was a number of incidents that sat on the cat 2 stack and that could be held for a further review. He continued to explain that a navigator would look at them and determine the appropriate outcome, including allocating a member of staff and process. He explained that the process enabled staff to focus on resources and on those who need it.

Nigel Chapman continued to question whether the process made it more difficult to reach the 30-minute target. Paul Kempster responded that analysis has demonstrated that the Trust would deliver a small improvement in cat 2 performance due to the process and using less resources.

Sumit Biswas questioned what would be done to improve the fail on Patient Transport Service (PTS). Mike Murphy responded that the target was a consolidated target across all of the contracts and that Trust had differing call answer performance requirements against the different contracts. He continued that this would be addressed when reviewing contracts and that resources was the main impact.

Helen Young informed the Board that meeting infection Control Prevention (IPC) audits had been challenging in recent months particularly in relation to the Trust's buildings and hand hygiene audits. Further work is required to increase the number of audits and compliance rates. IPC leads had been identified in each of the respective services and will work alongside the IPC team to develop plans to address the issue.

She also highlighted to the Board the cluster of controlled drugs losses which had been investigated and actions taken to prevent further losses.

Anne Stebbing observed that the IPC issue was an ongoing problem and questioned what steps were being taken to manage the issue. Helen Young responded that there had been the safety alerts sent out, learning opportunities and webinars to demonstrate to staff how important IPC was. She informed the Board that there had been an uptake in numbers for learning and that there appeared to be discrepancies within compliance. The Board were informed that PTS demonstrated good IPC and that this was required across all departments.

Dhammika Perera questioned whether the investigation of the loss of controlled drugs was a one off occurrence or ongoing issue so that it could be mitigated against. Helen Young responded that it was an ongoing aligned investigation that has demonstrated that it was specific issue within a specific site amongst a specific team.

Regarding workforce Melanie Saunders informed the Board that retention was as important as recruitment and that the figures were improving.

The Board **noted** the report the Integrated Quality Performance Report.

22/202	**Operations Report – 999, 111 and Other** Sumit Biswas questioned what assurance there was regarding the Ambulance Make Ready Service being delivered by Churchill Services and how they would deliver differently to previous suppliers. Paul Kempster responded that the Board had previously received a paper for assurance at the tender stage. He also advised that the Board should note that there would be an mobilisation period during transition from the old contract to the new. He also highlighted that there was a clear set of KPI's and requirements to deliver on a 24-hour basis. In terms of ongoing assurance, he informed the Board that within the new fleet structure was a new role to strengthen the contract management to receive better management grip on delivering the contract. The Board were informed that the post had not yet been filled as it was still under review and that the role was a key part of managing the governance of the service. Anne Stebbing commented that she would be assurance if the Finance and Performance monitored the new KPI's. Les Broude responded that the performance would be reviewed at the Finance and Performance Committee. The Board **noted** the issues in the Operations Report- 999, 111 and other.
22/203	**Finance Report – Month 5** Stuart Rees informed the Board that the Trust had secured agreement to formally move its year-end financial forecast off plan. This requires SCAS Board sign-off in September 2023 followed by HIOW ICS Board sign-off in October 2023. The Trust's forecast outturn is £38.5m deficit. The forecast deficit had increased by £2.6m from month 4, mostly driven by a re-alignment of income assumptions to exclude all non-confirmed income. In addition, the current forecast does not include any costs of organisational structure changes that may be required as part of the financial recovery plan. The Board were updated that £8.5m of potential but unconfirmed income is excluded from the financial forecast. £7.9m of this income was related to increased costs forecast to improve Category 2 performance. This income will continue to be excluded until it is confirmed in writing by NHS England. The Board were informed that In August 2023, the Trust recorded an in-month deficit of £2.3m. This was a decrease of £0.7m from the £3.0m deficit recorded in July. The Trust YTD deficit was £11.9m. The Trust's Financial Recovery Group meet weekly to oversee implementation of financial grip and control measures to manage the financial run rate. The impact to date was considered to have held the position, with no significant reductions in run rate yet to be realised. The Board were informed that the Trust's cash balance at the end of August was £36.1m. The Trust's cash balance had decreased by £13.9m since the start of the financial year. Stuart Rees advised that at the current expenditure run rate, the Trust would require cash support from July 2024 to support continuing operations. The forecast was contingent on the timely completion of sale and leaseback transactions related to new fleet in Quarter 4. Should those transactions be delayed, the Trust would require cash support from as soon as February 2024. The Board were informed that capital spend YTD was £3.9m. The capital plan was phased based on most of the expenditure taking place from August 2023 onwards, particularly for IFRS16 leases. The Trust was still forecasting to utilise its available capital allocation of £22.8m in full, although this is dependent on expected delivery times for new vehicles in Quarter 4 being met.

	Nigel Chapman questioned what conversations were being hand regarding cash. Stuart Rees responded that the national team was now offered brokerage from the current year to the following year. He informed the Board that the 1.5% cost would be waived on this occasion, and that the ICS had been supportive within the process. Les Broude thanked Stuart Rees for coming into the Trust and understanding the fundamental requirements and run rates allowing the Board to have a better understanding of the financial picture. He also commented that with Paul Kempster undergoing his new role it would allow the Board to understand the Trust's challenges further and understand what the Trust's opportunities would be at month 12. He reflected that building strong relationships with the ICB was key. The Board: • **Noted** the current financial position of the Trust. • **Approved** a formal notification to HIOW, in October 23 as part of the Month 6 reporting cycle, to revise the Trust forecast from the current break-even target to a deficit of £38.5m.
22/204	**2022/23 National Cost Collection** Stuart Rees informed the Board that the National Cost Collection is an annual exercise mandated by NHS England to assign NHS provider costs against individual activity types to produce average unit costs. The submission is used to inform national tariff prices and to benchmark provider productivity. He informed the Board that the submission window opens on 16th October 2023. The data to be submitted will not be available until the first week of October 2023. The Trust Board is therefore asked to delegate authority to approve the submission of the 2022/23 National Cost Collection to the Executive Management Committee. The Board were also informed that as part of the submission, the Trust are required to provide assurances on a number of areas and that the Trust expects to meet all of the assurance points that were listed din the report. Anne Stebbing questioned whether the Board should consider having Non-Executive Directors at the Executive Management Committee to oversee such decisions. The Board **agreed** that Mike McEnaney and Les Broude would attend the Executive Management Committee to oversee the submission. The Board **approved** the delegation of authority to the Executive Management Committee to approve the submission of the 2022/23 National Cost Collection on behalf of the Trust Board.
22/205	**Reinforced Aerated Autoclaved Concrete (RAAC)** Stuart Rees informed the Board that a structural survey was commissioned by CBRE Ltd in March 2020. The survey reported the absence of RAAC at nine identified sites. There were two sites where this was not categorical Gosport and Petersfield. The Board were briefed on an active project to replace the roof at the Gosport PTS site and were provided with a further comprehensive review of the estate to meet the latest guidance. The Board were informed of the costs of £81,152 Inc VAT for all 55 sites. Les Broude questioned whether the costs within the leased sites the Trust's financial responsibility were and whether it would be possible to claim against the site's insurance. Stuart Rees responded that it would vary from site to site and that the contracts contain the information. He also responded that it would not be possible to submit an insurance claim however if there was national funding available.

	Melanie Saunders questioned what assurance was available that staff were safe at RAAC identified sites. Stuart Rees responded that sites would be asked to provide assurance that they were taking the necessary steps within the process. Melanie Saunders also asked whether each of the concerning findings within the survey had been addressed. Stuart Rees responded that some had been addressed and would continue to address the others. Anne Stebbing advised that learning should be taken from this matter and that future contracts should consider construction materials. Stuart Rees responded that work on this had commenced. The Board **approved** to commence surveys in line with national requirements and the latest guidance to have acceptable assurances.
22/206	**People Directorate update** Melanie Saunders, Chief People Officer provided the Board with a high-level overview of progress on the Trust's People Strategy against the objectives set for the first 6-18 months of the Strategy. The Board were presented with the strategy's long-term vision. Melanie Saunders informed the Board that they would be presented with an Equality Diversity Inclusion (EDI) training session at a future development session. The Board **noted** the progress against the 6–18-month objectives as set out in the Trusts People Strategy.
22/207	**SCAS Sexual Safety Charter and Allegations Management- Update on SCAS Progress** The Chief People Officer provided an overview of the SCAS Sexual Safety Charter and Allegations Management and provided progress on CQC Must Do- Take staff's concerns seriously and take demonstrable action to address their concerns. This to include where staff have raised concerns relating to bullying, harassment, and sexually inappropriate behaviours. The Board were updated with progress on the Charter, Training, Staff Engagement and Staff Networks. Mike McEnaney questioned whether there was Sexual Safety Charter visual aids up across the Trust's sites. Melanie Saunders responded that that was not yet in place due to the materials being reviewed. She informed the Board that when ready they would be placed across sites and particularly within the rest rooms. Melanie Saunders informed the Board that feedback was being captured within the People's Voice regarding processes followed. The Board **noted** progress to-date and to continue to actively support the ongoing development of our Culture so as to ensure our staff are safe and free from inappropriate behaviours, abuse and/or harassment in the workplace.
22/208	**Assurance Reports** **a) Audit Committee - 21 September 2023** The Board **noted** the Audit Committee Upward Report. **b) Finance and Performance Committee – 18 September 2023** The Board **noted** the Finance and Performance Committee Upward Report. **c) Quality and Safety Committee – 7 September 2023**

	Anne Stebbing informed the Board that she would circulate the Quality and Safety Committee Annual Report. The Board **noted** the Quality and Safety Committee Upward Report. **d) People and Culture Committee – 21 September 2023** The Board **noted** the People and Culture Committee Upward Report. **e) SCFS Ltd – 13 September 2023** Paul Kempster informed the Board that Stuart Rees would be the named Director of SCFS due to his change in role. The Board **noted** the SCFS Ltd Upward Report.
22/209	**Any Other Business** **There was no AOB.**
22/210	**Questions from observers** Loretta Light, Governor commented that it was difficult to hold the Non-Executive Directors accountable as a Governor as the Governors had not been informed of the Trust's financial problems, NOF 4, the outage of the Electronic Patient Records and Zoll incidents. She asked how this would be resolved to support the Governors do their role. Keith Willett responded that this would be addressed with Helen Ramsey, Lead Governor on the view that the information was not shared. Anne Stebbing requested timely Board papers be received and that Board papers were circulated once. Nigel Chapman commented that the Governors received information at the Council of Governors meeting in July 2023, however given the speed of change Governors should perhaps receive short written updates. Tony Nicholson, Governor questioned what actions the Trust had taken on internal audit recommendations regarding the financial sustainably plan and also governance arrangements. He also asked who would lead on each area. Stuart Rees responded that he was the named lead for finance and that the financial plan was to be discussion and sign off at the following Private Board meeting before being presented to the public. Daryl Lutchmaya also responded that he was the named lead for governance and risk, he informed the Board that work was in development and Risk Management Framework would be presented to the Audit Committee for approval prior to roll out across the Trust. He also informed that he envisaged that he envisaged that the Governance Team would be fully resourced by January 2024 and would be in a better position to support the governance challenges.
22/211	**NED Review of Meeting** Nigel Chapman reflected that the scene was set well at the start of the meeting by the Chair and the Chief Strategy Officer. He felt that although some agenda items were rushed some good discussions took place around high-risk areas such as Lucy Letby, EPR and Zoll. He added that a good high-quality discussion was held on IQPR had improved but the agenda should be amended to include more time. He also reflected that there was repetition between the IQPR and directorate reports, and authors should consider content. He also added that the People Directorate required more time and discussion. He concluded that the Board paper pack was far too large, and that consideration should be given to the use of appendices.
	Date of next Meeting in Public Thursday 30 November 2023. The meeting closed at 13.15.

Board Meeting in Public 30 November 2023

Key for Status

	Open		Propose to Close

Action No.	Date of Meeting	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
1	25/5/23	22/150	Governors to be invited to participate in 'triple aim' duty with regard to community engagement.	Chief Governance Officer	October 23	Open	This is on the Council of Governors Development Plan to be actioned in Q4.
2	28/9/23	22/200	Corporate risk on Business Continuity to be added to the Risk Register.	Chief Governance Officer	November 23	Propose to close	We currently have a business continuity risk on the 999 Operations and EOC risk register as well as a Cyber risk (loss of applications due to a cyber-attack). Digital and Information Security risk registers have risks around loss of applications as well, however these are still be transferred over by the relevant teams.

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Report Cover Sheet

Report Title:	Chief Executive Officer's Report
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	6
Executive Summary:	The purpose of this CEO Report is to keep the Board abreast of key issues and developments since its last meeting in public held in September 2023 covering: • Royal visit • Ambulance Leadership Forum (ALF) Conference 2023 • Modernisation Programme • Electronic patient report (ePR) • Ofsted • Staff Survey • Flu Vaccination Campaign 2023 • Elections
Recommendations:	The Trust Board is asked to note the report.
Accountable Director:	David Eltringham, Chief Executive Officer
Author:	Daryl Lutchmaya, Chief Governance Officer
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public

Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	

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Meeting Report

Name of Meeting	Public Board Meeting
Title	Chief Executive Officer's update
Authors	Daryl Lutchmaya & Gillian Hodgetts
Accountable Director	David Eltringham
Date	30 November 2023

1. Purpose

The purpose of this CEO Report is to keep the Board abreast of key issues and developments since its last meeting in public held in September 2023.

2. Background and Links to Previous Papers

This update is based on information during October and November 2023.

3. Executive Summary

Since the last Public Board meeting, I have undertaken the following visits:

2-3 Oct: Ambulance Leadership Forum
16 Oct: Freedom To Speak Up vehicle Driver Training / Familiarisation
19 Oct: Hampshire and Isle of Wight Air Ambulance visit
19 Oct: Winchester Hospital site visit
20 Oct: Ride out from Bracknell
23 Oct: Kidlington site visit
25 Oct: Eastleigh and Queen Alexandra Hospital site visit
31 Oct: Clinical Team Educators Away Day
2 Nov: Mental Health vehicle shift
6-9 Nov: Major Incident Course course
15 Nov: Queen Alexandra Hospital site visit

Royal visit

Following World Mental Health Day on 10 October, HRH The Prince of Wales visited the Milton Keynes Blue Light Hub to highlight the importance of supporting the mental health of emergency responders. He was joined by broadcaster, journalist and psychologist Dr Sian Williams.

The Blue Light Hub is the operational base of South Central Ambulance Service, Thames Valley Police and Buckinghamshire Fire and Rescue Service and is one of the first purpose-built combined emergency service premises in the country. Collaboration between the three services was at the forefront of the design which

encourages fire, police and ambulance colleagues to work together at every opportunity to ensure they are supporting each other and providing the best possible service to the community.

The Prince met with a group of young people, including Blue Light mental health champions and volunteers, and heard first-hand from those in the early stages of their careers about the challenges they face. During the visit he talked with two of our newly qualified SCAS paramedics Graeci Shawcross and Mitchell Brown and had a tour of the Blue light hub. The visit culminated in a round table discussion about the vital importance of equipping those working in the emergency services with the skills to help protect their mental health and build their resilience.

Ambulance Leadership Forum (ALF) Conference 2023

I joined other senior leaders from SCAS for the annual ALF conference which was held in Wales this year and was attended by more than 400 people.

Eluned Morgan MS, Minister for Health and Social Services in Wales opened the conference, which this year focused on ‘Making the urgent and emergency care connection’, organisational culture and staff welfare. Our very own Chair, Professor Sir Keith Willett alongside a number of other high profile and experienced speakers, addressed delegates over a packed two days and left us all with plenty to reflect on as we networked, learned and shared ideas with colleagues.

One of the conference highlights was when Luci Papworth, SCAS Director of Operations for our Clinical Coordination Centres, was presented with an award for Exceptional Service. Luci is a qualified nurse who has worked in NHS settings for 36 years and is due to retire from SCAS and the NHS next month. We are incredibly proud of Luci for winning the prestigious ‘outstanding service award’ at the Ambulance Leadership Forum awards and thank her for her many years of commitment and service.

Modernisation Programme

I joined the Trust in March 2023 and embarked on a programme of engagement to get to know the organisation and some of its challenges. In June, a 10 Point Plan was published aimed at getting the organisation to focus on getting the basics right which alongside a review and reconnection exercise with the long-term strategy. In August, an operational recovery and improvement plan was presented to NHS England which the Trust adapted into both a finance and performance recovery programme. All of this, combined with the Trust's ongoing improvement programme (launched as a result of the 2022 Care Quality Commission report) has led to the development of a comprehensive modernisation programme to make SCAS fit for the future. In order to do this, some significant changes will need to be delivered.

Paul Kempster, Chief Operating Officer, was appointed on 1 October 2023 to oversee the Operational Modernisation Programme which will deliver this change, taking up the role of Chief Transformation Officer. The Operational Modernisation Programme will deliver large-scale organisational change that has not been seen in SCAS since its inception in 2006. This is something we are not taking lightly and one

that must be delivered to ensure the delivery of our mission to deliver the Right Care, First Time, Every Time. The programme will consist of a number of different workstreams in order to deliver its aims, including redesigning the operating models for our patient facing services, redesigning our built environment and fleet model, ensuring that our digital systems are future fit and lastly, making sure that our corporate support services design is patient centred.

Electronic patient report (ePR)

The Trust resumed ePR as of the end of October thanks to a huge effort by a combined Operations, Clinical and IT team. During the four-month outage, Trust staff used paper to record patient events which are now being scanned back into the system and verified by a team of staff away from normal duties. It is likely that this recovery will be completed by the end of February 2024.

Ofsted

The Office for Standards in Education, Children's Services and Skills (Ofsted) has praised SCAS for making progress in the standards of education and training available to apprentice ECAs and AAPs following a visit in September. The focus of the monitoring visit at Newbury Education Centre was to evaluate the progress that leaders and managers have made in resolving issues identified at the previous inspection in November/December 2022.

Ofsted reported "significant progress" in ensuring apprentices with learning difficulties/special educational needs are identified swiftly and receive the support they need. Inspectors also said the Trust had made "reasonable progress" with the quality of English and mathematics functional skills teaching and providing access to full off-the-job entitlement to complete assignments.

The inspectors spoke highly of all staff they met, commending their enthusiasm, motivation, and dedication. They also acknowledged the unprecedented pressures that the organisation currently faces.

I would like to take the opportunity to thank everyone who was involved in the inspection and the work which is undertaken in the education centres every day.

Staff Survey

This year's NHS Staff Survey launched on Monday 2 October and was sent to all eligible staff by email. Feedback will form part of the overarching People Voice Insight channels, which pulls together what staff have shared with teams in various forms, such as People Pulse and Freedom to Speak Up. Whilst local actions will still be important, this year will also see greater emphasis on understanding lived experience across the Trust to support meaningful improvements for the whole workforce in addition to local plans for change.

I would like to thank all of the staff who have taken the time to complete this invaluable survey to help us to improve conditions for all staff.

Flu Vaccination Campaign 2023

With winter viruses on the increase, it is more important than ever for staff to receive their flu vaccine to protect themselves. It also protects SCAS's ability to continue to provide services to those patients who really need us by keeping well while we're at work. We have a number of vaccination programmes designed to protect staff and patients from contracting flu, thereby reducing further pressure on the NHS. These clinics are available for anyone who can attend the Southern and Northern House clinics. They are not limited purely to those who work at these locations:

- We are running day / evening / weekend flu vaccination clinics at both Southern and Northern House to make things as convenient for staff as possible. The SCAS peer to peer vaccination scheme commenced on 2 October 2023.

- Frontline healthcare workers (those dealing directly with patients) are also eligible for a flu vaccine (and COVID boosters) at local NHS sites nearer to their homes.

- We are encouraging eligible staff (likely to be those who are clinically vulnerable/at-risk) to attend their GP / pharmacy to have their free vaccine. Those people are likely to be contacted directly by their GP.

- We have a pre-paid voucher scheme for staff to take to an approved pharmacy.

- If staff are out and about doing their food shop etc. they are able to have their flu vaccine and not have to pay for it. All they need to do is keep their receipt and claim their money back.

Elections

I'm pleased to note that we have had a successful outcome for the Council of Governor elections. 13 constituency seats were elected unopposed and voting will open on 17 November 2023 and will close on 12 December 2023 for the two Berkshire constituency seats. Only two vacancy seats remained unfilled, one in Oxfordshire and one staff constituency.

Recommendation

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

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Report Cover Sheet

Report Title:	Update to the Public Board on the previous Private Board meeting held on 26 October 2023 and Extraordinary Board on 15 November 2023
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	7
Executive Summary:	
Recommendations:	The Board is asked to note the update.
Accountable Director:	David Eltringham, Chief Executive Officer
Author:	Daryl Lutchmaya, Chief Governance Officer
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public

Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	

Meeting Report

Name of Meeting	Public Trust Board
Title	Update to the Public Board on the previous Private Board meeting held on 26 October 2023 and Extraordinary Board on 15 November
Author	Daryl Lutchmaya, Chief Governance Officer
Accountable Director	David Eltringham, Chief Executive Officer
Date	30 November 2023

The Board met in private on 26 October 2023. It also called a Extraordinary meeting and met in private on 15 November 2023.

Private Board 26 October 2023

Finance:

Finance Update- Month 6

The Board were informed that based on the current run rate and delivery of known investments and Financial Sustainably Plan schemes, the Trust's forecast was £29.2m, an improvement of £9.3m from the previous month forecast. The forecast now included an additional income of £8.3m to improve operational performance. The Board were informed that £5.2m of the income was subject to confirmation by NHS England, but it had been agreed with HIOW ICB that SCAS would begin releasing into the year to date position from month 6.

The Board noted the Month 6 Finance Update.

Financial Recovery Plan

Stuart Rees informed the Board that the starting underlying deficit for 2023/24 £34.4m had been reduced to £26.1m following agreed recognition of £8.3m additional capacity funding (£3.1m and £5.2m) as recurrent.

The Board approved the Financial Recovery Plan and recognised that there should be an internal plan.

Integrated Performance Report

The Board were informed that September had been an extremely challenging month for the Trust's category 2 performance with its monthly out turn increasing to 38 minutes 29 seconds from 27 minutes 32 in August. The Trust's category 1 performance also deteriorated in September with an increase of 33 seconds from

August to 9 minutes 4 seconds. Incoming call demand increased to 74,307 calls in September, however the mean call answer time improved to 10 seconds which was the lowest since June 2021.

The Board noted the Integrated Performance Report.

Winter Plan

The Board were informed that the Winter Framework, including adverse weather, had been produced to provide an effective, flexible, and scalable response to the demands of Winter and specifically cold weather on the Trust.

The framework was underpinned by the United Kingdom Health Adverse Weather and Health Plan 2023/2024 and the NHS England South-East Winter Planning Approach 2023/2024. A Winter Oversight Board had been set up and that it would monitor the winter performance.

The Board noted and approved the Winter Framework to enable SCAS to plan and manage for Winter 2023/24.

Category 2 Trajectory

The Board were informed that the Trust's original Cat 2 trajectory, submitted at the start of 23/24 was based on a number of assumptions, including a no growth budget 2022/2023. NHSE had requested each Ambulance Trust to submit a revised trajectory from that submitted in April 2023, to take into account known changes including current category 2 performance and demand growth.

The request for all ambulance Trust's had been to identify actions that will deliver a category 2 mean of 30 minutes. This was a stretching target from the Trust's current position and required the input from ICB partners to manage the handover delays at hospitals to meet the Trust's trajectories.

The Board approved the submission of the new updated Category 2 Mean Trajectory.

Improvement Programme Update

The slides of the Tripartite Provider Assurance Meeting (TPAM) were shared with the Board.

The Board noted the Improvement Plan Update.

the Extraordinary Board had been called as a requirement by NHS England (NHSE). The Board were informed that that due to the unresolved industrial action, the NHS had resulted in a productivity activity loss equivalent to approximately £1 billion of rev

Th Board were informed that NHSE requested systems to complete a rapid two-week exercise to agree actions required to deliver the priorities such as achieve financial balance, protect patient safety, and prioritise emergency performance and capacity, while protecting urgent care, high priority elective and cancer care for the remainder of the financial year. The exercise is focused on confirming existing plans that Trusts and ICBs have developed and agreed with NHS England.

ICB and provider partners were being asked to provide formal board sign-off of their commitment to delivering the core elements of these plans.

Due to the timings, the Board was requested to delegate responsibility to the Chair and Chief Executive Officer for sign-off and to ensure that the required information is provided to the System on time.

The Board delegated responsibility to the Chair and Chief Executive Officer to sign off the Board's commitment to deliver against the plans.

The Board approved the submission of the SCAS forward plan and noted the assumptions within the plan.

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Report Cover Sheet

Report Title:	Integrated Performance Report – October 2023
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	8

Executive Summary:	• The Integrated Performance Report (IPR) has been amended as requested at the September Board. Development focus will now concentrate on the data feeds, target data and commentaries.
	• The October document highlights the following points.
	  ○ Category 2 will be a high-profile measure throughout the Winter but balance across the delivery of all metrics must be maintained.
	  ○ Operational hours are increasing which will support our Category 2 performance. However, handover delays in October added an additional 10 minutes 31 seconds to our Category 2 performance. (Category 1 performance improved slightly). We have been collaborating closely with provider partners to reduce delays in November.
	  ○ Call volumes continue to increase but higher abandonment rates are in part due to calls switching to WMAS who are supporting SCAS at peak times.
	  ○ We have experienced increases in severe or major harm incidents. Delays in care has been identified as a contributory factor and will be the focus of discussion at the Quality & Safety Committee in November.
	  ○ Statutory and mandatory training remains below target despite our 999 workforces being provided with 'study time' to complete their e-learning. Leadership teams are now tasked with identifying improvement plans to return to expected compliance levels. In addition, compliance data accuracy is also under review to ensure that we are reporting against an accurate count of staff.

Recommendations:	The Trust Board is asked to: Note/Discuss SCAS performance for the month of October 2023

Accountable Director:	Mike Murphy
Author:	Mike Murphy, Chief Strategy Officer
Previously considered at:	Board and Board sub committees
Purpose of Report:	Assure
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Partial
Justification of 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: The development of this document continues. However, feedback from Committees identified improvement in the commentaries. The format of the document was amended but will be embedded by the next production cycle and this coupled with training provided by the "Making Data Count" team will drive improvement in the December document.
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

Meeting Report

Name of Meeting	Public Trust Board
Title	Integrated Performance Report – October 2023
Author	Mike Murphy, Chief Strategy Officer
Accountable Director	Mike Murphy, Chief Strategy Officer
Date	30 November 2023

Trust Overview

As we approach Winter a critical concern for the Trust will be the achievement of our ARP performance standards coupled with the need to balance quality, performance and finance. The Trust has produced a trajectory to achieve category 2 performance by financial year end, which will require collaboration with system partners, particularly in Hampshire. The Category 2 target of 30 minutes receives national scrutiny and is an indicator of both the trust and system performance. The measure is also indicative of SCAS progress in each of the Recovery Support Programmes it is engaged in. Achievement of our trajectory will be delivered through the balanced management of the broad range of metrics in this document covering quality, performance and staff wellbeing. Mitigating plans consider their impact across this wider range of metrics as they are developed. However, the IPR is an essential tool for robust internal assurance across a multitude of metrics and scrutiny of it will ensure balance is maintained.

Performance 999 and 111

999 call volumes increased for the second month and are now at their highest level since December 2022, at just over 77,000 calls. The increase is two fold from a rise in 999 calls coupled with an increase in duplicate calls (resulting from callers waiting longer for an ambulance response). The increase in duplicate calls was impacted by higher Ambulance handover delays leading to these longer response times. Mean call answer increased by 5 seconds from September to 15 seconds which is still the second lowest month since June 21. West Midlands Ambulance Service are continuing to support our call answer performance and are taking 10% to 15% of 999 demand after 105 seconds. The higher abandonment rate over the last 2 months is therefore due to calls being switched to WMAS. Response demand has increased in October and is our busiest month since March 23.

The focus remains on delivery of the category 2 mean of 30 minutes however, we

were off trajectory in October achieving 39:51. We have seen an increase in our operational hours during October as the new private provider contracts become established, however the increase in task time reduced available hours. The task time increase was caused by higher than planned handover times with average handover being 27:38 against a trajectory of 21:21. The highest impact was from the QA in Portsmouth where we lost 3200 excess hours. The increase in delays impacted on SCAS C2 performance by 9 minutes 33 with a further 58 second impact from high delays at the other hospitals. The cat 1 mean improved by 1 second to 09:03 and we continue to prioritise resources to these high acuity patients. 62% of our overall demand was C1 or C2 highlighting the acuity of the patients we are attending.

111 demand has increased over the last 3 months and is trending in line with seasonal variations with 131,000 calls being answered in October. We are forecasting the demand to continue to rise over the winter period as seen in previous years. Our 111 call answer remains strong with the last 7 months being above the mean call answer time, although we are still not achieving the national 95% in 120 seconds, achieving 77% in October. Abandonment rate remains around target level of 3%. This has been achieved through successful recruitment and a lowering of attrition with 111 workforce now being 8.7WTE ahead of our plan. The successful move to Partis House in Milton Keynes has provided an excellent facility for our staff and provides further recruitment opportunities.

Hear and treat performance has continued to improve with rates at their highest level since December 22 at 12%. This has been achieved through the new initiatives funded through the additional UEC funding which include Cat 2 Segmentation, GP triaging Cat 3 and 4 calls and increased Clinical Support Desk staffing through international nurse recruitment. There is a corresponding decrease in S&T as we H&T a higher number of patients. The focus remains on decreasing the conveyance to ED to reach the national target of 49% with the last 2 months being just above 50%. We are working closely with system partners on clinical pathways as well as single points of access and direct referrals to consultants.

Quality and Patient Safety

IPC audits continue with some progress made in the volume of buildings and hand hygiene audits completed. Of the ones completed we see a high percentage of compliance which indicates a satisfactory standard of cleanliness, but we still need to improve the numbers of vehicle audits completed to gain complete assurance.

Level 3 Safeguarding training remains on track to meet the 95% target by year end, but we have seen repeated reporting of level 1 adults and children's Safeguarding training below the 95%. In patient safety we have seen increased reports of incidents where there was severe and major harm and a corresponding level of Serious Incidents declared. Many of these incidents have delays in care as a contributory factor. A thematic review has been completed and is being presented to the Quality & Safety committee. Finally, we are monitoring the incidents of unaccounted losses of controlled drugs following a specific investigation and intervention.

Workforce

Across the organisation workforce levels are broadly in line with plan with the exception of the 999 service. The Trust is currently reviewing its 5 year recruitment plan to identify the potential for increasing clinical recruitment over the coming 6-12 months whilst also developing a 3-5 year workforce plan. Recruitment remains broadly on target at a Trust level, on a positive note EOC recruitment is above plan.

Statutory and mandatory training performance remains below target for some subjects, our 999 workforce are provided with 'study time' to complete their e-learning, in recognition of the challenges to enable them to complete modules whist on shift. As a means of resolving this issue Leadership teams are being tasked with identifying improvement plans to return to expected compliance levels. Following a review of compliance data, accuracy has been raised as a concern as the data includes numerous honorary contract holders, including UCAS students, who may not have had their data uploaded into the SCAS ESR system. This concern is being investigated by our BI and Education teams.

Despite improvements and a period of stability in Personal Development Review (PDR/appraisal) rate completion over the last 12 months, performance dropped a further 6 percentage points in M6. This was primarily driven by a further decline in 999 Operations (reducing from 81% to 70%) and EOC's (reducing from 90% to 74%), whereas PTS have increased (84% to 86%) and 111 remained stable (84%). In an effort to resolve this issue, leadership teams will be tasked with identifying improvement plans to return compliance (and quality) to our target of 95%.

Finance

The Trust's financial position year-to-date (YTD) at month 7 is £15.3m deficit with the in month position showing a £1.7m deficit. The Trust's cash balance at the end of October is £33.7m. At the current expenditure run rate, the Trust will require cash support from March 2025 to support continuing operations.

Aged debtors has increased significantly this month due to an NHS provider falling significantly behind on their payments for PTS services. This issue has been raised through formal contract meetings and escalated through the provider's host commissioner (Berks, Oxon and Bucks ICB).

Agency controls continue to have a positive impact on spend, and although October showed a slight increase in month, we continue to spend below the planned target set at the start of the year. The weekly Financial Recovery Group will continue to monitor the use of agency staff moving forwards with the aim being to either discontinue agency contracts once completed or convert agency staff into substantive posts where possible.

CIP's stand at £10m YTD. A long-term financial recovery plan has been developed to set out the roadmap and actions required to return the Trust to an underlying break-even financial position.

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Report Cover Sheet

Report Title:	Quality and Patient Safety Report
Name of Meeting	Trust Public Board
Date of Meeting:	Thursday, 26 November 2020
Agenda Item:	10
Executive Summary:	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, August- September 2023. Progress continues to be made against the objectives outlined in The *Patient Safety Improvement Plan.* All oversight and assurance meetings continued during the reporting period. **Compliance** With the assistance of the local accreditation network and partners at LAS a draft accreditation manual has been created. This has been presented to the Executive Management Group and an implementation plan is being completed. **Medical Devices** • There have been no Zoll incidents recorded during the reporting period. • During the reporting period several vehicles were found not to have secondary AEDS and spare Zoll batteries. A full audit was completed, and audit checklist updated to prevent any further occurrences. No patient harm was identified. • Full audit of medical devices has now been completed and the management system updated. This includes service reports to support visibility and oversight. • Asset management system has not yet been procured and current process remains labour intensive. **Safeguarding** • The **Quarter 2** Safeguarding Improvement metrics remain above trajectory. • **Level 3 training compliance is 0.75% above trajectory at 60.75%.** • The Serious Incident (SI) related to the Ortivus outage which was declared on the 21 October 2023 is progressing with the internal

triage of referrals and associated report being incorporated into the overall SI report. **To date no patient harm has been identified**.

- There remain **3 outstanding actions from the SAAF** (Safeguarding Accountability and Assurance Framework) including the transition of the server, demonstration of dashboard and access for frontline crews to the CPiS (Child Protection Information Service) system via the ePCR (electronic patient records) with functionality expected in January 2024.

Infection Prevention and Control (IPC)

- International IPC week ran from 15 - 21 October 2023. The IPC team attended roadshows with the Speakupluance alongside Freedom to Speak up Teams, with publications on the IPC Hub page and Viva Engage throughout the week. Discussions held with staff regarding PPE and Bare Below the Elbows.
- Updates to the IPC policy and procedures was finalised and approved at Infection Prevention and Control Committee 9 October 2023. These are now published on HUB.

Serious Incidents (SIs)

Patient Safety incidents identified and declared as Serious Incidents.

- **Year to date 38 SIs** have been identified under the (2015) National Framework.
- **The Trust has seen an increase in the number of SCAS declared SIs with 10 (1.2%) of total patient safety incidents being identified as Serious Incidents with "Delay" continuing to be the main theme.**
    - 8 are SCAS declared SIs.
    - 1 incident declared is a System SI and is currently being investigated.
    - 1 is being investigated as a cross organisational SI.
- 3 SIs are currently breaching the 60-day completion target – with approved extensions in place.

Incident Review Panel (IRP)

- **A total of 836 Patient Safety Incidents** were reported across this period:
    - 61 (7.2%) were reviewed by the Safety Review Panel.
    - 18(2.2%) were escalated for further review and investigation due to level of harm.
- A thematic analysis of SIs / DIs between April 2022 - March 2023, where the category of incident is delay, has been completed and is currently being presented through the Trust internal governance processes.

Patient Experience (PE) and Engagement

	• **Trust wide there was a 13% (751) increase** in the total number of PE contacts raised (compared to 666 in the previous reporting period) • **143 new formal complaints** were received, 158 informal concerns and 450 HCP feedback requests, during the reporting period. • **608 cases were responded to and closed of which 72% (432 cases) were either fully or partly upheld** when the investigations were concluded compared to 69% in the previous reporting period. • The Chair of the Patient Panel has been appointed and is currently on induction. • SCAS currently has 3 cases with which the PHSO is currently completing a full investigation. This is a low figure when compared in the sector.
Recommendations:	The Trust Board is asked to: receive the paper and note the key quality and patient safety issues.
Accountable Director:	Professor Helen Young, Chief Nursing Officer / Executive Director of Patient Care and Service Transformation
Author:	Sue Heyes, Deputy Chief Nursing Officer / Director of Nursing and Quality
Previously considered at:	Patient Safety and Experience Committee Quality and Safety Committee
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of Assurance Rating:	Internal and external process of scrutiny against improvements plans (Patient Safety Delivery Group, IPOB, TPAM) External peer reviews (ICS) and system partners
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care

Quality Domain(s)	All Quality Domains
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

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PUBLIC TRUST BOARD PAPER

Title	Quality & Patient Safety Report
Author	Sue Heyes Deputy Chief Nursing Officer
Responsible Director	Professor Helen Young Chief Nursing Officer / Executive Director of Patient Care
Date	November 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 **(August - September 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 The Patient Safety Improvement Plan consists of specific workstreams which include, Safeguarding, Patient Safety and Experience, Management of Medical Devices and Equipment, Medicines Management and Infection Prevention and Control (IPC). 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 and Oversight Board.

2.2 All oversight and assurance meetings were held throughout the reporting period and progress against actions and assurance provided.

2.3 Level 3 face to face Safeguarding training was **not** suspended during the reporting period in support of operational performance. It is still anticipated that the 90% target will be achieved at year end following the implementation of remedial actions.

2.4 The business continuity incident which was declared following the outage of the Electronic Patient Record System continued during the reporting period. This required staff to use paper records to document care and manual referral processes were instigated. To date no reports of any serious harm have been reported. The incident was officially stood down on 10 October 2023, however a Serious Incident was declared on 21 October 2023 to investigate the processing of safeguarding referrals.

2.5 Full audit of medical devices has now been completed and the F2 management system has been updated. Service reports are now also uploaded onto the system.

2.6 During the reporting period several vehicles were found not to have secondary AEDS and Zoll batteries. A full audit was completed, and the audit checklist updated to prevent any further occurrences. The issue related to vehicles that had been in the workshop and had not been checked against the new schedule. No patient harm was identified.

2.7 Updates to the IPC Policy was finalised and approved at Infection Prevention and Control Committee 9 October 2023. These are now published on HUB

3. Main Report and Service Updates

Compliance

3.1 The compliance team have been attending CQC webinars and downloading resources as they are published regarding the new model of inspection. The 'We' quality statements have been shared and CQC have since shared the types of evidence they will use to make their judgements. The new inspection approach has been designed to be transparent with a system of evidence scoring. The scoring system aims to increase the judgement's reliability and consistency. CQC's professional judgment will still be used alongside the other tools they will be utilising.

3.2 With staff from operations, PTS and contact centres now trained in the use of the compliance tool limited data has been submitted from centres. The limited returns have been escalated to divisional clinical governance meetings.

3.3 With the assistance of the local accreditation network and partners at LAS a draft accreditation manual has been created. This will be presented to the executive management group before an implementation plan is completed.

Infection, Prevention and Control (IPC)

3.4 International IPC week ran from 15-21st October 2023. IPC team attended roadshows with the Speakupluance alongside Freedom to Speak up Teams, alongside publications on the IPC Hub page and Viva Engage throughout the week. Discussions held with staff regarding PPE and Bare Below the Elbows.

3.5 Introductory meetings held in October 2023. A total of 4 out of the 10 named IPC link practitioners attended. Meetings to be held quarterly and IPC link practitioners to assess their area and feedback prior to next meeting in January 2024.

3.6 Updates to the IPC policy and procedures was finalised and approved at Infection Prevention and Control Committee 9 October 2023. These are published on HUB.

3.7 Revised presentation of audit data and inclusion of station and nodal/county level data to promote ownership at local level was received well at Committee. Revision details number of in date audits for hand hygiene, vehicles, and stations alongside number of out-of-date audits and compliance rates. Presented and accepted as new format in IPCC and Clinical Governance meetings.

Management of Medical Devices

3.8 Full audit of medical devices has now been completed and the F2 management system has been updated. Service reports are now also uploaded onto the system.

3.9 During the reporting period several vehicles were found **not to have** secondary AEDS and spare Zoll batteries. A full audit was completed, and the audit checklist updated to prevent any further occurrences. The issue related to vehicles that had been off the road in the workshop and had not been checked against the new schedule. No patient harm was identified.

Safeguarding

3.10 The Quarter 2 metrics for Safeguarding are above trajectory. **Level 3 training compliance is 0.75% above trajectory at 60.75%.**

3.11 An ICB Peer Review took place on 6 November 2023, positive verbal feedback received was positive. Final report summary will be provided in the next board update.

3.12 User testing for transition to the new server is now complete and a provisional date of 30 November 2023 has been given for the change to be implemented.

3.13 There remains **3 outstanding actions from the SAAF** (Safeguarding Accountability and Assurance Framework) including the transition of the server, demonstration of dashboard and access for frontline crews to the CPiS (Child Protection Information Service) system via the ePCR (electronic patient records) with functionality expected in January 2024.

3.14 The Serious Incident (SI) related to the Ortivus outage is progressing with the internal triage of RED referrals and associated report being incorporated into the overall SI. To date no harm identified.

Mental Health (MH) and Learning Disability

3.15 The two major challenges regarding Mental Health Services include a review of the dispatch model due to low usage of the Mental Health Response Vehicles (MHRV) and a review of the call queues for 111 mental health services (provided by Southern Health).

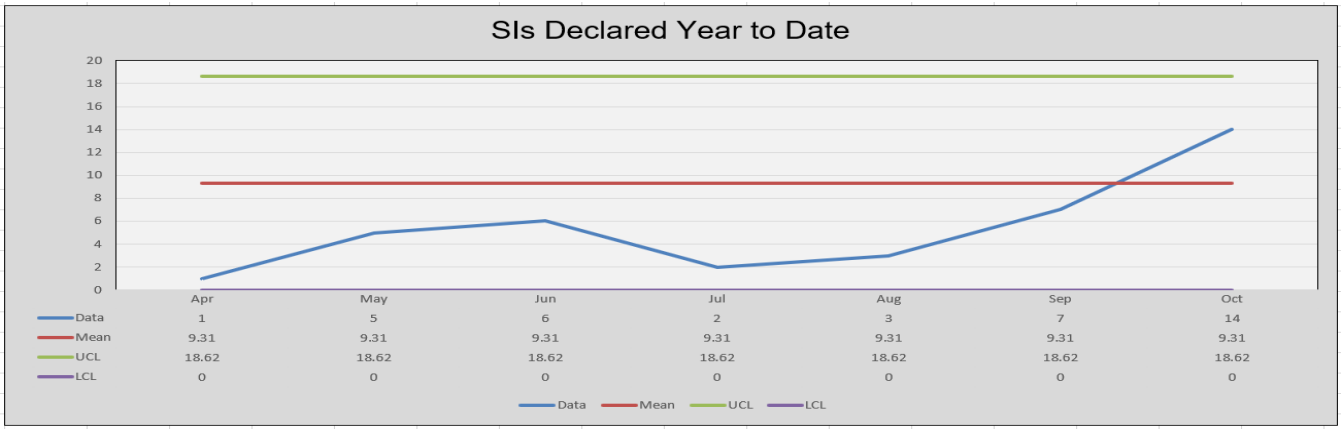
3.16 The Oliver McGowan Learning Disability training is at 79% completion for part one of Tier 1 and Tier 2 with an anticipated trajectory of 90% by 31 March 2023.

Complex Care

3.17 The Complex Care Team are provided with a more direct line management from the MH Team but remain in the portfolio of the Assistant Director, Safeguarding.

Serious Incidents (SI's)

3.18 Year to date South Central Ambulance Service (SCAS) **have identified 38 SIs** under the national framework.



3.19 The Trust has continued to see an increase in the number of SCAS declared SI's with (10) or (1.2%) of total patient safety incidents being identified as Serious Incidents, with 'Delay' continuing to be the main theme, and unchanged from previous reports.

- 8 are SCAS declared SIs.
- 1 incident declared is a System SI and is currently being investigated.
- 1 is being investigated as a cross organisational SI

3.20 (3) SIs are currently breaching the 60-day completion target – with approved extensions in place.

- 3 SIs have current "stop the clocks" on them due to ongoing Police investigations.
- 3 incidents reviewed at SRP/IRP have been referred for a detailed (internal) investigation.
- 5 Serious Incidents were closed by ICBs across this reporting period. 2 of these were in relation to chest pain discharged on scene with reattendance within 48 hours.
- All actions from these are complete. There have been no similar incidents of discharge on scene of chest pain since May when we instigated immediate actions to prevent harm occurring to patients with chest pain.

Incident Review Panel (IRP) Activity

3.21 A total of 836 Patient Safety incidents **were reported** across this reporting period.

- 61 (7.2%) Patient Safety incidents were reviewed at Safety Review Panel (SRP).
- 18 (2.2%) Patient Safety incidents **were escalated** for further review and investigation due to the level of harm.

3.22 A thematic analyses of SIs / DIs between April 2022 / March 2023 where the category of incident is delay has been completed and is currently being presented through Trust internal governance processes.

Patient Safety Incident themes by Service - Emergency Operations Centre (EOC)

3.23 Incident reporting **rose by 37% overall** when compared to previous reporting period. Patient Safety incident numbers were higher for Emergency Operations Centre (EOC) South who reported 68 incidents compared to 17 reported by EOC North.

3.24 The top three reported incident categories across both EOCs during the reporting period were Delay, Patient Treatment/Care, and ICT Systems.

3.25 Common themes for incidents captured under the category of ‘Delays’ were delayed arrivals at scene, contact centre staff failing to follow procedure, calls stacking, communication issues and access to translation services.

3.26 Root causes identified for delayed arrivals at scene were operational resourcing below plan, hospital queuing, demand outstripping available resource and operational policy restrictions.

3.27 Themes noted for incidents reported under the category of ‘Patient Care and Treatment’ were concerns caused by other care providers or booking processes used by other provider HCPs (Health Care Professionals

Category 2 Segmentation

3.28 NHS England have mandated a Category 2 Segmentation process in response to a sustained increase in the numbers of Category 1 and 2 events nationally. This involves urgent clinical navigation by a Clinical Navigator and review by a Clinical Validator from the Clinical Support Desk, of 86 different symptom discriminators associated with Category 2 event.

3.29 The quality impact assessment for this scheme was approved at Executive level and the project went live on the 28 September 2023. A progress report of the first two weeks activity will be shared in due course.

Category 3 and 4 Validation

3.30 Increased validation of Category 3 and 4 incidents to ensure patients are directed to the most suitable care pathway, and resources are preserved for higher acuity patients has commenced. Increased validation is completed by GPs. A quality impact assessment was approved at Executive level and the project went live on the 2 October 2023.

3.31 A daily audit is being completed by SCAS to ensure safe use of the system by GPs, and a separate audit program is underway to ensure patient safety during validation. Further scrutiny of end-to-end patient outcomes will commence shortly, with a full review of the first two weeks post implementation to be shared in due course.

Patient Safety Incident themes by Service - 111

3.32 During the reporting period there were (105) patient safety events reported by 111. This is a decrease on previous reporting periods.

3.33 The primary 3 categories remain “Delay”, “patient treatment and care” and “ICT Systems” Risk grading for clinical incidents remains low with all incidents graded as low or no harm.

3.34 The main theme identified from reported incidents relates to callers being instructed to call 111 by GP surgeries due to lack of appointments. This is causing a poor patient experience and operational challenges.

3.35 It has been identified that not all 111 colleagues are aware of the remote observer pathway in the context of concern for welfare calls. The National Police programme "Right Care, Right Person" has reduced the number and nature of incidents that police will respond to, particularly around concern for welfare calls. In conjunction with patient safety, safeguarding and quality improvement teams updated communication on national police strategy, and how this affects 111 will be developed and disseminated to staff.

Patient Safety Incident themes by Service - Emergency and Urgent Care (E&UC)

3.36 During the reporting period there has been (362) patient safety incidents reported. This **equates to a decrease of 10% from the previous reporting period. The number of clinical incidents has increased in comparison to the number reported in the same period last year.**

3.37 The severity of cases remaining low with (351) incidents being logged as low or no harm. The (11) cases that were reported as Moderate and above have followed the Trusts escalation process by the Patient Safety Managers.

3.38 The top three reported categories were Patient Treatment / Care, Delay and Medicines.

3.39 47% of these concerns that were raised under the category of patient care and treatment were directed **at other health care professionals external to SCAS**, the majority of these relate to Hospitals, GP's, and Nursing / Care homes. Risk grading for these incidents remains low with most incidents graded as low or minor risk. Five cases were graded as moderate or above.

3.40 The most common themes for incidents reported under the category of delays (69) were, delayed arrival at scene (17), communication issues (9) and hospital issue (7). Change in category of hospital issues appearing in the top 3 is due to the electronic Patient Record outage and transfer of information electronically. Risk grading for these remains low with most incidents graded as low or minor risk. No incidents of harm directly related to the outage have been identified.

3.41 The most common themes for incidents reported under the category of Medicines (39) were, Medicines missing from modules (stock taking error) and administrations (10). The Education teams have been made aware of this general theme to be able to support staff better. Risk grading for these incidents remains low with all incidents graded as low or no harm.

3.42 **Incidents trend reporting a deterioration in patients and the recontact of SCAS to a cohort of patients who have Neutropenic Sepsis.** Clinical Memo Issue: Neutropenic Sepsis – Triage and Conveyance Decisions was re-issued. The Clinical validation Process 2023 was updated and released to staff on the 1 September 2023**. The Clinical Governance Team are monitoring incidents to highlight any further cases of this concern. Clinical Team Educator teams are supporting teams with training needs.**

Patient Safety Incident themes by Service - NEPTS

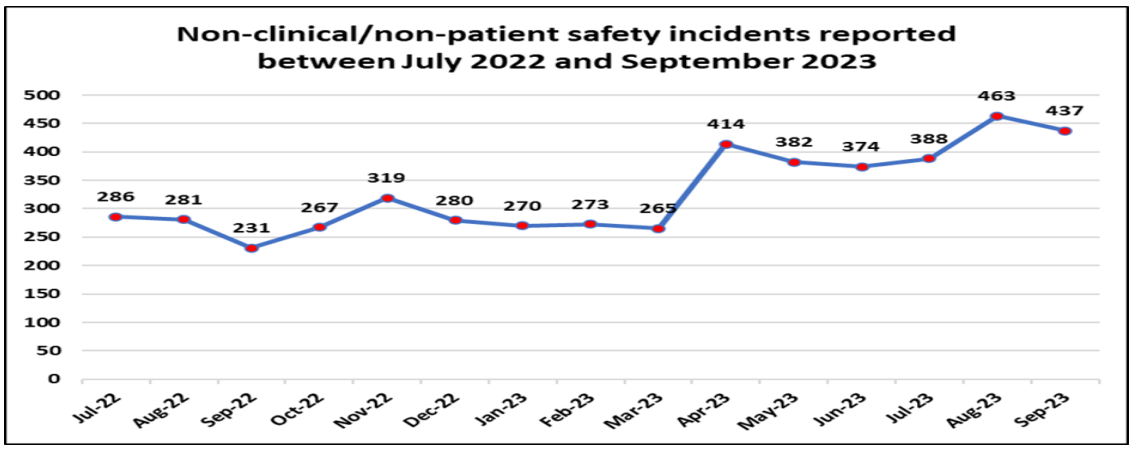
3.43 During the reporting period there were a total of (121) patient safety incidents. All incidents are graded as low or no harm.

3.44 The top 3 categories were Slip, Trip and Fall (40), Patient treatment/care (21), Ill Health (10). Slip Trip and Fall were all low or no harm. 30% Falls were patients who had fallen prior to or on arrival of crew. Patient treatment/care incidents were all low or no harm incidents where just over half relate to poor standards of care witnessed by crews. 25% relate to failed discharges and the remaining 25% relate primarily to lack of information given on the booking. In the cases reported as Ill Health they were all low or no harm. 30% of patients became unwell during conveyance and care escalated to 999, 50% of patients unwell on arrival of crew, care escalated to 999 as appropriate depending on care setting.

Non-clinical/non-patient safety incidents

3.45 The chart below illustrates the total number of non-clinical incidents reported during the reporting period.

Figure 1



3.46 The increase in the data is due the change in which the report is now compiled. Previously the categories of non-clinical incidents were more limited and the changes to widen the categories under the non-patient safety incidents umbrella has resulted in the increase in numbers but also a greater ability to understand the themes.

3.47 The majority of incidents are categorised as low harm.

3.48 Medicines incidents is the top reported category, the sub-category with the highest number of incidents is controlled medicines, then medicines missing from modules. These incidents are primarily about staff observing that the medicines record has not been completed by the previous crew, so it appears there is a discrepancy.

3.49 Abuse**/abusive behaviour is the second highest reported category and are mostly low or no harm incidents,** but reporting is encouraged. The sub-category with the highest number of incidents is verbal abuse.

3.50 The majority of incidents continue to be reported by 999 operations staff.

3.51 Several actions are being taken to address themes:

- CCTV and body worn camera footage provided to police to support prosecution.
- Staff remined to completed training and wear body worn cameras.
- Placing of special situation features (SSFs) on specific addresses for staff safety – policy development for SSF in Quarter 4.
- Details from Datix added to Cleric for information on future journeys.
- Welfare support provided to staff – where identified staff were offered TRiM, EAP and Optima Health.
- Violence Prevention Strategy against required standards to be finalised by year end.

Patient Experience (PE) and Engagement

3.52 The number of Patient Experience contacts Trust wide increased 13% (total 751) in comparison to the previous reporting period (666).

3.53 In the same period last year, the Trust received (597) PE cases, this demonstrates an increase of 26% cases year on year.

3.54 During the reporting period the Trust received (143) new formal complaints, (158) informal concerns and (450) HCP feedback requests and (236) compliments.

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

PE Contacts August/September	2023/24	% of Trust Total	% change from previous two months
NHS 111 incl GP CAS & MHTS	**132**	18	Down 1%
PTS	**444**	59	Up 8%
999 Operations	**128**	17	No change
EOC	**47**	6	Down 2%
Trust total	**751**	**100%**	**Up 13%**

3.56 Complaints responded to within agreed timescales: August 98%, September 100% (Target 95%).

3.57 (608) cases were responded to and closed of which **72% (432 cases) were either fully or partly upheld when the investigations were concluded compared to 69% in the previous reporting period.**

3.58 A breakdown of the outcomes/lessons/actions taken from closed cases highlights the following trends and areas for improvement,

- Communication, patient, relative and carer. Both internal and external communication issues.
- Staff education, knowledge, experience, and training (team and individual)
- Resourcing- demand outstripping the resources available.
- Patient notes, care, and management plans not being followed as per policy.

3.59 The PE Team is completing an audit of HCPF to determine and ascertain patient safety concerns which require a response and percentage of feedback which does not require a response to be completed in Quarter 3.

3.60 **SCAS currently has 3 cases with which the PHSO is currently completing a full investigation**. This is a low figure when compared in the sector.

3.61 The Chair of the Patient Panel has been appointed and the post holder is currently on induction.

Health and Safety

3.62 The Board are asked to note that several joint site inspections have been conducted by the Health and Safety manager, union colleagues and operational managers. Findings will be linked and cross referenced to the corporate compliance work.

3.63 Some common themes from the site inspections are:

- In some stations oxygen cylinders were stored upright but were not restrained – raised and addressed during the inspection.
- Some chemicals were in unmarked bottles and a comprehensive review of COSHH has commenced with a Hub page central database for COSHH risk assessments.
- Specific risk assessments need to be completed at premises such as lone working/use of air compressors/jet wash/first aid.

4. Recommendations

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

Sue Heyes, Deputy Chief Nurse

Date: November 2023

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Report Cover Sheet

Report Title:	Chief Medical Officer's Report
Name of Meeting	Public Trust Board
Date of Meeting:	30 November 2023
Agenda Item:	11
Executive Summary:	The purpose of the paper is to update the Board on key Clinical Issues relating to: • Clinical Research • Ambulance Clinical Quality Indicators (ACQI) • NHS pathways prioritisation of resuscitated patients following out of hospital cardiac arrest. • Introduction of 'resuscitation Igel' Supraglottic Airway.
Recommendations:	The Trust Board is asked to note the contents of the Chief Medical Officer's report.
Accountable Director:	John Black Chief Medical Officer
Author:	Martina Brown Research Steering Group Jane Campbell Assistant Director of Quality
Previously considered at:	
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Acceptable** – General confidence in delivery of existing mechanisms/objectives

Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	Appendix 1 - Recruitment in Current SCAS Principle Trials Appendix 2 – CRASH4 Study Recruitment Update

Public Board Meeting Report

Name of Meeting	SCAS Public Board
Title	Chief Medical Officer's Update
Author	Martina Brown Jane Campbell John Black
Accountable Director	John Black
Date	November 2023

1. Purpose

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

- Clinical Research Updates
- Ambulance Clinical Quality Indicators (ACQI)
- NHS pathways prioritisation of resuscitated patients following out of hospital cardiac arrest.
- Introduction of 'resuscitation Igel' Supraglottic Airway.

2. Executive Summary

2.1 SCAS Research Trials

In October 2023, two members of the SCAS research team attended the PROTECTeD research conference at Warwick University.

- The PROTECTeD study aims to help paramedics to make good *decisions regarding termination of resuscitation*.
- The conference was a consensus event during which a new guideline was reviewed and discussed. Paramedics, ED clinicians, guidelines writers, cardiac arrest survivors and relatives of non-survivors were amongst attendees.
- Discussed were the various elements of the proposed guideline deciding whether they should be included and whether there were any particular nuances not already identified by the study team.

This work will feed directly into future JRCALC clinical practice guidelines and will benefit patients and families in end-of-life decision making following out of hospital cardiac arrest. The SCAS CMO is a member of the External Stakeholder Reference Group for this Study.

2.2 Recruitment to Open Studies

Please see **Appendix 1** for recruitment into current SCAS main clinical trials.

Good recruitment progress sustained in most trials despite operational pressures on the service.

SCAS continues to be the highest recruiting NHS Trust for the Crash 4 TXA Trial nationally.

2.3 Ambulance Clinical Quality Indicators (ACQI)

Commentary for the time-based clinical indicators is included in the IPR.

We still do not have access to historic SCAS Ortivus clinical records prior to the ePR outage which is limiting our national ACQI care bundle performance reporting as visibility of the individual clinical records is required to establish compliance. Plans are in place to report on the scanned records as validation of the scanned paper clinical records is completed. Attempts are being made to recover as many historic clinical records as possible from SCAS Data Warehouse.

2.4 NHS Pathways prioritisation of resuscitated patients following out of hospital cardiac arrest.

SCAS has previously identified a risk that NHS Pathways codes patients who have been successfully resuscitated (for example following successful defibrillation) as requiring a Category 2 emergency response from the ambulance service.
An audit was undertaken to review the effectiveness of the implementation of a CCC work around process introduced in 2022 which ensures that all resuscitated cardiac arrest patients (ROSC) are responded to as a Category 1 emergency instead of the Category 2 as currently determined by NHS Pathways. The CCC workaround process was audited between 10 Nov 22 – 10 Mar 23 with the intention of identifying any themes and potential areas for quality improvement. Staff feedback was also sought.

The CCC workaround utilisation rates were low, and the use of a Category 1 response was found to have been clinically appropriate in all cases. It was known to have failed on 2 previous occasions. The review concluded that this work around process is important to ensure that patients receive a clinically appropriate rapid response from SCAS despite NHS Pathways initial prioritisation.

Since this audit was undertaken and following escalation of the known potential risk of failure of this CCC workaround process to NHSE, it has been agreed in October 2023 by the national Emergency Clinical Prioritisation Advisory Group (NHSE) that all patients with ROSC should be coded by NHS Pathways as requiring a Cat 1 response – this will obviate the need for the SCAS work around process (and associated risk of failure) being used in CCC. The SCAS work around process will be terminated when NHS pathways software is updated in Q1 2024.

2.5 Introduction of Resuscitation I-Gel Supraglottic Airway

The trust has introduced the resuscitation i-Gel, which includes a drainage tube (Ryle's tube) to be inserted via the i-Gel airway into the stomach to drain its contents and to reduce the risk of the stomach contents being regurgitated (inhaled) into the lungs.

The Clinical Governance Team and the Medical Devices Group are reviewing incidents to understand the impact of this on patient safety and whether it has reduced the need for endotracheal intubation attempts. To date there have been no reports of patient harm following its introduction.

3. Recommendations

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

John JM Black
Chief Medical Officer
16th November 2023

NHS
South Central Ambulance Service
NHS Foundation Trust

Report Cover Sheet

Report Title:	Operations Report – 999, 111 and Other
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	12
Executive Summary:	This report is to highlight to the board the current performance and actions being taken to improve our response to patients. Our focus remains on delivering our category 2 trajectory; however we missed our target of 27:57, achieving 39:51 for the month with a year to date position of 32:45, with our cat 1 mean at 08:53 YTD. 62% of our demand is presenting as cat 1 or cat 2 calls, indicating a higher acuity of patients calling 999. We have seen a slight increase in our 999 call answer; however we are still receiving support from WMAS for call handling capacity. Hospital handover delays remain a key risk for our delivery of our trajectory with delays impacting on cat 2 performance by 10 minutes in October.
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.
Accountable Director:	Mark Ainsworth, Director of Operations
Author:	Mark Ainsworth, Director of Operations
Previously considered at:	Operations Reports are presented at every Board meeting in public.
Purpose of Report:	Note/Assure
Paper Status:	Public

Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of 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):	High Quality Care & Patient Experience
Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care
Quality Domain(s)	All Quality Domains
Next Steps:	On going monitoring of progress against the cat 2 trajectory with a focus on reduce handover times and increasing operational hours
List of Appendices	999 Call Demand, 111 Performance, 111 Call Demand, 999 Response Demand, Operational Hours, Hospital Handover Delays, Long Waits, Indirect Resources

Board Meeting Report

Name of Meeting	Public Trust Board
Title	Operations Report – 999, 111 and Other
Author	Mark Ainsworth, Mark Adams, Luci Papworth, Rob Ellery, Ruth Page, Ross Cornett
Accountable Director	Mark Ainsworth, Executive Director of Operations
Date	30th November 2023

1. Purpose

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

2. Background and Links to Previous Papers

The paper provides a monthly update for October on current performance measures including the current position with our category 2 trajectory delivery. The paper also highlights current risks to delivery and actions being taken to mitigate where possible. Additional data charts have been provided as appendices to support the narrative.

3. Executive Summary

3.1 Our focus remains on delivering our category 2 trajectory; however we missed our target of 27:57, achieving 39:51 for the month with a year to date position of 32:45, with our cat 1 mean at 08:53 YTD. 62% of our demand is presenting as cat 1 or cat 2 calls, indicating a higher acuity of patients calling 999. We have seen an increase in our operational hours during October with the new private provider contracts commencing, however we have seen a significant increase in our task time through higher handover times. Our trajectory for handover times was 21:21, however this increased to 27:38 with the highest impact at QAH with an average handover of 1 hour. The increase in delays at QA impacted on our cat 2 mean by 9 minutes 33 seconds for the month, with the remaining hospitals excess handover impacting by a further 58 seconds. 999 call volumes are at the highest level since December 2022 with just over 77,000 calls. Mean call answer rose by 5 seconds to 15 seconds, however this is still the second lowest month since June 2021. West Midlands Ambulance service are still supporting SCAS by taking 999 calls when they have been presented to us for 105 seconds and they are taking 10 to 15% of our 999 demand. 111 demand has increased over the last 3 months with 131,000 calls being answered in October and we answered 77% of calls in 120 seconds. We have seen a lowering of attrition in our 111 contact centres which is supporting the call answer improvements. The successful move to Partis House in Milton

Keynes, has provided an excellent facility for our staff and provides further opportunity for recruitment in the area.

Clinical Co-ordination Centres

3.2 Call answer in October deteriorated to 18 seconds for the month. This was driven by a 5% demand increase in inbound call volumes. (Appendix 1.1). West Midlands continue to answer calls on our behalf, however due to their capacity answer calls that have waited for 105 seconds instead of 60 seconds. Average handling time (AHT) rose to 9 mins 12 seconds in October and was driven by higher numbers of duplicate calls and an increase in the Isle of Wight AHT. We currently have 164.75 WTE ECTs with 124.55 work effective.

3.3 Hear and treat levels have increased to 12% and this has been achieved through the on going recruitment of CSD clinicians, as well as the implementation of Category 2 segmentation and the GP triaging cat 3 and 4 calls. There is a corresponding decrease in S&T as we H&T a higher proportion of patients. The focus remains on decreasing the conveyance to ED to reach the national target of 49% with the last 2 months being just above 50%.

111

3.4 Performance in 111 remains consistent and above trajectory but below national target. The detail can be found in appendix 1.2 and 1.3

3.5 Current establishment for Health Advisors is 233.87 WTE with a shortfall of 94 WTE to meet performance. The shortfall for clinicians to meet performance is 30 WTE with a current establishment of 59.81 WTE. The first cohort of the 14 international nurses for 111 arrived in the UK safely, they will be commencing NHS Pathways training in December after fulfilling the NMC requirements.

3.6 Partis House is now fully open with staff enjoying their new work environment. Consultation is underway to enable overnight opening of the centre which will provide resilience and increase clinical staffing overnight.

3.7 Percentage referred to 999 remained consistent across the period at circa 11%. On average 92% of category 3/4 dispositions were validated with 58.9% of those patients offered alternative pathways. Referral into ED Type 1 and 2 was circa 4%, again with consistent levels of validation, 74% of these dispositions were validated and 41% offered alternative pathways.

Urgent & Emergency Care

3.8 999 response demand has increased by 5% from September and is at the highest level since December 2022. (Appendix 1.4). 62% of demand is category 1 and category 2 illustrating the higher acuity of patients. We have seen a week on week increase in our operational hours during October as our private providers increase the level of contracted hours. We are also offering overtime incentives to our staff for additional hours cover. We carry out a weekly review of our operational hours to assess if we need to cancel any education abstractions to increase operational hours. (Appendix 1.5).

Hospital Handover Delays

3.9 Handover delays have increased steadily since June 2023 and peaked in October with 6,100 hrs lost and an average handover time in October at 27 min 38 secs against the 15 min target. The QAH remains our significant outlier with average handover in October at 1 hr 1 min 53 secs. (Appendix 1.6).

Long Waits (LWs)

3.11 Rather than focus on the cumulative total of LWs a view of the percentages of call categories that breached the LW threshold and how that looks against upper, lower and mean control measures is provided. C1 LWs have stayed at or under the mean consistently since December 2022. A similar picture can be seen with C2, 3 and 4 but more significant is the increase above the mean seen in September. (Appendix 1.7). When the gap between resource availability and demand increases, this will lead to higher volume of long waits. We are carrying out a number of actions to increase our resource levels including additional private provider tenders and reviewing an annual leave buy back scheme.

SCAS Connect: Patient Outcome Feedback Loop

3.12 The development of a feedback loop in the SCAS Connect platform, which supports learning from patient outcomes and enables clinicians to reflect on their clinical assessment and decision making, is now live with Milton Keynes Urgent Care Response. This will close the last “should do” action from the CQC review. The system provides the ability to send an email to the service provider to request patient outcome feedback and the feedback is automatically sent to the SCAS email address of the SCAS clinician making the referral. We have a roll out programme to engage all providers across the SCAS geography.

Resilience & Specialist Operations

3.13 The top risks to SCAS which are currently being managed by the RSO team are:

- **Terrorism**
- **Pandemic Influenza**
- **The Manchester Arena Inquiry recommendations**
- **Widespread Electricity loss**
- **Severe Weather**

Clinical Equipment

3.14 The new asset management system project has been approved by the Executive Transformation Board and is due to be presented to the Executive Management Committee on the 28th November.

Fleet and Ambulance Make Ready (MR) Services

3.15 The Tender for the new service is complete and awarded to Churchill Services. The new contract commenced on the 1st November and revised KPIs for the service are included in the contract.

3.16 The delivery of the 53 new DCAs has been delayed again following further issues with the convertors CEN certification and the prototype delivered. Work is in progress to rectify issues and deliveries are due to start in January 2024.

3.17 Delivery of the 72 ambulances with the new convertor has also been delayed due to delivery delays with the base vehicles. Deliveries are due to start by the end of March 2024.

3.18 Currently we will not receive all 125 new DCAs by the end of the financial year as originally planned.

4. Areas of Risk

4.1 **Handover delays impacting on ambulance availability**. Excess delays impacted on SCAS Cat 2 by 10 minutes in October and we are experiencing similar levels of delays in November. The QAH remains our main focus, however we are seeing increases at other hospitals. We are working closely with QAH to reduce delays and have embedded one of our clinical pathways leads in the hospital.

4.2 **Fleet provision to meet increased operational requirement**. With our focus to deliver an increase in operational hours to deliver the cat 2 trajectory, this is adding pressure on SCFS to deliver the required ambulances each day. This is impacted further by the delays in the build and delivery of the 135 new ambulances. We are hiring 8 additional DCAs to mitigate some of the impact.

4.3 **Inability to secure required additional Private Provider hours**. We have tendered for 4 additional ambulances 24/7 to increase our operational hours and are currently reviewing the tenders submitted. If we do not secure the hours this will impact on Cat 2 and we do not believe our current suppliers can bridge the gap.

5. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

This paper primarily links with the Trust objective to deliver high quality care and patient experience. The operations team focus is to provide the best possible service to our patients through efficient process in our contact centres and the best care possible from our staff responding to patients. The BAF risk is SR 1 safe and effective care, with our focus on delivering timely and appropriate response to every patient.

6. Governance

We are required to deliver to the NHSE standards for the Ambulance Response Programme and the Ambulance Clinical and Quality Indicators.

7. Responsibility

The Executive Director of Operations is responsible for delivery and monitoring of the improvements within the Operational Board Report.

7. Recommendations

7.1 The Board is asked to **note** the contents of the report.

Appendices

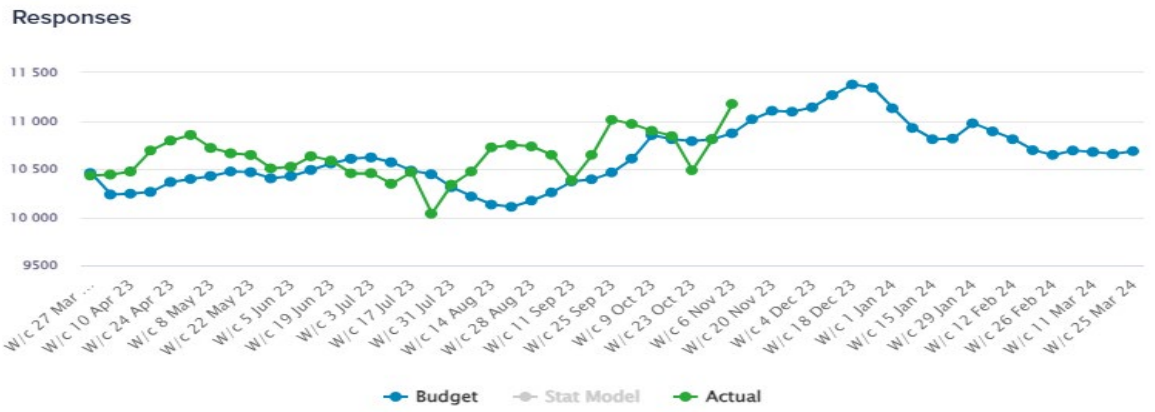
1.1 999 Call Demand

1.2 111 Performance

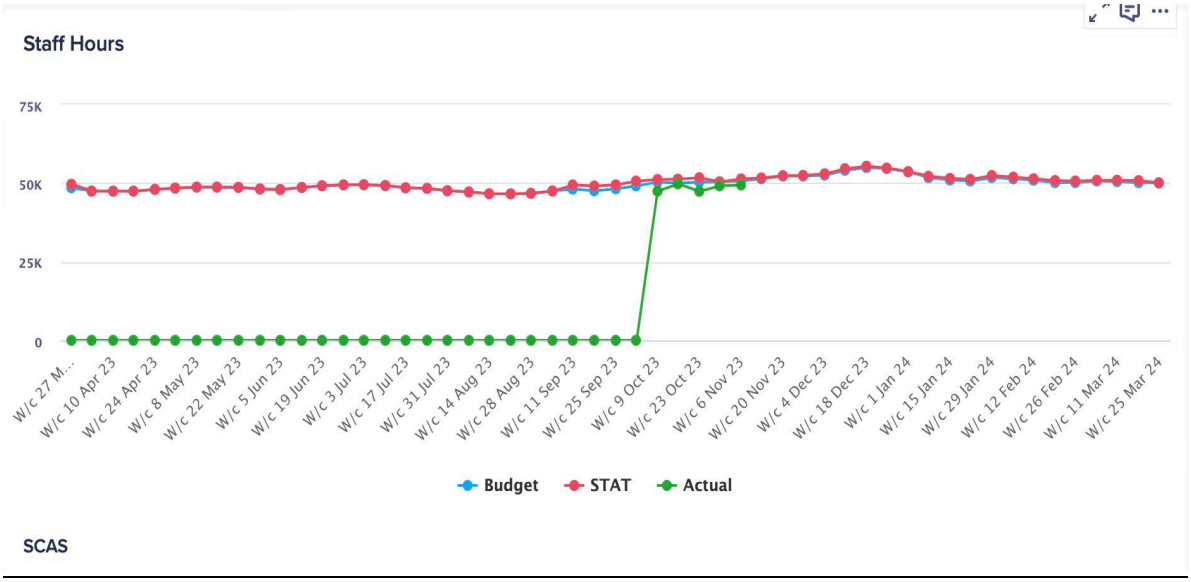
	Call answer in 120 secs (≥95%)	Abandonment rate (≤3%)
September 23	71.86%	5.31%
October 23	76.61%	4.20%
November 23 to date	82.59%	2.34%

1.3 111 Call Demand

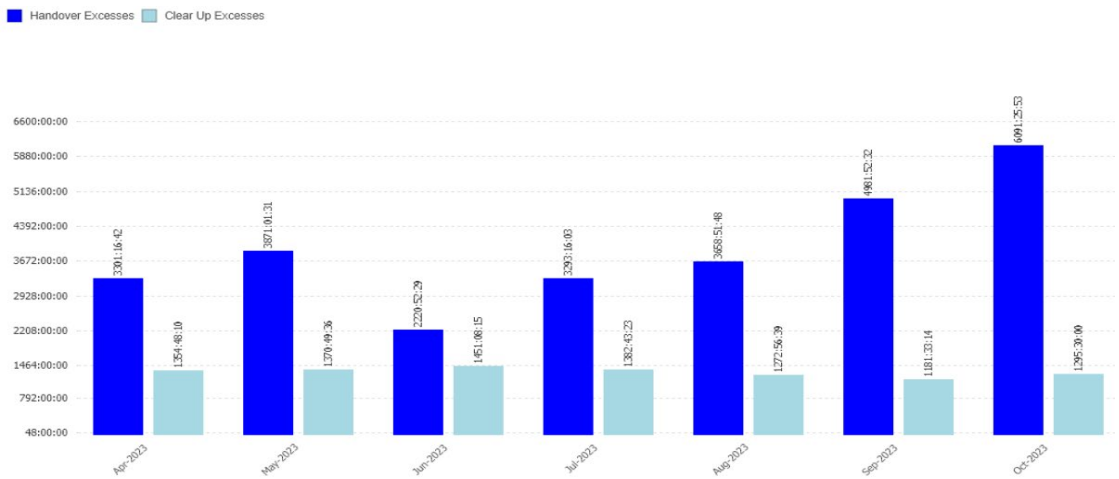
1.4 999 Response Demand



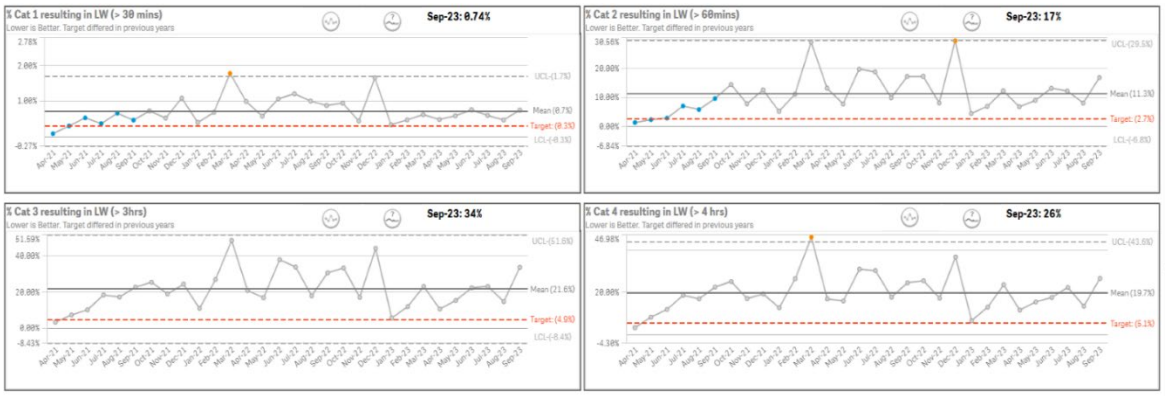
1.5 Operational Hours (*system error for historic data)



1.6 Hospital Handover Delays

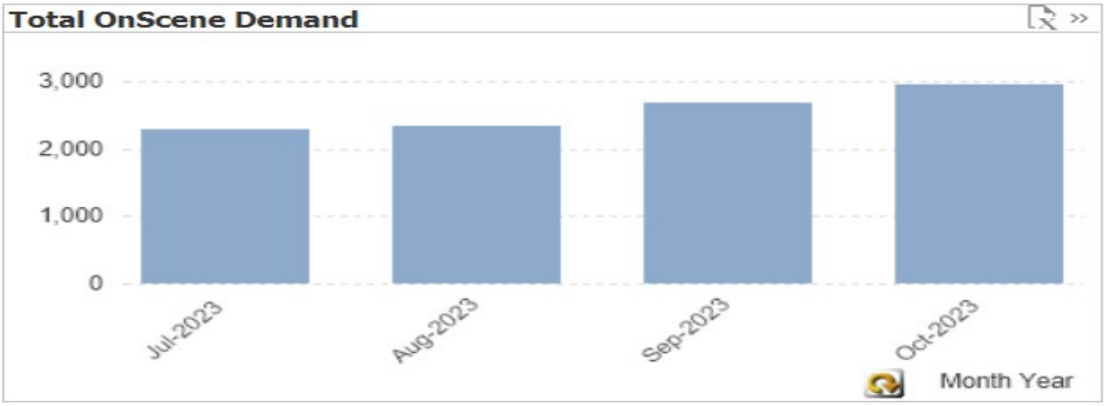


1.7 Long Waits



1.8 Indirect Resources

The attendance to incidents has slowly increased since August with attending 2949 incidents in October and providing over 40,000 hours of availability.



Activity Time by Date & Time	
Month & Year	Activity Time
Jul-2023	39615:51:30
Aug-2023	38574:00:09
Sep-2023	36745:49:55
Oct-2023	41302:58:59

Category of Call	C1	C2	C3	C4
Jul	351	1624	270	35
Aug	408	1593	281	50
Sept	389	1928	301	47
Oct	464	2045	346	67

The number of CET resources being allocated to Category 1 incidents has steadily increased since July from 234 to 324 in October. They have helped to stop over 69% of the incidents they attend, and the overall contribution of 29 seconds has been consistent for the previous two months with October being 34 seconds.

CET Contribution by Month				
Month And Year Name	Jul-2023	Aug-2023	Sep-2023	Oct-2023
Total Cat 1 Incidents (SCAS)	3,374	3,443	3,774	4,018
% of Cat 1 Stopped by CET	6.9%	7.8%	7.2%	8.1%
Cat 1 CET OnScene	351	408	389	464
Cat 1 Stopped by CET	234	267	272	324
% of Cat 1 Onscene Stopped b	66.7%	65.4%	69.9%	69.8%
Cat 1 Mean Stopped by CET	0:08:38	0:08:14	0:08:00	0:08:36
Cat 1 Mean (SCAS)	0:09:19	0:08:32	0:09:05	0:09:04
Cat 1 Mean - CET Removed	0:09:46	0:09:01	0:09:33	0:09:38
CET Contribution	0:00:27	0:00:29	0:00:29	0:00:34

We continue to assist in attending any Cat 3/4 incidents under the direction of a clinician and on average 64% of the call volunteers attend are scene by a UCD and CET resource only.

Nature of Call Cat 3 & 4								
Month	Total NOC (all responders)	% with NOC left at scene (all responders)	CET Assign	CET OnScene	Car OnScene	AMB OnScene	CSD / UCD OnScene	% CET on-scene and see & treat
Jul	15673	42.7%	362	301	41	164	165	63.5%
Aug	16486	44.1%	395	328	24	197	194	62.8%
Sep	16558	36.8%	400	345	30	182	206	67.5%
Oct	16954	36.9%	460	408	47	223	278	62.7%

The new telephone devices are currently being rolled out and will have the ability to enable our GoodSam on scene to be used in more cases and ISTUMBLE is being planned towards the end of the year which will help aid the assessment of those non injury falls incidents.

Operational Projects

U&E Ops Roster Review Project

This project continues to progress with three operational areas working on shift alignments and should complete this phase, including voting by the end of November, these will then be presented to the Scheduling Teams for development. The current timeline to complete all roster implementations is April 2024.

EOC Roster Review Project

During October following discussions with TU colleagues on roster patterns that have been proposed, we have now paused the ECT roster implementation to undertake a further review on previously rosters submitted to determine some roster re-designs, this will ensure best outcome can be achieved with staff. This action will be reviewed at the next Project Board in November.

Emergency Services Mobile Control Project (ESMCP) (Radio Replacement)

We have successfully completed the firewalls testing across all sites for the Control Room Solution (CRS) and we are working to configure the Tenant within SCAS and working on the training material and test scripts. The Mobile Data Vehicle Solution (MDVS) software configuration has been agreed locally by U&E Operations and the Project Board.

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Report Cover Sheet

Report Title:	Operations Modernisation Programme
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	13
Executive Summary:	The attached slides provide the Board with an update on the implementation of the modernisation programme.
Recommendations:	The Trust Board is asked to note the update on progress with the mobilisation of the modernisation programme, making SCAS fit for the future.
Accountable Director:	Paul Kempster, Chief Operating Officer
Author:	Tina Lewis, Senior Transformation Programme Manager
Previously considered at:	Executive Management Committee
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable

Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	As per slide 7
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

Upward Report

Name of Committee reporting upwards	Quality and Safety Committee
Date Committee met	20 November 2023
Chair of Committee	Anne Stebbing
Upward reporting to	SCAS Board

Items	Issue	Action owner	Action update
Points for Escalation			
Not applicable			
Key issues / business matters to raise			
Corporate Risk Register (CRR)	The Committee welcomed the new style CRR which provides a much clearer summary and view of Risks. This prompted enquiry from committee members, and recognition of concerns, that were more easily recognised	Corporate Risk Manager	Further review and feedback at further Q&S Committee meetings.
Areas of Concern and / or Risks			
Category 2 call performance / delays / Long waits	Focus on risks affecting ability to deliver Category 2 performance. (Demand, staffed hours, (private provider and SCAS FTE, inability to control handover delays, available finance). Noted that this week all training had been cancelled to help protect capacity. Concern raised that mandatory training also needs to be maintained and noted that it has been agreed to prioritise face to face resuscitation training. Risks to patients and staff discussed.	Executive team	Short term – regular review of hours available and mitigations to increase these. Continued work with partner organisation to reduce handover delays. Medium to longer term - increasing number of trained staff, to reduce reliance on private providers and duplication of crews attending calls. To continue to monitor all harm associated with delays and learning from incidents to identify other actions for improvement.

		Q+S	Q+S will receive thematic review of incidents concerning delays at next meeting (Jan 2024).
Ongoing problems linked to EPR outage	Due to the recent EPR outage the Trust's ability to monitor clinical performance in real time has been compromised because of delayed access to paper clinical records and previous electronic records. ACQI clinical audits not undertaken.	Assistant Director Quality	ePR back online 10 October 2023, action plan in place to complete outstanding ACQI audits from back log of scanned paper records (NHSE informed of delayed reporting),
IPC Audits: (SCAS Improvement Programme Scorecard)	% compliance for buildings cleanliness target is not being met and show little sign of change over several months. (Aim 95%, Actual 80.5%)	Assistant Director Quality	Continued development of IPC champions, support to operational colleagues to ensure good understanding of what is required.
Items for information / awareness			
Clinical Pathways	Committee noted from BAF, strategic risk 2, that clinical pathways (As alternative to conveyance or conveyance to ED), are not in place in all acutes and systems. The medical director shared with NEDS the latest SCAS Clinical Pathway Services Dashboard which demonstrated the wide variation at present. This provided helpful insight as to the scale of the issue.	Medical Director	The medical director explained that there is significant variability across the SCAS geography, and outlined the extensive work that is taking place to try and develop greater consistency.
Clinical Audit Planner	Committee noted the planner for 2023/2024 (previously reviewed by Clinical Review Group (CRG)).	Medical Director	CRG to ensure any audits added throughout the year. Q&S Committee and CRG to receive annual overview report at year end.
Mental Health and Learning Disability Annual Report	This report was due for submission to this meeting but omitted from the pack. The report has been sent separately to the Q+S NEDS, and any questions will be raised via email, and then logged under matters arising at the next meeting.	EA to Chief Nurse	
Education plan for frontline staff 2024/2025	Q+S received the plan and supported the principles behind it, while noting the importance of maintain training to provide our staff with the tools they need, and our patients with the best care.	Executive management committee	EMC to approve the plan
CQC / compliance update	SCAS staff have been learning more about the CQC new model of inspection	Compliance team	A briefing pack is being prepared and will be shared with Q+S NEDS. This will also be a topic covered in a future Board seminar.
Best Practice / Excellence			

Improvement Programme reporting and Tripartite Provider Assurance Meeting (TPAM)	The Committee were significantly assured by receipt of the Patient Safety Improvement Programme documentation shared with the most recent TPAM and noted in particular the Safeguarding and Incident Reporting Successes. The committee noted that TPAM had agreed to reduce the frequency of reporting to TPAM	Chief Nurse	Continued reporting via Q&S Committee and TPAM. Agreed that both need to receive assurance.
Quality and Safety Committee Annual Report	The Q&S Annual Report was agreed at the prior Committee meeting, once some minor edits were completed and agreed to present to SCAS Board. Final version now available.	Q&S Chair	Paper to be presented to SCAS Board 30 November 2023.
Mental Health Select Paper (formerly known as Option 2)	The Committee were assured on the programme for delivery for the mandated NHS 111 option.	Director of Operations	Soft launch 30 November 2023.
Compliance with Terms of Reference			
Quorate	The Committee meeting was quorate and complied with its terms of reference.	Q&S Chair	

Author: Anne Stebbings
Title: Chair of Quality and Safety Committee / Non Executive Director
Date: 21 November 2023

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Report Cover Sheet

Report Title:	Quality and Safety Committee 2022/2023 Annual Report
Name of Meeting	SCAS Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	14.b
Executive Summary:	The Quality and Safety Committee has prepared this Annual Report for the 2022/2023 financial year for the attention of the Board. It sets out how the Quality and Safety Committee has satisfied its Terms of Reference (ToR) during the year and provides the Board with information relating to how it has carried out its responsibilities. Production of a Quality and Safety Committee Annual Report is required as good governance practice and complies with the Quality and Safety Committee's ToR.
Recommendations:	The Trust Board is asked to note the Quality and Safety Committee 2022/2023 Annual Report.
Accountable Director:	Professor Helen Young, Chief Nurse / Executive Director of Patient Care and Service Transformation
Author:	Dr Anne Stebbing, Non-Executive Director and Chair, Quality and Safety Committee.
Previously considered at:	Quality and Safety Committee
Purpose of Report:	Assure
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options** • **Acceptable** – General confidence in delivery of existing mechanisms/objectives

Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

Meeting Report

Name of Meeting	SCAS Trust Public Board
Title	Quality and Safety Committee 2022/2023 Annual Report
Author	**Dr Anne Stebbing, Non-Executive Director and Chair, Quality and Safety Committee**
Accountable Director	**Professor Helen Young, Executive Director of Patient Care and Service Transformation / Chief Nurse**
Date	November 2023

1. Purpose

The Quality and Safety Committee has prepared this Annual Report for the 2022/2023 financial year for the attention of the Board. It sets out how the Quality and Safety Committee has satisfied its Terms of Reference (ToR) during the year and provides the Board with information relating to how it has carried out its responsibilities.

Production of a Quality and Safety Committee Annual Report is required as good governance practice and complies with the Quality and Safety Committee's ToR.

2. Background and Links to Previous Papers

This report is presented annually.

The Quality and Safety Committee provides independent scrutiny and it focuses on promoting safety and excellence in patient care; identifying, prioritising and managing risk arising from clinical care; and ensuring the effective and efficient use of resources through evidence-based clinical practices.

The Quality and Safety Committee independently reviews, monitors and reports to the Board on matters associated with the attainment of effective clinical care for patients.

3. Executive Summary

<u>Membership</u>

3.1 Quality and Safety Committee membership for the 2022/2023 financial year has been:

- Dr Anne Stebbing, Non-Executive Director (NED) and Chair, Quality and Safety Committee
- Mr Sumit Biswas, NED
- Mr Nigel Chapman, NED
- Dr Henrietta Hughes, NED (until September 2022)

Compliance with the Terms of Reference (ToR)

3.2 During 2022/2023 the Quality and Safety Committee has operated in a manner compliant with its ToR (which were amended in March 2022, to increase meeting frequency to bimonthly) in particular:

- The Committee has met 6 times during the 2022/2023 financial year with a full agenda and attendees.
- The Committee had 1 Extraordinary Safeguarding meeting.
- Meetings have been quorate (at least two members).
- Committee has exercised its full range of responsibilities.
- Upward Reports of the Committee meetings have been circulated to the Board.
- Committee Chair has brought key issues / concerns to the attention of the Board.

3.3 All meetings have continued to be held on Teams rather than in person.

COVID-19 Pandemic

3.4 Quality and Safety Committee continued to receive updates on the additional national services delivered by SCAS during the pandemic (Covid Response Service (CRS 111), Covid Clinical Assessment service (CCAS), Covid Vaccination helpline).

3.5 The Chair of Quality and Safety continued to attend the CRS/CCAS/Vaccination Helpline Board meetings on Teams.

Meetings

3.6 During 2022/2023 the Quality and Safety Committee met 6 times as planned. The attendance of members is set out below:

	A Stebbing	S Biswas	H Hughes	N Chapman
12 MAY 2022	Y	Y	Y	APOLOGIES
14 JULY 2022	Y	Y	Y	Y
8 SEPTEMBER 22	Y	Y	APOLOGIES	Y
3 NOVEMBER 22	Y	Y	N/A	Y
12 JANUARY 2022	Y	Y	N/A	Y
9 MARCH 2023	Y	Y	N/A	Y

3.7 In addition, the Committee held an extra meeting to discuss safeguarding and other issues raised in immediate feedback following the CQC inspection of SCAS in April / May 2022.

	A Stebbing	S Biswas	H Hughes	N Chapman
9 JUNE 22	Y	Y	Y	Y

Governance, risk management and internal control

3.8 The Quality and Safety Committee has received regular reports on the clinical governance, risk management and internal control processes throughout the period.

3.9 There is cross-membership between the Audit Committee and the Quality and Safety Committee. Henrietta Hughes and Sumit Biswas are members of both subcommittees of the Board.

Care Quality Commission (CQC) Inspection April/May 2023

3.10 Following inspection of two cores services (Emergency Operations Centre and Urgent and Emergency Care) and the well-led domain in April / May 2022 the Trust was given an “Inadequate” overall Trust quality rating. All members of the Quality and Safety Committee engaged with oversight of the Trust-wide improvement plan, and the Quality and Safety Service Delivery Group which was established to ensure areas identified by the CQC as needing improvement were robustly addressed.

3.11 In addition, the Quality and Safety Committee continued to seek assurance that actions being taken would address all the concerns raised about safety of patients and staff, and that improvements would be sustained.

To agree Trust-wide clinical governance priorities

3.12 The Trust has a robust and effective process for agreeing the Quality Accounts priorities. The Quality and Safety Committee engaged with setting the priorities for the Quality Account in March 2022, however following the concerns raised by the CQC, some of the priorities received less focus while other improvements were undertaken. The Quality and Safety Committee agreed that during 2022/23 five priorities were delivered, 3 partially delivered and 2 were not delivered.

3.13 The Quality and Safety Committee received annual reports from Infection Prevention and Control, and Patient Experience.

To monitor the Trust’s compliance with the national standards of quality and safety of the Care Quality Commission and NHS Improvement licence conditions

3.14 A compliance paper is a standing item on the Quality and Safety Committee agenda. The progress on actions on the improvement plan have been monitored at each meeting in year.

To monitor within the Trust a culture of open and honest reporting

3.15 At each meeting the Quality and Safety Committee reviewed the summary upward reports for key Executive-chaired groups within the organisation to consider actions, progress, risks and learning. These groups were the Clinical Review Group, Patient Safety Group, Serious Incident Review Group, Patient Experience Review Group, and Education and Training summary along with Commercial Division. Following feedback from the CQC, the Safeguarding Committee, also reports directly to the Quality and Safety Committee for assurance.

3.16 Following the CQC visit SCAS established a People and Culture committee (first meeting 23 June 2022) as a further subcommittee of the Board. Liaison between the chairs of both committees and non-executive membership across both committees has helped ensure oversight is provided at the most appropriate committee, and that where necessary assurance is sought through the perspective of BOTH committees.

3.17 Leadership Walkabout activities re-started during the year enabling members of the Quality and Safety Committee to gain better insight into the culture of the organisation, and in particular to understand the ability to speak up, and for action to be taken (where necessary) to address the concerns raised.

3.18 Internal Audit reports with a quality and patient focus were considered by the Committee.

3.19 Governors have been observers to the committee meetings during 2022 -2023.

Management and Reporting

3.20 The ToR for the Quality and Safety Committee states that the Committee shall request and review reports and positive assurances from Directors and Managers as appropriate.

4. Areas of Risk

No specific risks to escalate from the Annual report.

5. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

The Trusts mission is to deliver the right care, first time, every time. Recognising and learning from occasions where errors may have been made that have affected or caused harm to a patient, member of the public or staff member is important to ensure that lessons are learned and steps are taken to avoid a reoccurrence.

6. Governance

The Quality and Safety Committee considers that it has met its Terms of Reference for 2022/2023. The ToR for the Quality and Safety Committee were reviewed at July 2023 meeting along with the draft Annual Plan.

7. Responsibility

The Chair of Quality and Safety Committee has responsibility for the Committee meeting Terms of Reference and upward reporting.

Key areas for 2023/2024 are:

- For the Committee to ensure that the high standards of scrutiny and governance are improved and maintained.

- For the Committee to scrutinise and triangulate data and actions from other committees to ensure quality and safety is embedded in the decision making processes.

- To receive assurance that all areas identified for improvement following the CQC visit in 2023 are completed, and the improvement is sustained.

- To receive consistent assurance that the organisation has a robust process of monitoring regulatory compliance. This will be achieved by the reports and action plans generated from the implementation of the Compliance Accreditation System.

- To receive assurance in the form of a report that the Quality Impact Assessment management processes of any schemes are robust and have thoroughly considered the impact on patient safety and quality.

- To continue to receive updates on the implementation of the Patient Safety Strategy.

- To receive reports on the Trust's Quality Improvement strategy and initiatives.

- To receive reports as per the annual workplan and have accountability for the oversight of progress against action plans.

7. Recommendations

The Board is asked to note the contents of the Annual Report.

NHS
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Report Cover Sheet

Report Title:	Finance Report for the month ended 31st October 2023 (Month 7)
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	15
Executive Summary:	I&E Position In October, the Trust recorded an in-month deficit of £1.7m, consistent with the improved run rate at September M6. The Trust YTD deficit is £15.3m, £11.3m off plan. In early November NHS England announced additional funding for systems to cover the cost of industrial action, with this additional funding and further operational flexibility, NHS England has asked all systems to review and confirm their financial forecasts in line with operational plans. An Extraordinary Board meeting was held on 15th November 2023 at which it was agreed that SCAS would signal a revised year end forecast of £22.3m financial deficit subject to receipt of expected and indicative funding. This is a movement from the previous run rate forecast of £29.3m. Internal Forecast at M6 - £29.3m • Improvement within run rate - £1.7m • Cost control - £2.0m • SCFS historic accounting review - £1.1m • Indicative funding - £1.2m • Other confirmed funding/movements - £1.0m Internal Forecast at M7 - £22.3m In line with agreed national processes, SCAS continues to make all efforts to bring down its year end current run rate and still formally forecast delivery of a breakeven position through formal national returns at M7. Cash

	The Trust's cash balance at the end of October is £33.7m. The Trust's cash balance has decreased by £16.3m since the start of the financial year. The cash forecast has improved due to the planned receipt of additional income. At the current expenditure run rate, the Trust will require cash support from Quarter 4 2024/25 to support continuing operations. The cash forecast is sensitive to the timing of receipt of new vehicles and completion of related sale and leaseback transactions. The level of aged debtors over 90 days has increased significantly this month due to unpaid invoices with another NHS provider for PTS services. This has been subject to escalation through formal contract meetings. Commercial activity with local football clubs is under review as a local club has indicated significant financial challenges. Capital Capital spend YTD is £6.2m. The Trust is still formally forecasting to utilise its available capital allocation of £22.8m in full, although there is risk of slippage due to delays to expected delivery times for new vehicles. If sale and leaseback transactions for vehicles are not completed during the financial year, there is a risk that the Trust will underspend on its IFRS16 allocation and overspend on its CDEL allocation. Options for managing this risk are currently under discussion with NHS England.
Recommendations:	The Trust Board is asked to: • Note the current financial position of the Trust. • Approve the updated financial trajectories as discussed at the Board 15th November 2023
Accountable Director:	Stuart Rees, Interim Director of Finance
Author:	Nuala Donnelly, Head of Finance
Previously considered at:	Finance and Performance Committee - Monday 20th November 2023
Purpose of Report:	Note/Approve/Assure
Paper Status:	Public

Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	Finance & Sustainability
Links to BAF Risks or Significant Risk Register:	SR6 - Sufficiently Skilled and Resourced Staff
Quality Domain(s)	Not applicable
Next Steps:	None
List of Appendices	None

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Meeting Report

Name of Meeting	Public Trust Board
Title	Finance Report for the month ended 31st October 2023 (Month 7)
Author	Nuala Donnelly, Head of Finance
Accountable Director	Stuart Rees, Interim Director of Finance
Date	Thursday, 30 November 2023

1. Purpose

To bring to the Board's attention key issues and assurances discussed at the Finance and Performance Committee meeting held on Monday 20th November 2023

I&E: 2023/24 In-Year Position

1 Underlying financial performance has deteriorated since 2019/20 due to the Trust increasing its recurrent expenditure rate without a corresponding increase in recurrent income. A financial deficit has materialised in 2023/24 as non-recurrent measures previously used to manage performance are no longer available.

2 In October (M7) the Trust recorded an in-month deficit of £1.7m, maintaining a stable run rate from September (M6). The Trust YTD deficit is £15.3m.

	M1	M2	M3	M4	M5	M6	M7	YTD
Plan (£m)	-1.0	-1.0	-1.0	-1.0	0.0	0.0	0.0	-4.0
Actual (£m)	-1.8	-2.4	-2.5	-3.0	-2.3	-1.7	-1.7	-15.3
Variance to Plan (£m)	**(0.8)**	**(1.4)**	**(1.5)**	**(2.0)**	**(2.3)**	**(1.7)**	**(1.7)**	**(11.3)**

3 The Trust submitted a plan for a breakeven financial position in 23/24 based on a profile of £4m YTD deficit at Month 4 to be recouped with a surplus plan from Months 10 to 12. From Month 5 to Month 9 the monthly plan is breakeven and the monthly variance to plan has therefore increased significantly.

4 Year to date we have recorded £10.0m of benefit from the Financial Sustainability Plans. Of this only £4.1m (41%) is recurrent, the remaining being non-recurrent savings.

I&E: 2023/24 Forecast

5 NHS England, in guidance issued 8 November 2023, have asked that systems address financial and performance pressures created by industrial action. To cover the costs of industrial action, the following actions have been agreed with Government:

- Allocation of £800 million to systems sourced from a combination of reprioritisation of national budgets and new funding.
- Reduction in elective activity target for 2023/24.

6 Systems have been asked to complete a rapid two-week exercise to agree actions required to deliver NHS priorities for the remainder of the financial year.

7 SCAS's previous internal financial forecast at Month 6 was £29.3m deficit, with an extrapolated outturn using the M6 run rate would be £27.5m deficit. This has been reviewed based on the revised guidance and operational position, plus the indicative income and expected to be received and the continued run rate as at M6 level. In total, £7m of improvements to the forecast have been identified:

- £1.7m of improvements already made within the Month 7 run rate, with a further £2m through improved cost control.
- £1.1m potential benefit from a review of historic accounting adjustments, subject to review with external auditors and agreement by SCAS.
- £1.2m Indicative funding.
- £1.0m of other confirmed funding and forecast movements.

8 The revised internal financial forecast following application of these improvements is £22.3m. An Extraordinary Board meeting was held on 15th November 2023 at which it was agreed that SCAS would signal the revised forecast to HIOW subject to receipt of expected funding.

9 HIOW will formally share revised operational and financial forecasts with NHS England on 22nd November, following which there may be further review and scrutiny where plans are not in line with expectations.

10 In line with agreed national processes, SCAS continues to make all efforts to bring down its year end current run rate and still formally forecast delivery of a breakeven position through formal national returns at M7.

Cash

11 The Trust's cash balance at the end of October stood at £33.7m. The Trusts cash balance has decreased by £16.3m since the start of the financial year, an average monthly net cash outflow of £2.3m.

2023/24	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	27.7	27.2	38.5	29.4	28.3	29.6	30.1	28.4	30.8	28.3	28.3	46.1
Expenditure	(31.2)	(28.3)	(38.1)	(35.6)	(31.8)	(31.4)	(30.7)	(31.1)	(31.4)	(31.6)	(33.2)	(37.2)
Net inflow/(Outflow)	(3.5)	(1.1)	0.4	(6.2)	(3.5)	(1.8)	(0.6)	(2.7)	(0.6)	(3.3)	(4.9)	8.9
Cash Balance	**46.5**	**45.5**	**45.9**	**39.7**	**36.1**	**34.4**	**33.7**	**27.3**	**24.4**	**15.0**	**16.3**	**28.1**

12 At the current expenditure run rate and revised forecast, the Trust will require cash support from Quarter 4 2024/25 to support continuing operations. A total of £2.0m cash support would be required in 2024/25.

2024/25	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	32.8	27.9	27.6	27.6	28.3	28.3	28.3	28.3	33.3	28.3	28.3	28.3
Expenditure	-30.7	-30.7	-30.7	-31.7	-31.7	-35.1	-32.1	-32.1	-32.1	-31.2	-31.2	-31.2
Cash Support Required												2.0
Net inflow/(Outflow)	2.1	(2.8)	(3.1)	(4.1)	(3.4)	(6.7)	(3.7)	(3.7)	1.3	(2.9)	(2.9)	(0.9)
Cash Balance	**33.2**	**30.4**	**27.3**	**23.2**	**19.8**	**13.0**	**9.2**	**5.3**	**7.4**	**4.6**	**1.8**	**1.1**

13 The cash forecast is particularly sensitive to the timings of capital transactions, including income from sale and leaseback transactions.

14 The 90-day debtor total stood at £1.1m at the end of October (up from £0.4m in September) representing 41.81% of total sales debt (up from 13.23% in September).

15 The increase is due to the unpaid PTS contract invoices with an NHS provider (£0.6m) that are now over 90-days. The contract charges have not been formally disputed and SCAS has escalated the issue through contractual meetings to understand why payment has been delayed.

16 The Trust currently has £58k of debtor invoices outstanding for providing cover to local professional football matches. This includes £19k outstanding with a local football club that has indicated significant financial challenges. The situation is being kept under review and a decision may be required as to whether SCAS continues to provide coverage to events held by financially distressed football clubs.

Capital

17 Total capital spend YTD is £6.1m. The capital plan is phased based on most of the expenditure taking place in the latter months of the financial year due to the timing of expected delivery of DCA vehicles.

Capital	Allocation	Spend YTD	Forecast
Capital CDEL	9.7	6.2	10.8
Capital Receipts	-3.2	-0.8	-4.3
Internal CDEL	**6.5**	**5.4**	**6.5**
Public Dividend Capital	1.4	0.0	1.4
Leases (IFRS 16)	14.9	0.7	14.9
Total Capital	**22.8**	**6.1**	**22.8**

18 The Trust is still formally forecasting to utilise its available capital allocation of £22.8m in full, although this is dependent on expected delivery times for new vehicles in Quarter 4 being met.

19 The current assumptions assume delivery of 53 vehicles from the 2022/23 cohort and 18 vehicles for 2023/24, with the balance of 54 DCAs to be delivered in the new financial year.

20 The Trust intends to complete sale and leaseback transactions on all new vehicles. Following completion of these transactions the vehicles will still be held as assets on the Trust's balance sheet, but as Right of Use Assets (under IFRS16).

21 If these transactions are not completed during the financial year, there is a risk that the Trust will underspend on its IFRS16 allocation and overspend on it's CDEL allocation. Options for managing this risk are currently under discussion with NHS England.

INCOME AND EXPENDITURE DETAIL

22 The Trust reported a deficit of £1.7m for the month. This was against a break-even plan.

23 For the month, the main factors of the variance to plan can be attributed to:

- Slippage against the FSP (Financial Sustainability Plans) - £2.2m.
- Higher than budgeted estates costs for utilities and unachieved financial sustainability plans – £0.4m

Offset by

- Release of uncommitted pay cost in Contingency - £0.3m
- Higher than budgeted income of £0.6m

24 Income for the Trust in September was above plan by £0.6m in the month. For 999, income has been recognised in line with spend in relation to UEC delivery initiatives and £0.4m has been recognised in the month for additional NHSE funding (full year effect of £5.2m). The impact of revised contracts for PTS has increased income by £0.2m above budget levels. Contract income has been assumed at contract levels. BOB (Buckinghamshire, Oxfordshire, and Berkshire) ICB are not yet paying to contract levels pending the outcome of contract negotiations. £2.0m has been assumed in the month but not yet paid.

25 For the Operational areas, the contribution by service is detailed below.

Service Line	Month			Year to date			Full Year				
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Prior Year	Variance to budget	Variance to Prior Year
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Emergency Services											
Income	18.7	18.5	0.3	126.6	127.2	-0.5	229.8	220.1	205.6	9.7	24.2
Direct costs	15.3	15.2	-0.2	106.6	104.1	-2.5	192.8	180.4	170.8	-12.4	22.0
Gross contribution	3.4	3.3	0.1	20.0	23.1	-3.0	37.0	39.7	34.7	-2.7	2.2
Gross contribution (%)	18%	18%	0%	16%	18%	-2%	16%	18%	17%		
111 Service											
Income	3.3	3.3	0.0	22.9	22.9	0.0	39.0	39.3	41.5	-0.3	-2.5
Direct costs	3.1	2.9	-0.2	21.2	20.4	-0.9	36.7	34.9	36.6	-1.8	0.0
Gross contribution	0.2	0.4	-0.2	1.7	2.6	-0.9	2.3	4.4	4.9	-2.1	-2.5
Gross contribution (%)	6%	11%	-5%	7%	11%	-4%	6%	11%	12%		
Non-Emergency Services											
Income	5.7	5.4	0.3	38.9	38.0	0.9	66.8	65.1	62.4	1.7	4.4
Direct costs	6.0	4.4	-1.6	40.8	30.8	-10.0	70.7	52.9	55.7	-17.8	14.9
Gross contribution	-0.3	1.0	-1.3	-1.9	7.1	-9.0	-3.9	12.2	6.7	-16.1	-10.5
Gross contribution (%)	-5%	19%	-24%	-5%	19%	-24%	-6%	19%	11%		
Other (Covid)											
Income	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.0	18.5	0.1	-18.4
Direct costs	0.0	0.0	0.0	0.1	0.0	-0.1	0.1	0.0	15.8	-0.1	-15.7
Gross contribution	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.7	0.0	-2.7
Gross contribution (%)											
Contribution Operational Activities	3.3	4.7	-1.4	19.8	32.7	-12.9	35.4	56.3	49.0	-20.9	-13.6

Emergency Services (999)

26 The 999 business (excluding 111) made a contribution of £3.4m in the month, which was largely on plan.

27 Resource costs for the month were on plan with the budget. Higher availability of SCAS staff hours from bank and overtime, offset reduced availability from private providers in the month. Skill mix remains less than optimal with higher dependencies on TECA crews limiting deployment.

28 Abstractions for the month 2.65% below the planned levels.

29 Activity was 0.30% below plan in the month, with an overall demand of 52,194 incidents. Response demand was 0.02% below plan.

30 Performance remains a challenge with national targets missed across all categories. Cat 2 performance for the month was behind trajectory at 39 minutes 55 seconds. NHS England have asked the Trust to increase capacity to improve Cat 2 performance and 999 call answering times. This is forecast to worsen the expenditure run rate in Emergency Services in coming months.

31 999 call volume was 49,431 with 10.022 calls answered by West Midlands Ambulance Service. Call answer was 67.60% (% in 10 seconds).

32 The income and spend in relation to UEC monies have been recognised in line with actual delivery. £1.3m of spend has been incurred to date. As agreed with HIOW ICB, £800k (from the £5.2m NHSE allocation) has been released into the YTD position at Month 7.

33 For October, £0.3m of savings have been reported including: reduced spend against budgets on fuel budgets, slippage on lease spend and reduced sickness for 999 and EOC (Emergency Operations Centre). In month, the delivery of savings was £0.3m lower than the target.

111

34 The NHS 111 service reported a contribution in month of £0.2m which was £0.1m adverse to plan.

35 The service is experiencing lower than planned attrition for Health Advisors, and this is driving pay costs above previously forecast levels. Reduced spend from vacancies is offsetting financial sustainability targets.

36 NHS 111 activity of 124,265 calls for the month was 0.07% below plan and performance for the month was 76.61% against the target of 95.0% within 120 seconds (up from 71.86% in September). The average handling time for the month was 10 minutes 37 seconds.

Non-Emergency PTS

37 The Commercial Division contribution was adverse to plan by £1.3m for the month and £9.0m adverse year to date.

38 The variance to budget is driven by non-achievement of financial sustainability plans and higher than budgeted levels of activity. The in-month spend was £0.1m lower than forecast due to reduced lease car costs.

39 Overall activity for the month was 4.2% higher than planned. Costs of activity delivery are increasing with use of private providers and taxis to cover demand. There has been no impact to date from engagement with Commissioners on right sizing activity.

Corporate

40 Corporate budgets were £0.4m adverse to plan in the month, as table below.

41 Estates costs were £0.4m higher than budgeted in the month and year to date, costs are £1.3m adverse to budget. This is a factor of less than planned deliver of financial sustainability plans totalling £0.6m, higher than budgeted spend on utilities of £0.5m and maintenance costs of £0.2m. The in-month spend was higher than the current year run rate.

42 In month, in contingency, a release of £0.3m for uncommitted costs offset unachieved savings in the month of £0.3m.

Service Line	Month			Year to date			Full Year				
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Prior Year	Variance to budget	Variance to Prior Year
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Clinical Services	0.6	0.6	0.0	4.1	3.9	-0.2	7.2	6.7	5.6	-0.4	1.5
Medical	0.1	0.0	-0.1	0.1	0.0	-0.1	0.2	0.0	0.0	-0.2	0.2
Finance	0.3	0.2	0.0	1.6	1.4	-0.2	2.8	2.4	3.7	-0.4	-0.9
Estates	1.1	0.9	-0.2	7.4	6.0	-1.3	12.5	10.3	10.6	-2.2	2.0
IM&T	1.1	1.1	0.0	7.2	7.8	0.6	13.3	13.4	8.9	0.1	4.4
Human Resources	0.4	0.4	0.0	2.7	2.6	-0.1	4.8	4.5	4.4	-0.3	0.4
Education Services	0.6	0.5	-0.1	3.9	3.4	-0.4	6.7	5.8	5.8	-0.8	0.8
Service Development	0.2	0.2	0.0	1.6	2.0	0.4	2.6	2.9	3.2	0.4	-0.7
Communications & Public Engag't	0.1	0.1	0.0	0.4	0.4	0.0	0.7	0.7	0.6	0.0	0.1
CEO	0.0	0.1	0.0	0.4	0.4	0.0	0.6	0.6	0.9	0.1	-0.3
Corporate	0.0	0.0	0.0	0.3	0.2	-0.1	0.5	0.4	0.9	-0.1	-0.4
Contingency	-0.1	-0.1	0.0	0.0	2.4	2.4	0.9	-2.3	-2.7	-3.2	3.6
Injury Benefit	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.2	0.0	0.0	0.2
Depreciation	0.8	0.9	0.0	5.9	6.1	0.2	11.0	10.4	8.8	-0.6	2.2
Financing Costs	0.0	0.0	0.0	-0.3	0.1	0.4	-0.3	0.1	-0.2	0.4	-0.1
Total Overhead Costs	5.1	4.7	-0.4	35.3	36.7	1.5	63.5	56.3	50.5	-7.3	13.0

RECOMMENDATIONS TO THE BOARD

40 The Trust Board is asked to:

- Note the current financial position of the Trust.
- Approve the updated financial trajectories as discussed at the Board 15th November 2023.

Stuart Rees

Interim Director of Finance

Agenda item 16

Upward Report of the – Finance and Performance Committee

Date Meeting met **Monday 20th November 2023**
Chair of Meeting **Les Broude, Non-Executive Director/ Senior Independent Director**
Reporting to **Board of Directors Meeting 30th November 2023**

Items	Issue	Action Owner	Action
Points for escalation			
Updated Operational and Financial trajectories.	The Committee in response to NHS England, have been asked to complete a "rapid two-week exercise" to address the financial challenges created by industrial action, and agree actions required to deliver priorities for the rest of the financial year. The updated Operational and Financial trajectories will then be approved at the Board. There is an emphasis on understanding controllable and non-controllable elements.	Executive Director of Operations & Interim Director of Finance	Paper to Board of Directors.
Vehicle Conversion Specialists (VCS) administration/sale	The Committee received an update on Vehicle Conversion Specialists (VCS) administration/sale and the delays that will result, with discussion on the challenges the	Executive Director of Operations & Interim	Update at next Finance and Performance Committee Thursday 18th January 2024.

	Trust will face and options to be pursued In addition the implications and the risks on the Trust capital program and cash position were reviewed and challenged. The Committee asked to be keep updated and involved in the on-going developments.	Director of Finance	
Key issues and / or Business matters to raise			
Cash Monitoring and requirements	The Committee received a new cash monitoring report outlining the history and reasons for the current cash situation. The report also analysed the Trust cash requirement and how it is planning to manage it to optimise the date and amount of cash support required. The committee discussed and requested, as part of the planning process, that a policy developed for agreement and recommendation to the Board of Directors setting out the Trust's approach to treasury management/working capital to minimise any Trust exposure to cash flow risk.	Interim Director of Finance	As part of the Planning Process develop a Policy for the Trust approach to treasury management.
Integrated Performance Report (IPR) Advancement	The Integrated Performance Report (IPR) was presented and discussed with acknowledgement of work to-date.Improvement areas identified, including better triangulation and interdependencies across areas.	Chief Strategy Officer	Ensure there is triangulation and interdependencies across areas in the narrative.
Areas of concern and / or Risks			
Non-Recurrent Element of Saving Program	There was a discussion on the extent of the Financial Sustainable Program non-recurrent vs recurrent opportunities and therefore the	Interim Director of Finance	No Action (Future scheme primarily reflect recurrent opportunities).

	impact on future years. There was a clear request and assurance provided that that future programs are primarily recurrent in nature.		
Items for information and / or awareness			
Cat 2 Deep Dive	The Committee received a deep dive presentation on Cat 2 Performance, which included: clarity on how plans are developed, an update on trajectory, scenarios planning and assumptions, the operational hours required and the associated risks. The committee gained assurance and understanding and noted the risks.	Executive Director of Operations	No action.
Next Deep Dive NEPTS	The Committee agree that the next deep dive area would be the contractual/financial risks in Non-Emergency Patient Transport Services (NEPTS), considering both the Trust position and NEPTS as part of that.	Chief Strategy Officer	Deep Dive at next Finance and Performance Committee Thursday 18th January 2024.
Best Practice and / or Excellence			
New Contract Register / Management System	The committee was pleased to see the progress and process of the new contract management system. Alongside this the committee discussed how this will improve governance and was keen in its discussions how the Trust could take further steps by using this to develop its productivity and Value for Money (VFM) approach.	Interim Director of Finance	Completion date to be agreed/advised.

Compliance with Terms of Reference			
Delegated Authority	The meeting was quorate and received all papers in line with its Annual Workplan.	Les Broude, Non-Executive Director/ Senior Independent Director	On-going.
Policies approved*			
None			

***Note -** The Board Committee will provide an update to the Board about those Policies that it has ratified, as appropriate

Author: Les Broude,

Title: Non-Executive Director/ Senior Independent Director

Date: 22nd November 2023

SCAS PUBLIC BOARD

Report Cover Sheet

Report Title:	Workforce Race Equality Standards (WRES) report 2023
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	17.a
Executive Summary:	The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract. The purpose of the indicators is to inform a local action plan that will target specific areas within a given organisation where the treatment or experience of BAME staff is poor. The areas for improvement where are doing less well than last year are: •BAME staff appointed from shortlist (indicator 2) •Percentage of BAME staff experiencing harassment, bullying or abuse from staff, marginally worse but better than comparable Ambulance Trusts average (indicator 6) •Percentage of staff believing that Trust provides equal opportunities for career progression or promotion, marginally worse but better than comparable Ambulance Trusts average (indicator 7) For all other indicators we have improved and for indicators 1,3,5 & 8 we are better than comparable Ambulance Trusts average
Recommendations:	Executive Management Committee is asked to: Approve for publication as required
Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Dipen Rajyaguru, Head of ED&I

Previously considered at:	ED&I Steering group EMC
Purpose of Report:	Approve
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Significant
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	As approved will be presented to the EN=MC & Board before final publication on website
List of Appendices	Full WRES report

South Central Ambulance Service
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2023

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

Contents

1. Introduction

The Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract from 2015/16. The WRES comprises nine specific metrics to compare the profile and experiences of Black, Asian and Minority Ethnic (BAME) and White staff within an NHS organisation. The purpose of the metrics is to inform a local action plan that will target specific areas within a given organisation where the treatment or experience of BAME staff is poor. The WRES metrics will also enable the organisation to demonstrate progress in areas where the treatment of BAME staff needs to improve; and facilitate challenge where progress is not being made.

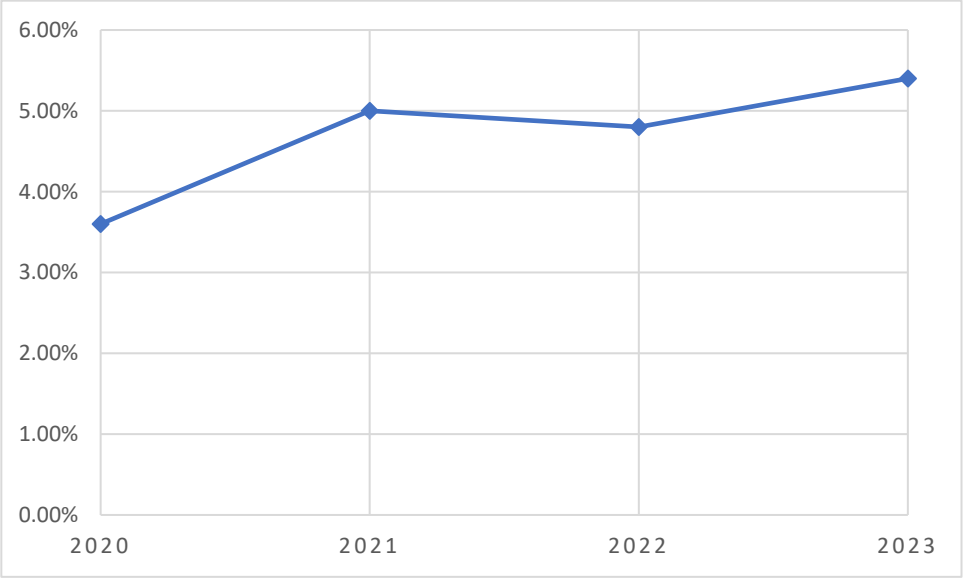
2. Executive summary

A summary of the data over the last 4 years with current highlights and points. A summary for this year is detailed in Appendix A.

Indicator 1 BAME staffing across the bands

In 2020 the total number of staff was 4,053 of which 3.6% were BAME, in 2021 there were 4,551 staff of which 5% were BAME, an increase of 1.4% on 2020. In 2022 we had a total of 4,474, of which 4.8% were BAME, a decrease of 0.2% from the previous year. This year we have a total staff population of 4,604 of which 5.4% are BAME, an increase of 0.6% from 2022.

Chart 1 BAME staff percentage over 4 years



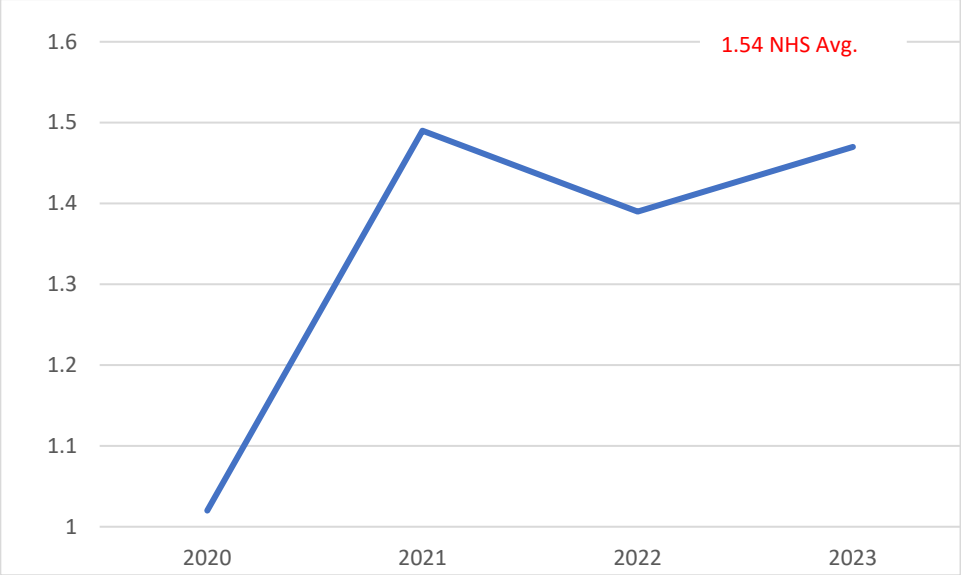
- Most staff across all bands are white with bands 8a to VSM having no BAME clinical staff.

- The highest numbers of BAME staff are in the non-clinical bands 2 - 6 and in band 6 clinical with only 5 BAME non-clinical staff in bands 8a to VSM

Indicator 2 Shortlisting of BAME applicants

- In 2020 the relative likelihood of white staff being appointed from shortlisting compared to BAME staff was 1.02 times greater, in 2021 it was 1.49 greater that white staff were being appointed from a shortlist. In 2022 the relative likelihood of white staff being appointed from shortlisting was 1.39 compared to BAME staff. This year the relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.47, a regression for BAME staff being appointed from last year.

Chart 2 Likelihood of White staff appointed from shortlists

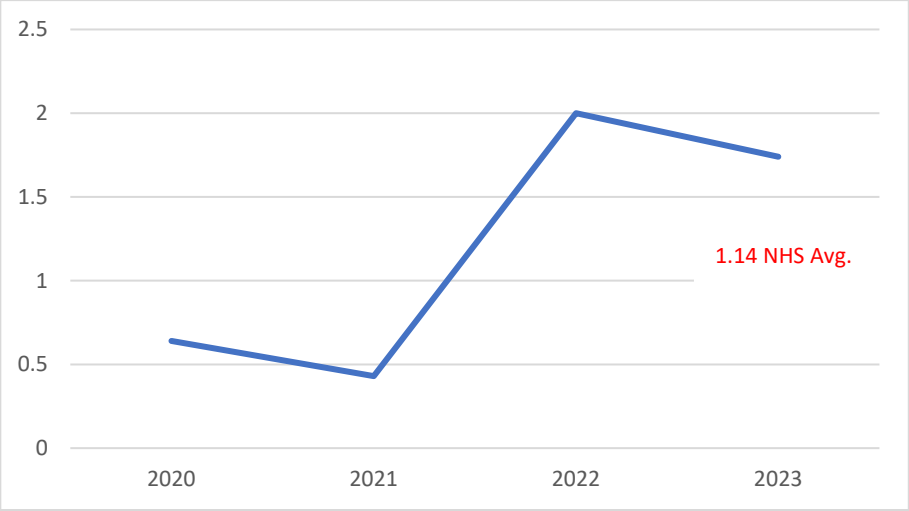


- Nationally across all NHS Trusts White applicants were **1.54** times more likely to be appointed from shortlisting compared to BME applicants thus we are scoring marginally better than the average of all NHS Trusts.

Indicator 3 Likelihood of BAME Staff entering a formal disciplinary process

- Relative likelihood of BAME staff entering the formal disciplinary process compared to white staff in 2021 was 0.43 times greater. This compares with 0.64 times greater in 2020. In 2022 the relative likelihood of BAME entering a formal disciplinary process is 2 times greater. This was a significant increase of 1.57 suggesting that BAME staff were more likely to enter a formal disciplinary process than in the previous year. This year the relative likelihood of BAME entering a formal disciplinary process is 1.74 times greater which is an improvement from last year. A figure below “1” would indicate that BAME staff members are less likely than white staff to enter the formal disciplinary process.

Chart 3 Likelihood of BAME Staff entering a formal disciplinary process

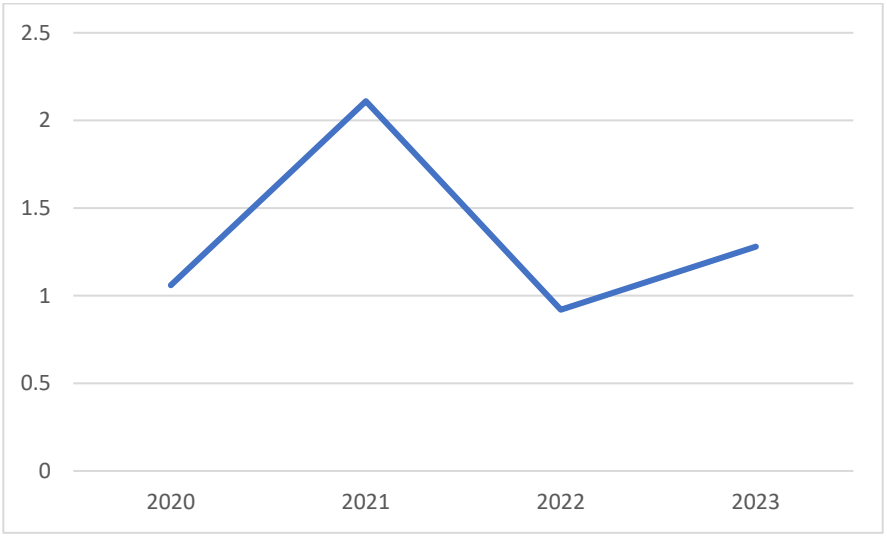


- Nationally across all Trusts BAME staff were **1.14** times more likely to enter the formal disciplinary process compared to white staff hence we have scored poorer than the average of all NHS Trusts

Indicator 4 likelihood of white staff accessing non mandatory training/CPD compared with BAME staff

- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff in 2020 was 1.06 times greater, in 2021 it was 2.11 times greater. In 2022 it reduced to 0.92. This year, the relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME staff is 1.28 greater. A figure below “1” would indicate that white staff members are less likely to access non-mandatory training and CPD than BAME staff. The non-adverse range nationally is 0.80 to 1.25.

Chart 4 likelihood of white staff accessing non-mandatory training compared to BAME



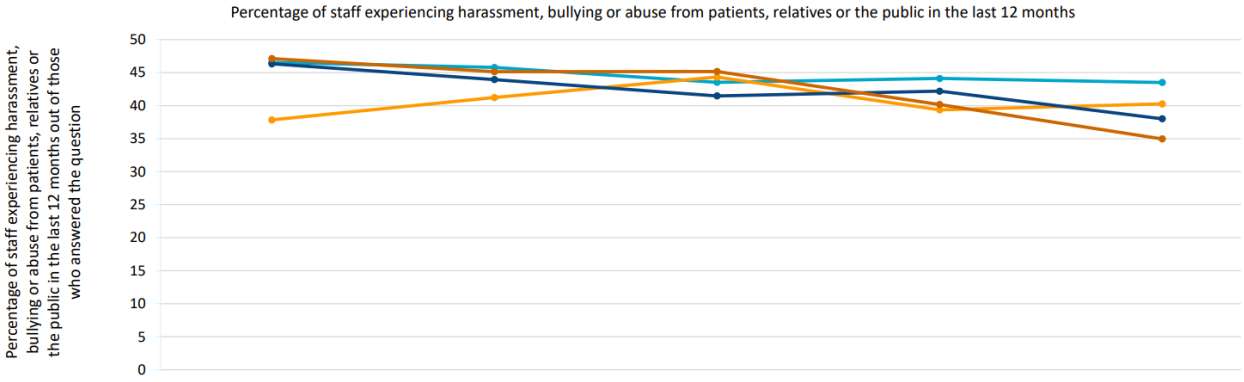
Indicators 5 to 8 are taken from the Staff survey (published March 2023)

Indicator 5 percentage of staff experiencing harassment, bullying or abuse from patients or public

- There has been a steady improvement in this indicator in the last 4 years. The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is **35%,** this a significant drop from 40.2% last year. We are score higher than the comparable Ambulance average for BAME staff at **40.3%.**

- This compares with the experience of white staff at 42.2% last year that also improved this year to **38%.** This is also better than the comparable Ambulance average for white staff at **43.5%.**

Chart 5 percent of staff experiencing harassment, bullying or abuse from patients or public



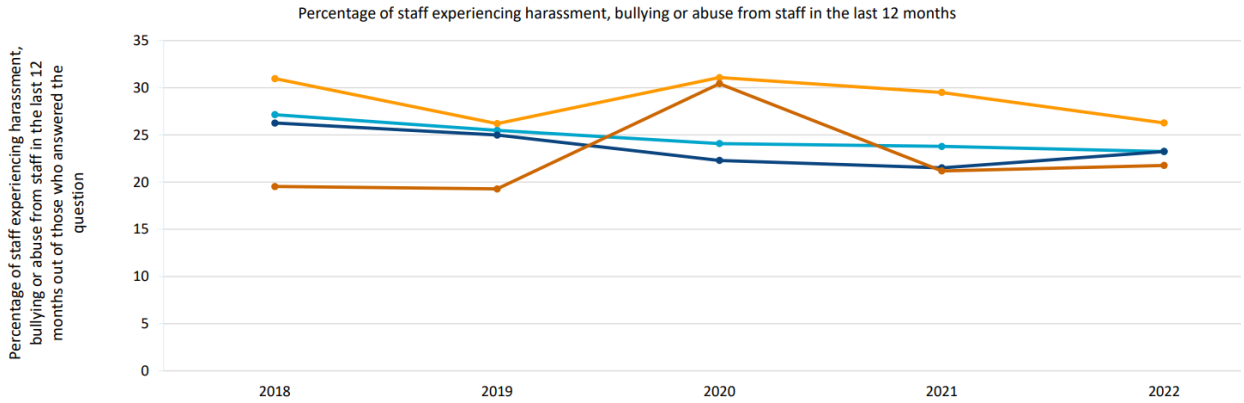
	2018	2019	2020	2021	2022
White staff: Your org	46.3%	43.9%	41.5%	42.2%	38.0%
All other ethnic groups*: Your org	47.1%	45.1%	45.2%	40.2%	35.0%
White staff: Average	46.5%	45.8%	43.5%	44.1%	43.5%
All other ethnic groups*: Average	37.8%	41.2%	44.3%	39.4%	40.3%
White staff: Responses	1988	2287	2416	2340	2034
All other ethnic groups*: Responses	87	82	93	117	123

Indicator 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff

- There was a drop in the percentage of BAME staff experiencing harassment, bullying or abuse from staff in 2020 (30.4%) to 21.2% last year. This year figure was **marginally worse** at **21.8%**. Although better than comparable Ambulance Trusts average for BAME staff at **26.3%**

- In comparison white staff have experienced an increase, from 21.5% last year to **23.3%** in the latest staff survey. This same as the comparable Ambulance Trusts average for white staff at **23.3%.**

Chart 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff



	2018	2019	2020	2021	2022
White staff: Your org	26.3%	25.0%	22.3%	21.5%	23.3%
All other ethnic groups*: Your org	19.5%	19.3%	30.4%	21.2%	21.8%
White staff: Average	27.1%	25.5%	24.1%	23.8%	23.3%
All other ethnic groups*: Average	31.0%	26.2%	31.1%	29.5%	26.3%
White staff: Responses	1976	2281	2417	2333	2030
All other ethnic groups*: Responses	87	83	92	118	124

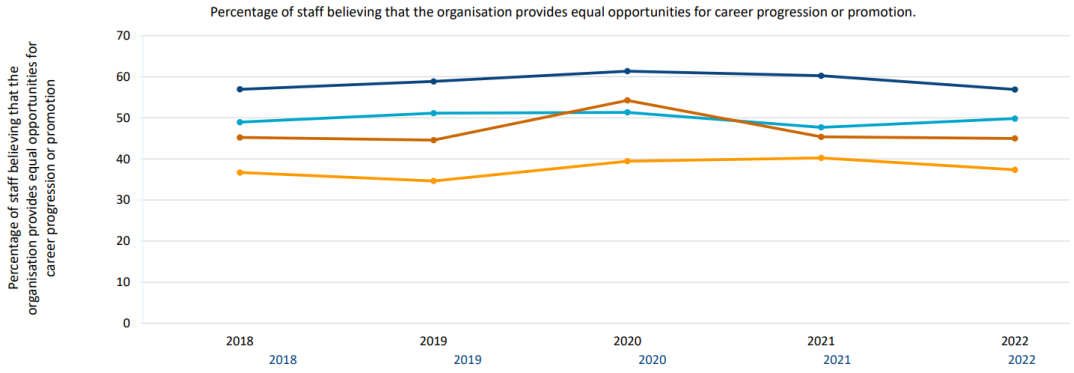
Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

- Both BAME and white staff reported worse for this indicator than the previous survey, but significantly greater than comparable Ambulance Trust's.

- At SCAS **45%** of BAME staff believed that the Trust provides equal opportunities for career progression, this was a **marginal decrease** from 45.4% in the previous survey. We are **better** than the comparable Ambulance Trusts average for BAME staff at **37.4%**

- In comparison white staff at SCAS, **56.9%** believed that the Trust provides equal opportunities for career progression, a **decrease** from 60.3% in the previous year. We are **better** than the comparable Ambulance Trusts average for white staff at **49.8%**

Chart 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion



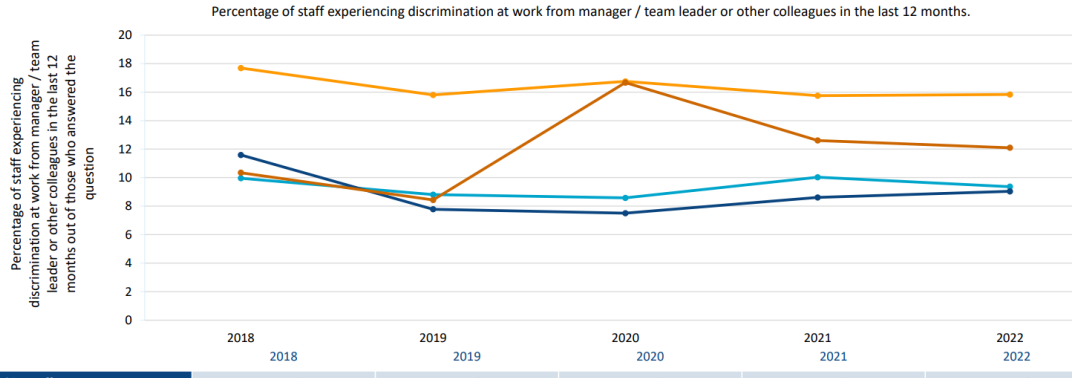
	2018	2019	2020	2021	2022
White staff: Your org	57.0%	58.9%	61.4%	60.3%	56.9%
All other ethnic groups*: Your org	45.2%	44.6%	54.3%	45.4%	45.0%
White staff: Average	48.9%	51.2%	51.3%	47.7%	49.8%
All other ethnic groups*: Average	36.7%	34.6%	39.5%	40.2%	37.4%
White staff: Responses	1982	2283	2454	2358	2026
All other ethnic groups*: Responses	84	83	94	119	120

Indicator 8 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues

- The percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues has had a marginal **improvement** from 12.6% in the previous year to **12.1%** in the latest survey. We are better than the comparable Ambulance Trusts average for BAME staff at **15.8%**.

- The percentage of White staff personally experiencing discrimination at work from a manager / team leader or other colleagues has had a marginal increase in the latest survey to **9%** from 8.6% in the previous year. We are better than the comparable Ambulance Trusts average for white staff at **9.4%.**

Chart 10 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues



	2018	2019	2020	2021	2022
White staff: Your org	11.6%	7.8%	7.5%	8.6%	9.0%
All other ethnic groups*: Your org	10.3%	8.4%	16.7%	12.6%	12.1%
White staff: Average	10.0%	8.8%	8.6%	10.0%	9.4%
All other ethnic groups*: Average	17.7%	15.8%	16.7%	15.8%	15.8%
White staff: Responses	1984	2287	2465	2369	2025
All other ethnic groups*: Responses	87	83	96	119	124

Indicator 9 BAME (voting) board membership

All Board members have voting rights, all Board members declared their ethnicity. Board ethnicity is **15%** when compared in relation to the workforce from 14% last year. There has been an increase in Board ethnic composition relative to the workforce, a difference (Total board - Overall workforce) from 9% last year to **9.6%** this year.

3. WRES progress in 2022/2023

We continue to implement and monitor the WRES action plans and have implemented our ED&I strategy which includes our statutory required Equality Objectives. We also published our Annual Public Sector Equality Duty (PSED) report and provided a six-month update of our WRES to the Executive and Board. As part of the CQC inspection a portfolio of evidence was provided and the Head of ED&I was interviewed for the 'Well-led' criteria.

Other progress made this year includes the following:

- The BAME Staff Network has been refreshed and all Staff Networks now have Executive sponsors
- ED&I induction training has been updated and included within 'A Good Start' programme
- A refreshed Equality Impact Analysis (EqIA) Toolkit has been developed and implemented
- The refreshed Equal Opportunities & Diversity Policy was consulted upon and implemented
- Recruitment Skills Training Course for managers updated to include EDI
- Inclusive Recruitment programme rolled out
- Implemented Trac and understanding how to use it effectively for monitoring performance at each stage of the recruitment process.
- Train the trainer on ED&I & Bias delivered by Head of ED&I to HR staff
- Quarterly Board reports on Disciplinary & Capability with data on Protected characteristics
- Specific questions on PDR review document on *"Our culture – equality, diversity, and inclusion"* have now been included
- Added a count of each time one of the protected characteristics has been chosen from the Aggravating Factors field and secondly a report with the details of each record from that first report.
- New Equality Objectives produced with *Objective 3 – Our People (Governors and Volunteers)* that they are broadly representative of the communities we serve and are supported and engaged
- Harassment and Sexual Safety Disclosure checklist for managers developed can be applied to <u>any</u> discrimination disclosure

4. Conclusion and next steps

SCAS is developing a culture change programme and we are still implementing actions that will be carried over to the new year. The actions that are being carried forward

include addressing inappropriate and unacceptable behaviours and support an inclusive culture.

The action and interventions identified in this report are both behavioural and structural and form part of a significant culture change programme which takes time, energy, and leadership. Nevertheless, the report indicates that although we have a long way to go in implementing and embedding the plan, we are making steady progress.

We will be delivering our Action plan and include ongoing reviews of actions mentioned in this report.

Next steps:

Over next twelve months, we will focus on the following key actions:

- Consult and grade our progress against the Equality Delivery System 2022
- Provide development to the Board on their ED&I responsibilities through the NHSE EDI improvement plan.
- Continue to provide support and development to the Networks Board Executive Sponsors.
- To monitor BAME in the disciplinary process and deep dive into data to assess any patterns
- Undertake analysis to better understand the data particularly access to learning and development by BAME staff
- Launch Operation Cavell to publicise zero tolerance of bullying and harassment and abuse from patients and the public
- To develop an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture.
- Embed the Just & Learning culture and the culture of Civility to enhance the Trust's approach to reporting of bullying, harassment and abuse (including sexual harassment), ensuring that processes are transparent, and publicise the key routes to reporting incidents.

WRES Action Implementation Plan 2023/24

Indicator	Objective	Action/s	Timescales	Lead/s	Why	NHS People Plan Themes	EDS Goals
2	To increase the number of BAME candidates to be successfully recruited	Further evaluate our approach to inclusive recruitment to ensure it is fair, accountable and bias-free and that we are advancing equality and attracting more BAME candidates	To be developed Oct- '23 – March '24	Recruitment Head of ED&I	This year the relative likelihood of white staff being appointed from shortlisting compared to BAME staff is 1.47, a regression for BAME staff being appointed from last year (1,39).	Growing for the future Looking After Our People	Goal 3: A representative and supported workforce
		Use external experts and social media to attract a more diverse pool of candidates to apply for roles in SCAS	Quarterly reviews during the year	Recruitment			
		Complete EQIAs for recruitment policy, procedures and attraction/engagement plans	By April 2024	Recruitment			
		To carry out a cross-organisational benchmarking exercise of our recruitment and selection training in relation to equitable recruitment	On-going	Recruitment			

		Audit our interview panellists to ensure they are fully trained (as above)	Twice a year	Recruitment			
		Audit a range of non-shortlisted candidates to ensure a fair selection process	Twice a year	Recruitment			
		Review our advertising campaigns for diversity	Every 3 months	Recruitment			
3	To reduce number BAME in the disciplinary process	To explore trends and investigate why more BAME people are entering the capability process	On going	HR manager	This year the relative likelihood of BAME entering a formal disciplinary process is 1.74 times greater which is an improvement from last year.	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		To undertake further analysis of directorate and departmental data to assess any patterns	Nov ’23 - Aug’24	HR manager			
4	To increase the number of BAME staff accessing mandatory/CPD training	Ensure that every member of staff includes an EDI objective in their (PDR) annual appraisal	On going	Head of ED&I	This year relative likelihood of white staff accessing non-	Looking After Our People	Goal 3: A representative and supported workforce

		To encourage and monitor number of BAME staff entering the SCAS leaders programme	Nov '23 – March '24	Head of EDI / OD leads	mandatory training and CPD compared to BAME staff is 1.28	Belonging in the NHS	
5	Reduce the incidence of BAME staff experiencing harassment, bullying and abuse from patients and the public	Publicise Operation Cavell	Ongoing	Head of EDI	The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is 35%, this a significant drop from 40.2% from last year	Looking After Our People	Belonging in the NHS Goal 3: A representative and supported workforce
		Embed Just & Learning principles to enhance understanding of perceived bullying, harassment, and abuse at work.		HR Teams			
		Finalise and share the Harassment Checklist. Publicise through communication channels, ESPM and FTSU	By March '24	Head of ED&I / FTSU			
		Continue the Trusts approach to reporting of bullying, harassment, and abuse at work by ensuring those processes are transparent, and set out the key routes to reporting incidents	On-going	HR Leads Freedom to speak up team			

		including options for anonymous reporting					
		Roll out 'A Good Start' induction programme to ensure a positive culture of inclusion and belonging is made explicit to new joiners	No '23 onwards	Head of ED&I Freedom to Speak up team			
6	To reduce BAME staff experiencing harassment, bullying or abuse from staff	Actions as above			This year figure was marginally worse at 21.8% similar to last year at 21.2%	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce
7	To maintain and promote opportunities for career progression or promotion	Participate in the National NHS Staff Survey to enable Benchmarking across NHS Indicators by Ethnicity	Yearly staff survey	All Trust wide managers HR & Communications Teams	45% of BAME staff believed that the Trust provides equal opportunities for career progression, this was a marginal decrease from 45.4% in the previous survey.	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		All appraisers to promote appraisal (PDR) and career development opportunities to support BAME careers	On going	All Trust wide managers HR & Communications Teams			

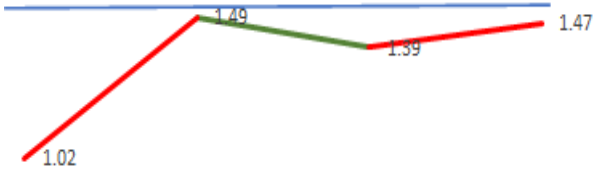
		Work with the Race Equality & Inclusion Network (REIN) to promote and help support career progression with interview tips and promotional videos from BAME colleagues	Dec' 23	Recruitment Race Equality & Inclusion Network			
8	To actively reduce BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues	Feature the experiences and share life stories from BAME staff highlighting and educating inappropriate and unacceptable behaviours and support an inclusive culture	Dec '23 - March '24	Head of ED&I Race Equality & Inclusion Network	The percentage of BAME staff personally experiencing discriminatio n at work from a manager / team leader or other colleagues has had a marginal improvement from 12.6% in the previous year to 12.1% in the latest survey	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce

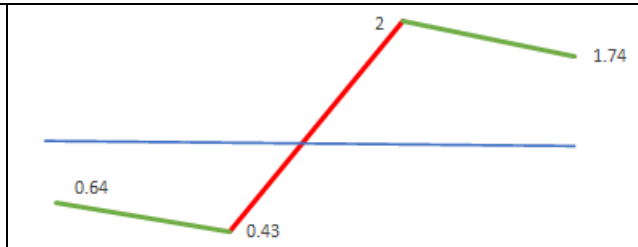
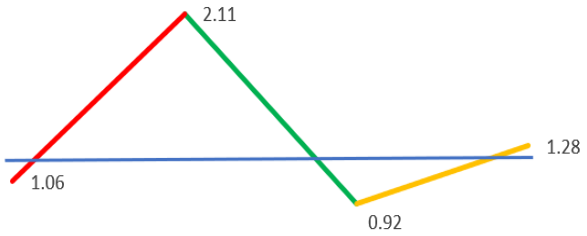
9	Promote Board diversity	Ensure that our Executive Search and Recruitment Partners are supporting the Trust to fulfil its EDI ambitions	On going	Recruitment	Board ethnicity is 15% when compared in relation to the workforce from 14% last year. There has been an increase in Board ethnic composition relative to the workforce	Looking After Our People Belonging in the NHS Growing for the future	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		To complete the induction training for Staff Network Sponsors	To be developed Nov ’23 – March ‘24	Executive Directors			
		To provide presentation regarding the NHS ED&I High Impact Areas	To be completed by Dec ‘23	Head of ED&I			

Appendix A

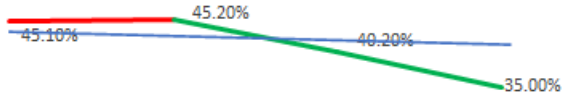
Summary Analysis of the WRES 2023

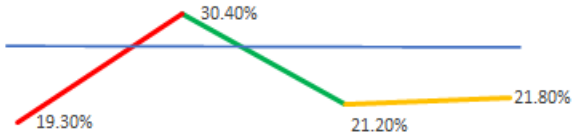
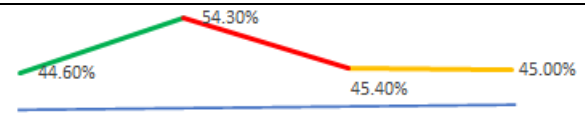
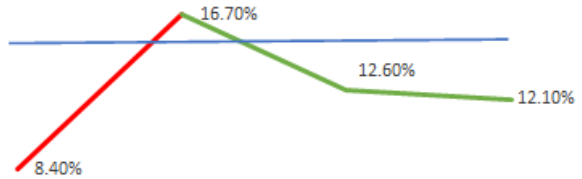
Indicators 1 – 4 taken from ESR (as of 31 March 2023)

Indicator 1 BAME staffing across the bands	2020	2021	2022	2023	Trend	Comment
BAME workforce	3.6%	5%	4.8%	5.4%		As at 31/03/2022 24.2% of staff working across "all" NHS Trusts formed the BAME workforce (increased by 2.2% from last year) We have an increase in the BAME workforce
Indicator 2 Likelihood of White staff appointed from shortlist	1.02	1.49	1.39	1.47		A regression for BAME staff from last year. A figure above "1" indicates that white candidates are more likely than BME candidates to be appointed from shortlisting. Nationally across all NHS Trusts White applicants were 1.54 times more likely to be appointed from shortlisting compared to BME applicants. We are better than the "all" NHS Trusts average.

Indicator 3 Likelihood of BAME Staff entering a formal disciplinary process	**0.64**	**0.43**	**2**	**1.74**		**There is improvement, however there was notable increase in BAME staff entering a disciplinary process last year** **A figure below "1" would indicate that BAME staff members are less likely than white staff to enter the formal disciplinary process.** **Nationally across all Trusts BME staff were 1.14 times more likely to enter the formal disciplinary process compared to white staff. We are worse than the "all" NHS Trusts average**
Indicator 4 likelihood of white staff accessing non mandatory training/CPD compared with BAME staff	**1.06**	**2.11**	**0.92**	**1.28**		**More white staff proportionately accessing non mandatory/CPD training.** **A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BAME staff.** **The non-adverse range nationally is 0.80 to 1.25. We are in adverse than the "all" NHS Trusts range.**

Indicators 5 – 9 taken from Staff Survey 2022 (published March 2023)

	2019	2020	2021	2022	Trend	Comment
Indicator 5 percent of BAME staff experiencing harassment, bullying or abuse from patients or public	**45.1%**	**45.2%**	**40.2%**	**35.0%**		**We are better than last year.**

						And better than the comparable Ambulance Trusts average for BAME staff at 40.3%
Indicator 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff	**19.3%**	**30.4%**	**21.2%**	**21.8%**		**We are marginally worse last year.** **Although better than comparable Ambulance Trusts average for BAME staff is 26.3%**
Indicator 7 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion	**44.6%**	**54.3%**	**45.4%**	**45.0%**		**We are marginally worse than last year.** **Although better than the comparable Ambulance Trusts average for BAME staff at 37.4%**
Indicator 8 Percentage of BAME staff personally experiencing discrimination at work from a manager / team leader or other colleagues	**8.4%**	**16.7%**	**12.6%**	**12.1%**		**We are marginally better than last year.** **We also are better than the comparable Ambulance Trusts average for BAME staff at 15.8%.**
Indicator 9 BAME (voting) board membership	**12.7%**	**20%**	**14%**	**15%**		**There has been an increase in Board ethnic composition relative to the workforce**

						Difference (Total board - Overall workforce) from 9% last year to 9.6% this year

SCAS PUBLIC BOARD

Report Cover Sheet

Report Title:	Workforce Disability Equality Standards (WDES) report 2023
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	17.b
Executive Summary:	The areas for improvement where we are doing less well than last year are: •Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting (metric 2) •Likelihood of Disabled staff entering the formal capability process (metric 3) •Percentage of disabled staff experiencing harassment, bullying or abuse from managers (metric 4b) •Percentage of disabled staff who believe that the trust provides equal opportunities for career progression or promotion (metric 5) but better than the comparable Ambulance Trusts average. •Percentage of disabled staff satisfied with the extent to which their organisation values their work (metric 7) but Although better than the comparable Ambulance Trusts. •Percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustment(s) to enable them to carry out their work (metric 8) which also worse than comparable Ambulance Trust average •Staff engagement score for Disabled staff (metric 9) but better than the comparable Ambulance Trusts average We have improved from last year on staff declaring a disability. For matrices 4a, 4c, 4d, 6 we have improved from last year and are better than comparable Ambulance Trusts average
Recommendations:	Executive Management Committee is asked to: Approve for publication as required

Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Dipen Rajyaguru, Head of ED&I
Previously considered at:	ED&I Steering group EMC
Purpose of Report:	Approve
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Significant
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	As approved will be presented to the PECC & Board before final publication on website
List of Appendices	Full WDES report

South Central Ambulance Service
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2023

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR

Contents

1. Introduction

In 2019, the Workforce Disability Equality Standards (WDES) were introduced with the primary objective of enhancing the working experiences of individuals with disabilities and those managing long-term health conditions (LTC) who are either currently employed by or seeking employment within the National Health Service (NHS). This initiative entails the systematic collection of evidence-based metrics, which serve as a valuable tool for organisations to gain deeper insights into the experiences of their workforce. Within this framework, there exist ten workforce metrics, as indicated in Table 1 below, facilitating a comparative analysis of data and responses from both disabled and non-disabled personnel.

The WDES report serves as a crucial instrument for pinpointing disparities and barriers encountered by disabled employees in the workplace, as compared to their non-disabled counterparts. The findings extracted from this report play a pivotal role in shaping the organisation's WDES Action Plan. This plan is strategically designed to directly confront and rectify the inequalities that disabled staff members may face.

Within this context, the present report serves as a means to highlight the progress achieved thus far, identify areas requiring improvement, and delineate actionable steps for the forthcoming year. These actions are intended to foster improved outcomes for both disabled staff and those living with long-term health conditions, specifically concerning the ten NHS WDES metrics.

To compile the data for the WDES return, information has been sourced from South Central Ambulance Service (SCAS) Electronic Staff Records (ESR). Notably, disability-related data is consistently collected through a voluntary self-reporting mechanism among our staff members. This emphasis on staff declaration of disability is of utmost importance, as it enables SCAS to provide a comprehensive and accurate representation of the disability landscape within the organisation.

Table 1: WDES Metrics

Metric 1	% disabled staff in AfC pay-bands (or medical and dental subgroups and VSMs) compared with the percentage of staff in the overall workforce (for both clinical and non-clinical groups)
Metric 2	Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts
Metric 3	Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure
Metric 4	Staff Survey Q14: % disabled staff compared to non-disabled staff: a) experiencing harassment, bullying or abuse from different groups b) saying that the last time they experienced harassment, bullying or abuse at work they or a colleague reported it
Metric 5	Staff Survey Q15: % disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion

Metric 6	Staff Survey Q11: % disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
Metric 7	Staff Survey Q4: % disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
Metric 8	Staff Survey Q30: % disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work
Metric 9	a) The staff engagement score for disabled staff, compared to non-disabled staff b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?
Metric 10	% difference between the organisation's Board voting membership and its organisation's overall workforce

2. Executive summary (A summary for this year is detailed in Appendix A.)

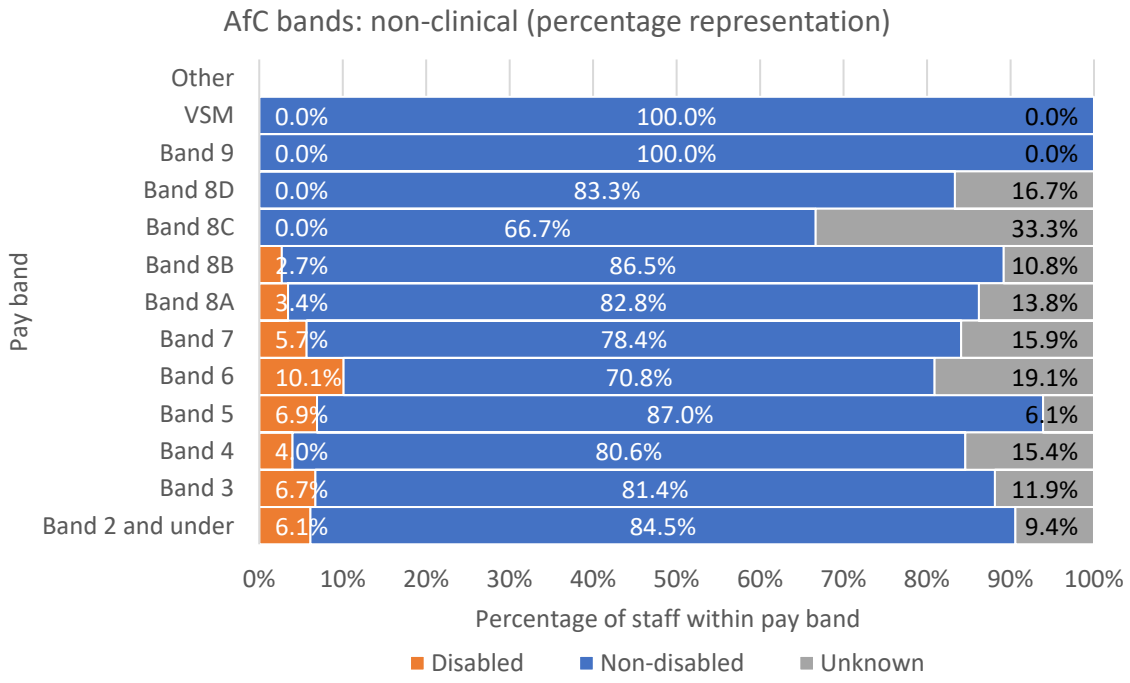
Metric 1 Disabled staffing across the bands

In 2023 (as of 31st March) 6.4% of staff declared a disability across all pay bands in both clinical and non-clinical areas (5.7% last year). This represents a steady increase over the last 4 years against 79.7% of staff declaring that they have no disability (82.8% last year).

The Charts below refer to Agenda for Change (AfC) which is the current grading and pay system for NHS staff.

Non-clinical staff on AfC pay bands

Chart 1 AfC bands: non-clinical (percentage representation)



Disabled staff represented 6.3% in all non-clinical AfC roles.

At Band 4 and under (e.g., administrative, and technical support roles, estates officer):

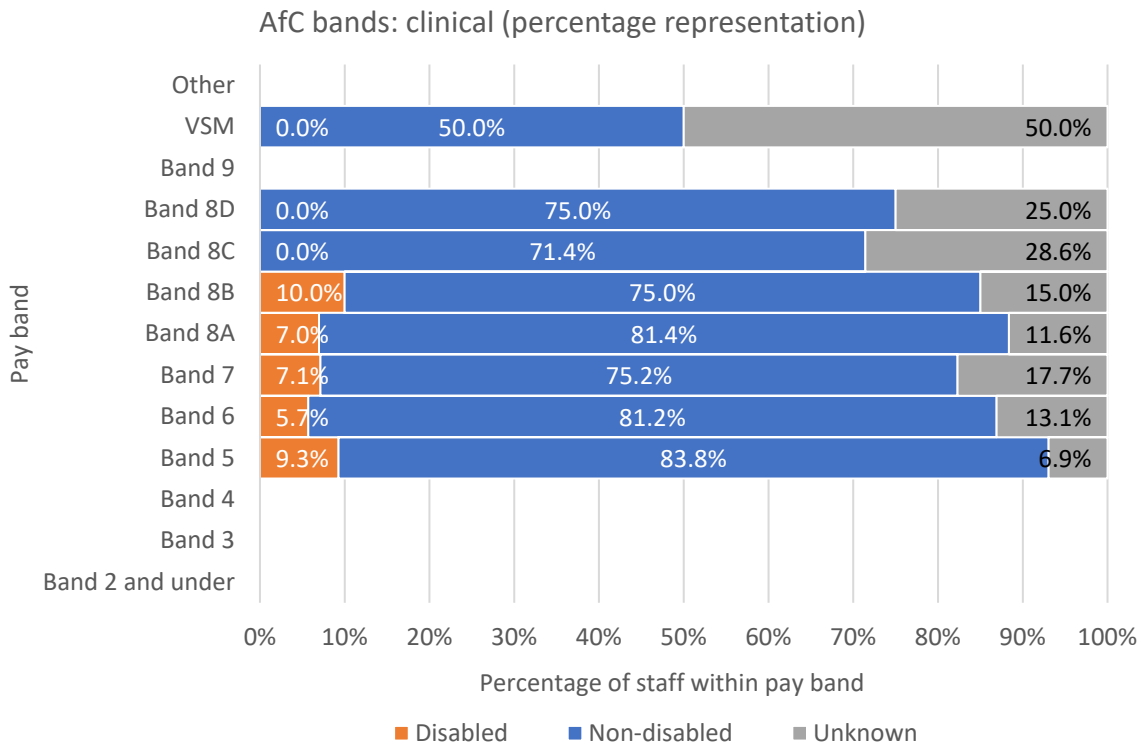
- Disabled representation was 6.2% overall
- Disabled staff were proportionately represented by pay band

At Band 5 and over (graduate and management level roles):

- Disabled representation was 6.5%, overall.
- Disabled staff were proportionately represented by pay band.

Clinical staff on AfC pay bands

Chart 2 AfC bands: clinical (percentage representation)



Disabled staff represented 6.7% in all clinical AfC roles.

At Band 4 and under (e.g., clinical support workers and healthcare assistants):

- N/A
- Disabled staff were proportionately represented by pay band.

At Band 5 and over (e.g., clinical roles requiring professional registration including nurses):

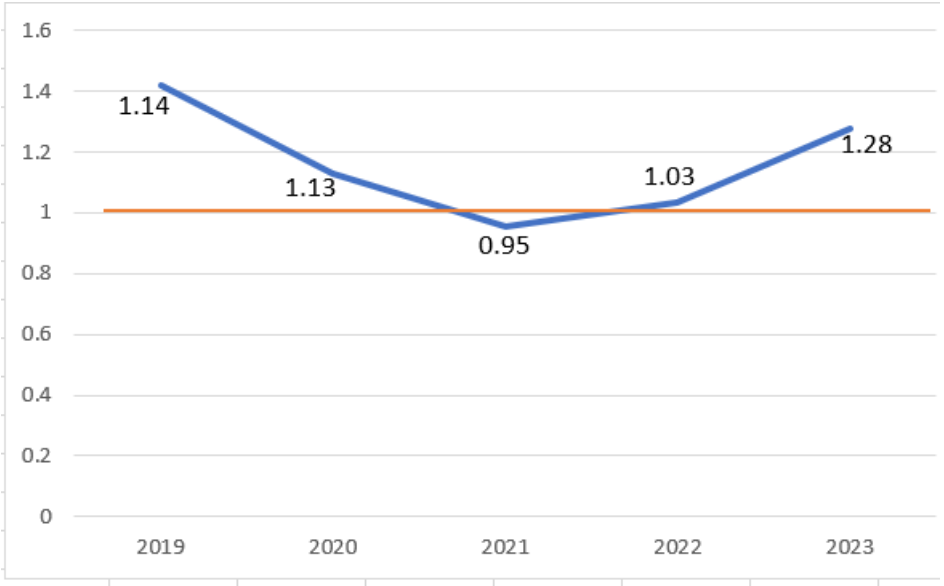
- Disabled representation was 6.7%, overall.
- Disabled staff were proportionately represented by pay band.

Metric 2 Appointment of Shortlisted Disabled applicants

The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts (at March 2023 the likelihood ratio) was 1.28; higher than 1.0 (which is "equity") to a small degree. However, the ratio last year was 1.03, a figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting.

Specifically, 1,083 out of 2,156 non-disabled candidates were appointed from shortlisting (50.2% of non-disabled candidates) compared to 81 out of 206 disabled candidates (39.3% of Disabled candidates).

Chart 3: Likelihood of non-disabled staff compared to Disabled staff being appointed



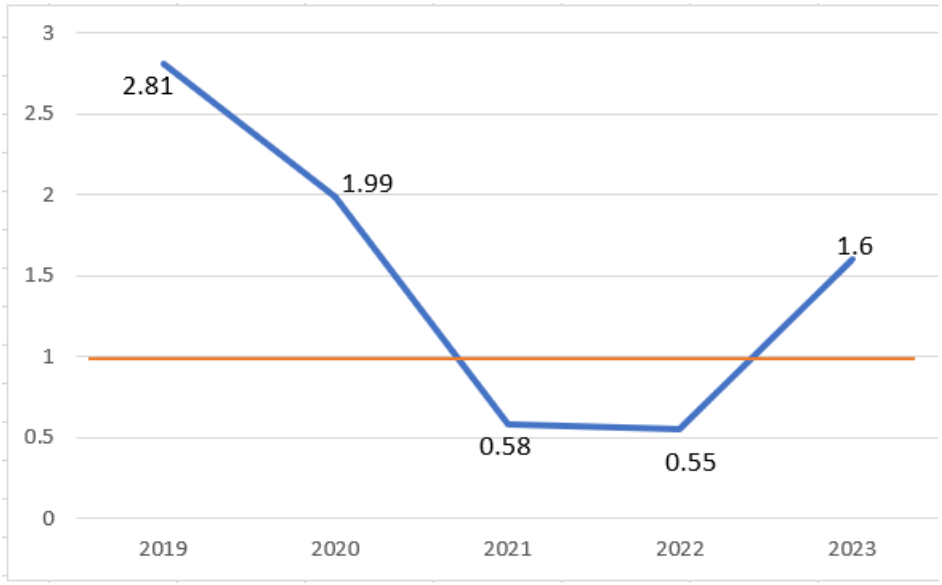
The Chart above shows the changes over a 5 year period, the red line at point 1 is the point of ‘equity’.

Metric 3 Likelihood of Disabled staff entering the formal capability process

The relative likelihood of Disabled staff entering the formal Capability process (on grounds of performance management) compared to Non-disabled staff (at March 2023 the likelihood ratio) was 1.60; however, it was 0.55 last year.

Specifically, 2 out of 294 disabled staff entered formal capability proceedings (0.68% of the disabled workforce) compared to 16 out of 3,752 non-disabled staff (0.43% of the non-disabled workforce).

Chart 4: Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff



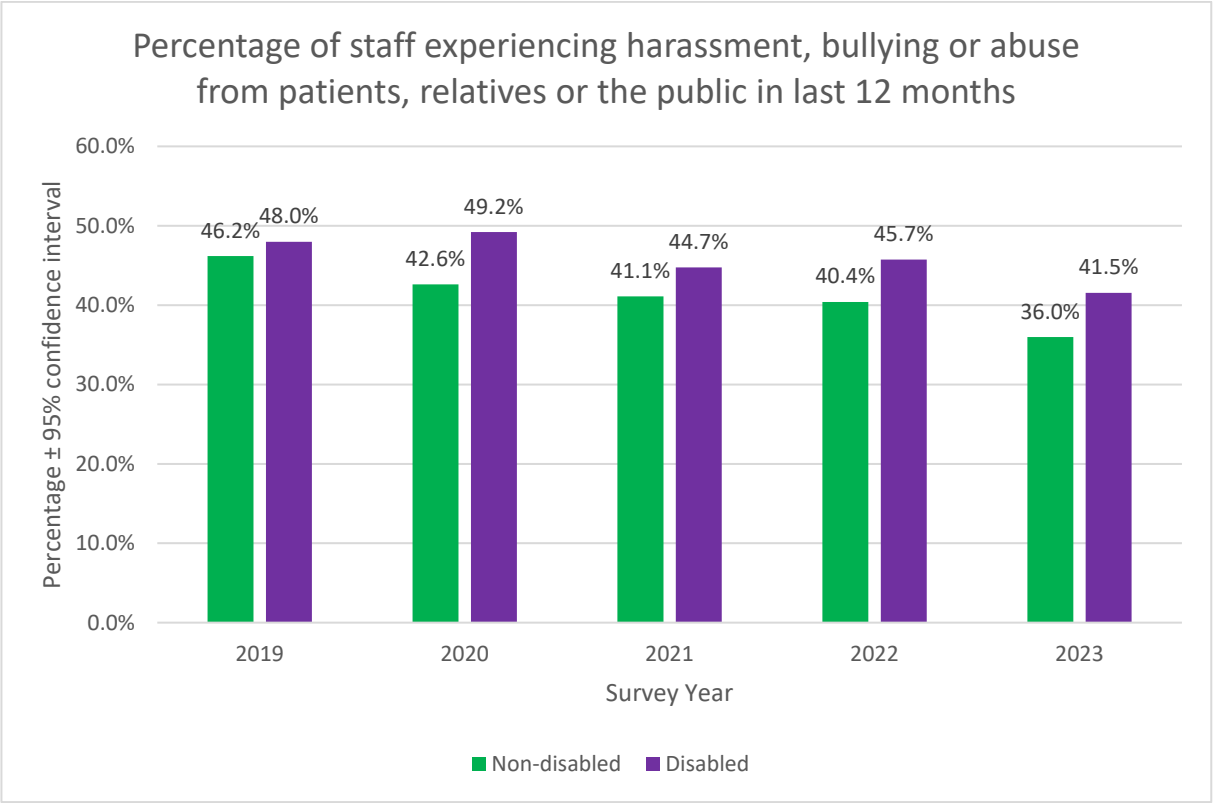
The Chart above shows the changes over a 5 year period, the red line at point 1 is the point of 'equity'.

Metrics 4 to 9a relate to the results of the 2022 NHS Staff Survey which had a response rate of 50% (published March 2023).

Metric 4 (a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months was higher for Disabled staff (41.5%) than for Non-disabled staff (36.0%).

Chart 5: disabled staff experiencing harassment/bullying or abuse from patients, relatives, or the public

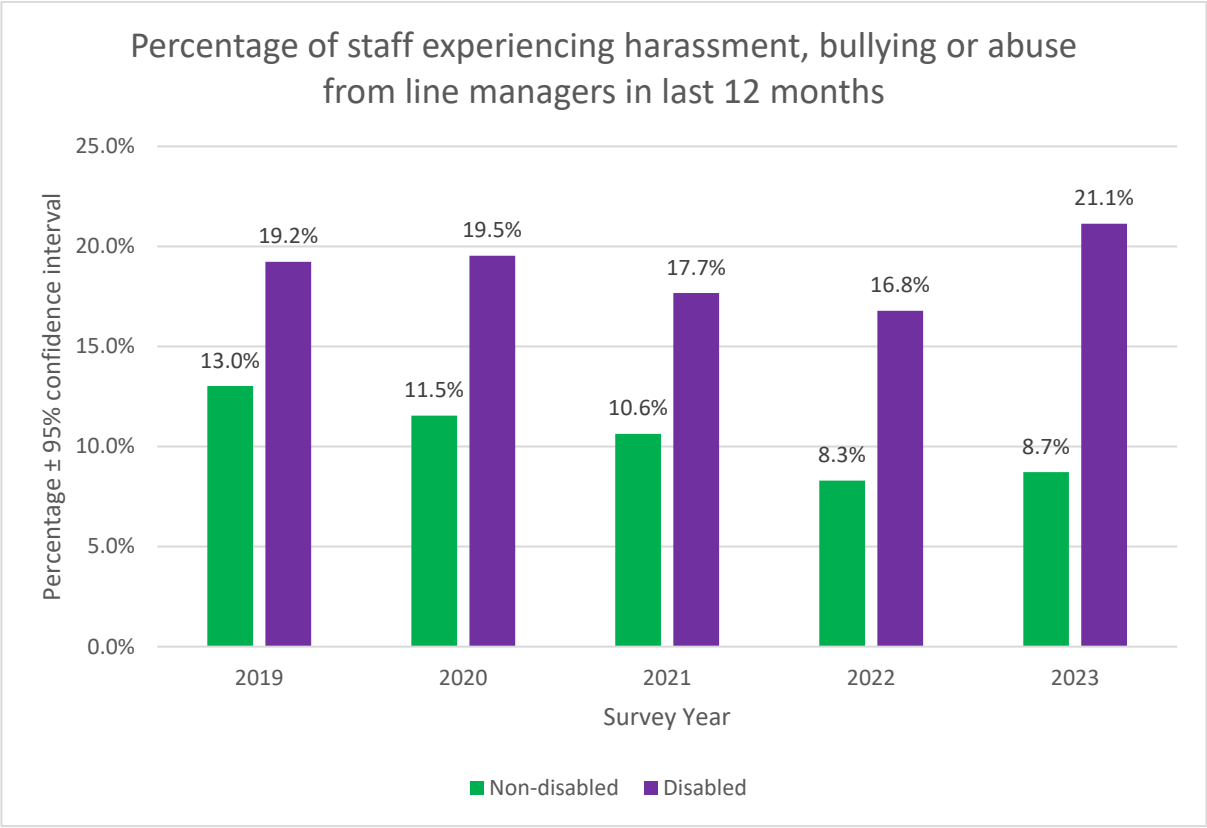


The percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives, or the public in this year's National Staff Survey (NSS) was **41.5%** compared to 36% in those not declaring a disability. Although this represents a drop from the previous year (45.7%), the experience of those declaring a disability has been consistently worse over the last 5 years. This is however above average within the Ambulance sector as a whole (50.2%).

Metric 4 (b) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months

The percentage of staff experiencing harassment, bullying or abuse from line managers in last 12 months was higher for Disabled staff (21.1%) than for Non-disabled staff (8.7%).

Chart 6: percentage of disabled staff experiencing harassment, bullying or abuse from managers

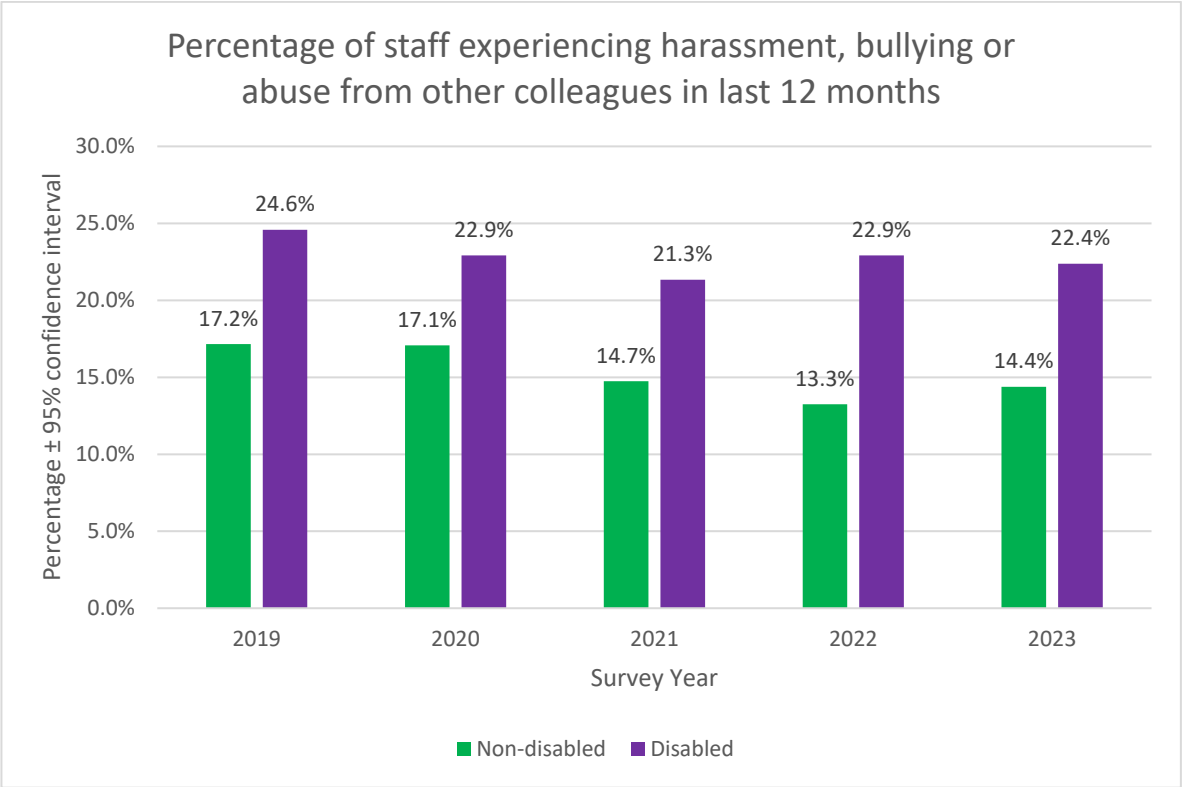


The percentage of disabled staff experiencing harassment, bullying or abuse from managers was **21.1%** an increase from the previous year (16.8%). This is the same as the average score in comparable Ambulance Trusts (21.1%)

Metric 4 (c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

The percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months was significantly higher for Disabled staff (22.4%) than for Non-disabled staff (14.4%).

Chart 7: percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues

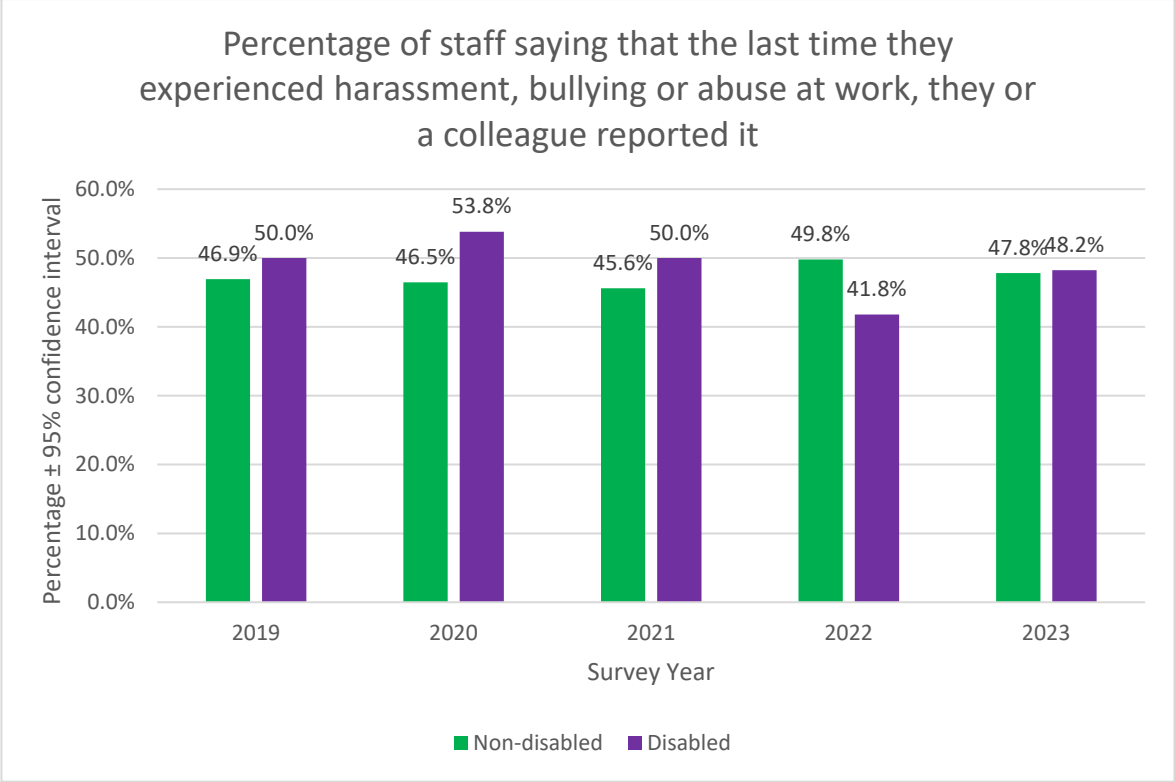


The percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues was **22.4%** similar to the previous year (22.9%). Whilst better than the average score in comparable Ambulance Trusts (23.4%), this is significantly worse than for those declaring no disability.

Metric 4 (d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

The percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was similar for Disabled staff (48.2%) and for Non-disabled staff (47.8%).

Chart 8: percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



The percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was **48.2%**, an increase from the previous year (41.8%) and similar to non-disabled. This is a better than average score in comparable Ambulance Trusts (47.3%).

Metric 5 Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

The percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion was lower for Disabled staff (52.7%) than for Non-disabled staff (57.8%).

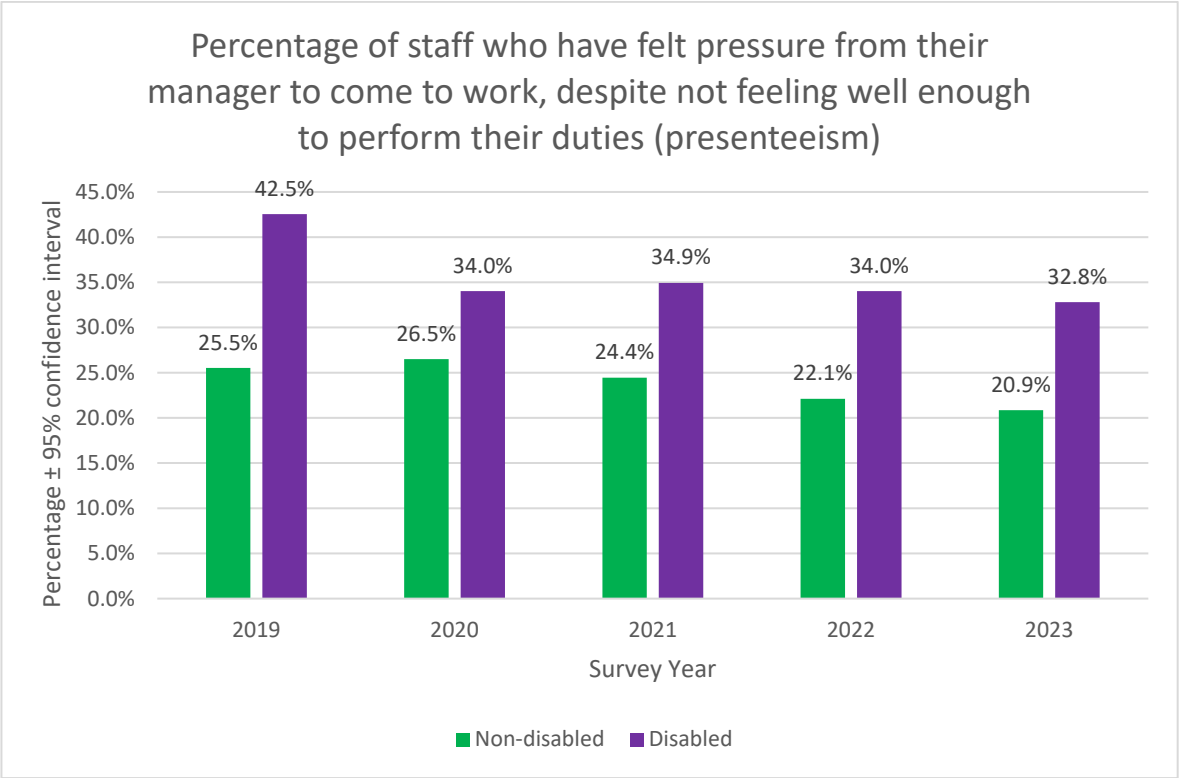
Chart 9: percentage of disabled staff who believe that their organisation provides equal opportunities for career progression or promotion

The percentage of disabled staff who believe that their organisation provides equal opportunities for career progression or promotion was **52.7%,** a drop from the previous year (55.3%). This is an above average score compared to other Ambulance Trusts (42.3%).

Metric 6 Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

The percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (presenteeism) was significantly higher for Disabled staff (32.8%) than for Non-disabled staff (20.9%).

Chart 10: percentage of disabled staff who have felt pressure from their manager to come to work despite not feeling well

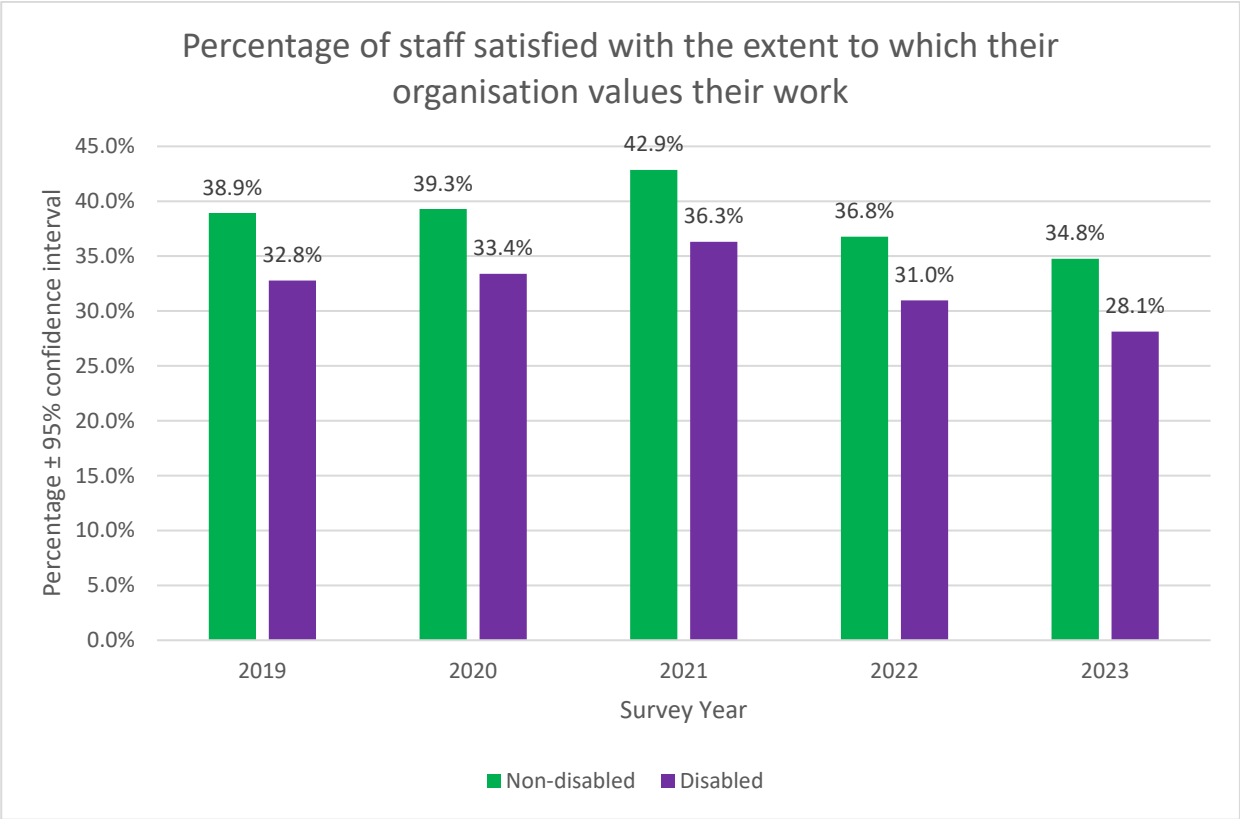


The percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties was **32.8%** a drop from the previous year (34.0%). This is however slightly better than the average score in comparable Ambulance Trusts (37%).

Metric 7 Percentage of staff satisfied with the extent to which their organisation values their work

The percentage of staff satisfied with the extent to which their organisation values their work was significantly lower for Disabled staff (28.1%) than for Non-disabled staff (34.8%).

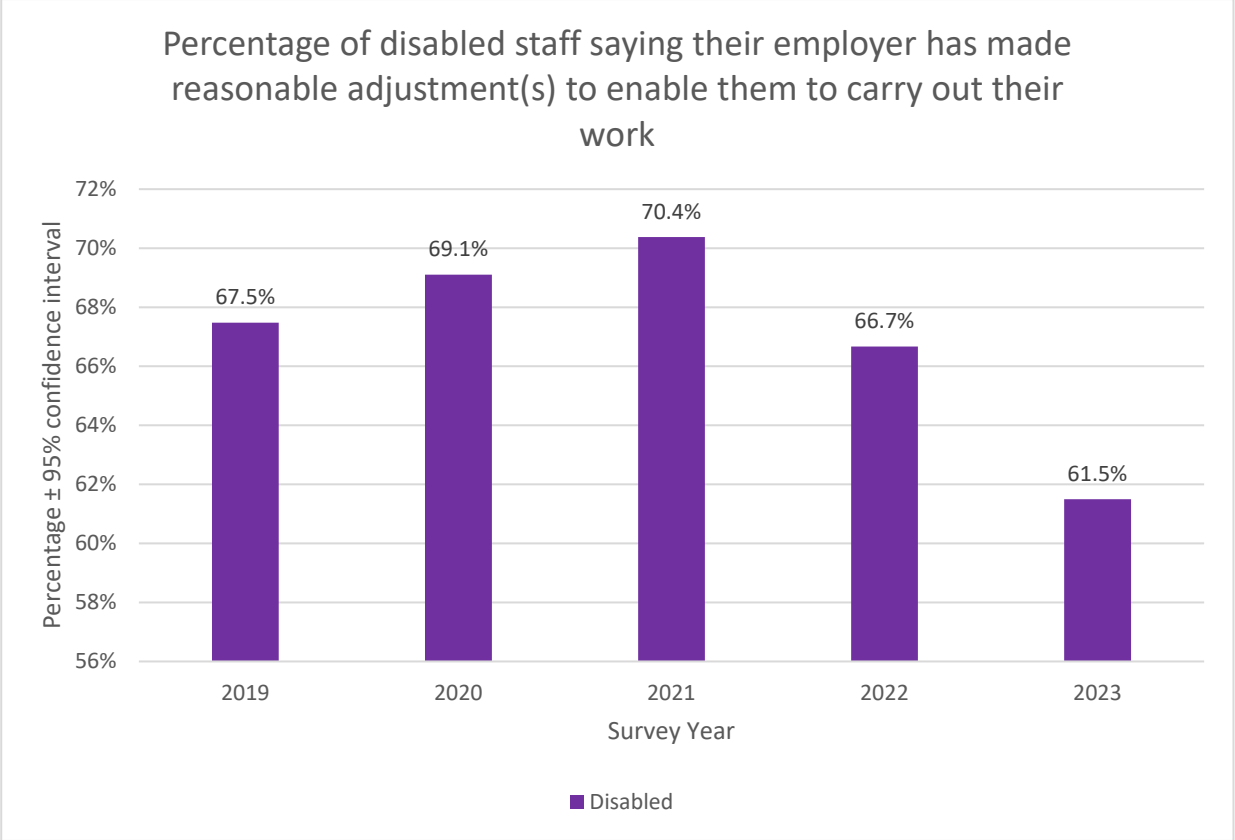
Chart 11: Percentage of disabled/LTC staff satisfied with the extent to which their organisation values their work



The Percentage of disabled staff satisfied with the extent to which their organisation values their work was **28.1%** which represents a consistent drop over the past two years. This is a better score than the comparable Ambulance Trust average for disabled staff (23.5%).

Metric 8 Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

Chart 12: Percentage of disabled staff with a long-lasting health condition saying their employer has made adequate adjustment(s)

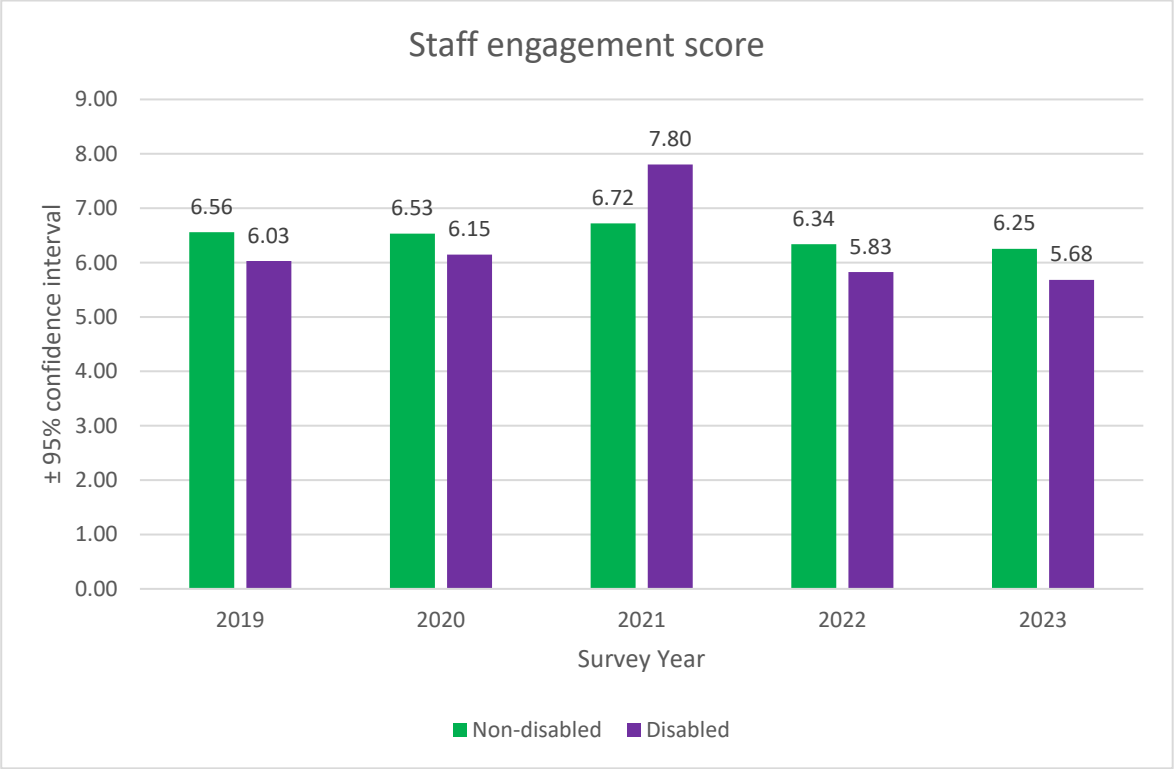


The percentage of disabled staff with a long-lasting health condition saying their employer has made adequate adjustments to enable them to carry out their work was **61.5%**, which represents a continuing drop over the last two years. This is a poorer score than the average Ambulance Trust score (63%).

Metric 9 Staff engagement score for Disabled staff compared with non-disabled staff (0-10)

The staff engagement score was lower for Disabled staff (5.7) than for Non-disabled staff (6.3).

Chart 13: Staff engagement score for Disabled staff compared with non-disabled staff



This is a slightly better than average score across comparable Ambulance Trusts (5.5).

Metric 10 Disabled (voting) board membership

In March 2023, the difference between Disabled representation on the board and in the workforce was -6.4% which translates as disabled members being underrepresented on the board by one member in terms of headcount.

Chart 14: Gap in Disabled representation at Board level overall (based on ESR records)

3. WDES progress in 2022/2023

We continue to implement and monitor the WDES action plans and have implemented our ED&I strategy which includes our statutory required Equality Objectives. We also published our Annual Public Sector Equality Duty (PSED) report and provide a six-month update of our WDES to the Executive and Board. As part of the CQC inspection in April 2022, a portfolio of evidence was provided and the Head of ED&I was interviewed for the 'Well-led' criteria.

The metrics we need specific improvement upon in the following year are:

- The relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting. This will be addressed in the Action implementation plan (metric 2)
- The percentage of disabled staff experiencing harassment, bullying or abuse from managers continues to grow and will be addressed in the Action implementation plan (metric 4). There was also a slight increase in negative behaviours from colleagues that should be monitored.
- The percentage of disabled staff who believe that the organisation provides equal opportunities for career progression or promotion. This is addressed in the Action implementation plan (metric 5)
- The Percentage of disabled staff satisfied with the extent to which the organisation values their work is addressed in the Action implementation plan (metric 7)

- The percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustments to enable them to carry out their work is addressed in the Action implementation plan (metric 8)
- Improved engagement with Disabled staff is also addressed in the Action implementation plan (metric 9)

We have made progress on a few metrics and are scoring better than sector average on most but we have also regressed in several places.

Our key achievements of note over the year have been:

- We have re-launched and re-branded our Disability Network, now called DARE (Disability Awareness, Recognition and Equality Staff Network)
- We have had a consistent increase in the number of staff declaring a disability or Long Term Health Condition (LTHC) (metric 1)
- We have expanded the Freedom To Speak Up team which provides a greater support mechanism for disabled staff (metric 4)
- The percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives or the public for during this year's National Staff Survey (NSS) was 41.5% which represents a drop from last year (45.7%). We are also better than the comparable Ambulance sector average for disabled/LTC staff at 50.2%. (metric 4a)
- We have added fields on the DATIX incident reporting system to enable monitoring of all Protected Characteristics
- The percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties was 32.8%, a drop from the previous year (34.0%). We are better than the comparable Ambulance sector average for disabled/LTC staff at 37% (metric 6)
- We have created Executive Sponsors for all Staff Networks and DARE is unique is having two (Chief People Officer and Chief Nurse) rather than one (metric 10)
- We redesigned published documents to meet the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

4. Conclusion and next steps

The actions and interventions identified in this report are both behavioural and structural and form part of a significant culture change programme which takes time, energy, and leadership. Nevertheless, the report indicates that although we have a long way to go in implementing and embedding the plan, we have made some progress and are usually scoring better than comparable Ambulance Trusts.

Nevertheless, this report also gives us the opportunity to reflect and consider more impactful actions. We will be delivering our next steps through the Action implementation plan below that will include ongoing reviews of actions mentioned in this report.

WDES Action Implementation Plan 2023/24

Metric	Objective	Action/s	Timescales	Lead/s	Why	NHS People Plan Themes	EDS Goals
1	To improve disability declaration rates	Communicate purpose and positive benefit of staff updating personal details on the ESR self-service portal through 'A Good Start', HWB conversations (ESPM) and Disability Awareness month. Inviting the DARE network to champion ESR declarations.	On-going	Head of ED&I DARE	There has been a consistent increase in the number of staff declaring a disability or Long Term Health Condition (LTHC) The most recent 2022 data shows an increase of 0.3 percentage points to 3.7% of the total workforce that have declared a disability or long term health condition (LTHC)	Growing for the future	Goal 3: A representative and supported workforce

2	To ensure equitable number of disabled candidates to be successfully recruited	Further evaluate our approach to inclusive recruitment to ensure it is fair, accountable and bias-free and that we are advancing equality and attracting more disabled candidates	To be developed Nov- '23 – March '24	Recruitment Head of ED&I	The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts (at March 2023 the likelihood ratio) was 1.28; higher than 1.0 (which is "equity") to a small degree. However, the ratio last year was 1.03, a figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting.	Growing for the future Looking After Our People	Goal 3: A representative and supported workforce
		Use external experts and social media to attract more candidates with a disability to apply for roles in SCAS	Quarterly reviews during the year	Recruitment			
		Complete EqIAs for recruitment policy, procedures and attraction/engagement plans	By April 24	Recruitment			
		To carry out a cross-organisational benchmarking exercise of our recruitment and selection training in relation to equitable recruitment	On-going	Recruitment			
		Audit our interview panellists to ensure they are fully trained (as above)	Twice a year	Recruitment			

		Audit a range of non-shortlisted candidates who state they have a disability to ensure a fair selection process	Twice a year	Recruitment			
		Review our advertising campaigns for diversity	Every 3 months	Recruitment			
3	To monitor the number of disabled staff in the capability process	To explore trends and investigate why more disabled people are entering the capability process	On going	HR manager	The relative likelihood of Disabled staff entering the formal Capability process (on the grounds of performance management) compared to Non-disabled staff (at March 2023 the likelihood ratio) was 1.60; however, it was 0.55 last year. Specifically, 2 out of 294 Disabled staff entered formal Capability proceedings (0.68% of the Disabled workforce)	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
4	To reduce the	Invite and share workplace experiences	To be developed	Head of ED&I	The percentage of disabled staff	After Our People	Goal 3: A representativ

	incidence of harassment, bullying or abuse from managers at work	and life stories from disabled staff. These will highlight the impact of certain behaviours and promote a deeper understanding of disability inclusion at work	Dec ’23 – March ‘24	DARE network Communication	experiencing harassment, bullying or abuse <u>from managers</u> was 21.1% an increase from the previous year (16.8%). We are exactly the same as the comparable Ambulance Trusts average for disabled/LTC staff at 21.1%	Belonging in the NHS	e and supported workforce
		Embed Just & Learning principles to enhance understanding of perceived bullying, harassment, and abuse at work. Finalise and share the Harassment Checklist. Publicise through communication channels, ESPM and FTSU	On going March ‘24	HR teams Head of ED&I			
		Ensure the processes of reporting bullying, harassment, and abuse at work are transparent and clearly set out, including options for anonymous reporting	On-going	HR Managers Freedom to speak up team			
		Roll out ‘A Good Start’ induction programme to ensure a positive culture of inclusion and	Nov ’23 onwards	Head of ED&I Freedom to Speak up team			

		belonging is made explicit to new joiners					
5	To provide equal opportunities in career progression	Liaise with DARE around options for career development such as mentoring	By March ‘24	Head of ED&I DARE network	The percentage of disabled staff/LTC who believe that their organisation provides equal opportunities for career progression or promotion was 52.7%, a drop from the previous year (55.3%). We are better than the comparable Ambulance Trusts average for disabled/LTC staff at 42.3%.	Looking After Our People Belonging in the NHS	
		To work with DARE to promote opportunities and consult on specific equipment	Nov ’23 Onwards	HWB DARE Network			
6	To reduce ‘presenteeism’ in disabled staff	Wherever possible, consider and support flexible working options particularly around the needs of staff with disabilities	On going	HR Leads to promote delivery by all Trust departments	The percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties was	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce

		Refresh of SCAS Leadership programme in 2024 which includes an explicit focus on compassionate and inclusive leadership	By November '24	Organisational Development	32.8% a drop from the previous year (34.0%). We are better than the comparable Ambulance Trusts average for disabled/LTC staff was 37%		
		Implement the Wellbeing strategy to emphasise physical, mental and financial wellbeing factors	On going	Health & Well-being leads			
		Training staff as mental health first aiders who are on hand to support and provide advice to employees	On going	Well-being leads to promote delivery in all Trust departments			
		Train managers on REACT Mental Health programme	On going	Head of ED&I			
7	To improve disabled staff satisfaction rates and their work	Appraisal/PDR training to include inclusive career development for staff with disabilities	On going	HR/OD & Communications Teams	The Percentage of disabled/LTC staff satisfied with the extent to which their organisation values their work was 28.1% a drop from the previous year (31%). We are better than the comparable Ambulance Trusts average	Looking After Our People Belonging in the NHS	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		Develop a 'Disability in Employment' policy to define a pathway/flowchart and provide specific guidance on reasonable adjustments	To be developed Nov '23 – Feb '24	Head of ED&I			
		Analysis of the National Staff Survey data in	On going	OD			

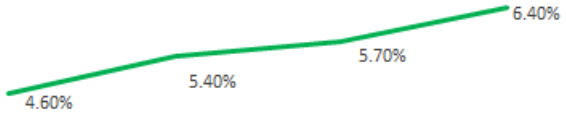
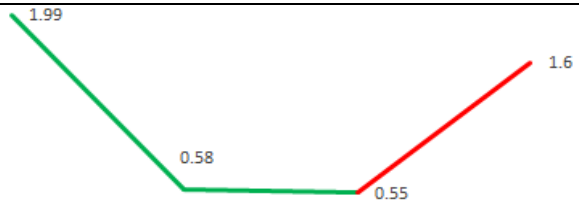
		staff declaring a disability Liaise and work with DARE to understand what key elements contribute to satisfaction at work in those declaring a disability	 Dec ’23 – March ‘24	 Head of EDI	for disabled/LTC staff at 23.5%.		
8	To embed our responsibility in making reasonable adjustments	Develop and work with DARE to create a 'Disability in Employment' policy to define a pathway/flowchart and provide specific guidance on reasonable adjustments <u>To inform and support</u> managers and leaders in considering reasonable adjustments and flexible working requests	To be developed Nov ’23 – Feb ‘24 Ongoing	Head of ED&I DARE Network Head of ED&I HWB team	Percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustment(s) to enable them to carry out their work was 61.5% a drop from the previous year (66.7%). We are worse than the comparable Ambulance Trusts average for disabled staff was 63%.	Looking After Our People	Belonging in the NHS Goal 3: A representative and supported workforce
		Implement the Menopause Policy	Nov ’23 (consultation) implements March ‘24	HWB team			

		To promote examples and case studies where reasonable adjustments have been made	Nov ’23 Onwards	Communications Recruitment			
9	To better engage with Disabled staff	Staff Network Executive sponsors to engage and work with their Networks on a regular basis	On-going	Trust Board	The staff engagement score was higher for Disabled staff (5.7) than for Non-disabled staff (6.3).	Looking After Our People Belonging in	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership
		Continue to work with all the Staff Networks through their membership of and regular attendance at the ED&I Steering Group	On going	Chief People Officer Head of ED&I			
		Quarterly meetings between DARE and Head of EDI to understand the experience of disabled staff in SCAS and provide network support	Sept ’23 – March ‘24	Head of ED&I			
		Provision of developmental support for DARE staff network leads		Cherron Inko-Tariah			

10	Promote Board diversity	Executive staff network sponsors to engage with, champion and advocate for their assigned Network at Board and across SCAS Ensure that Board provide information for monitoring and reporting purposes (e.g., ethnicity, disability)	On-going To be completed by March '23	Trust Board Trust Board	In March 2023, the difference between Disabled representation on the board and in the workforce was -6.4%. Disabled members were underrepresented on the board by one member in terms of headcount.	Looking After Our People Belonging in the NHS Growing for the future	Goal 3: A representative and supported workforce Goal 4: Inclusive leadership

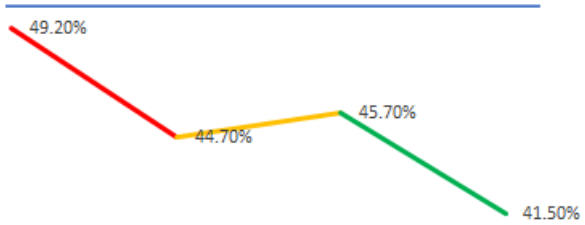
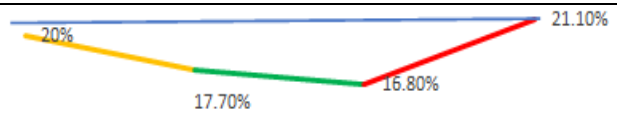
Appendix A Summary Analysis of the WDES

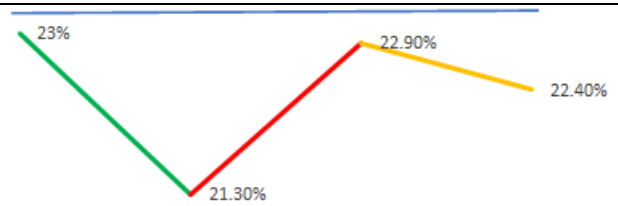
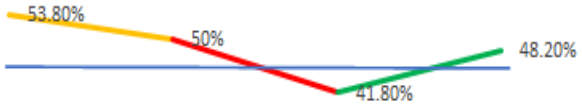
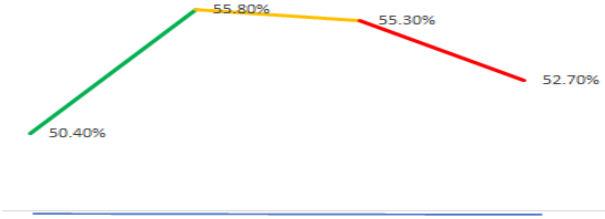
Metrics 1 – 3 taken from ESR (as of 31 March 2023)

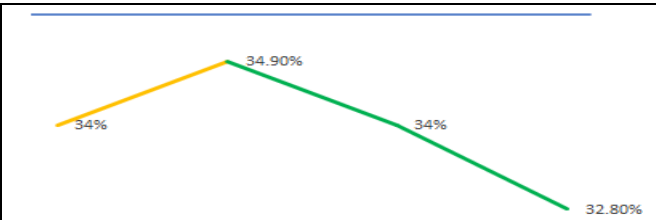
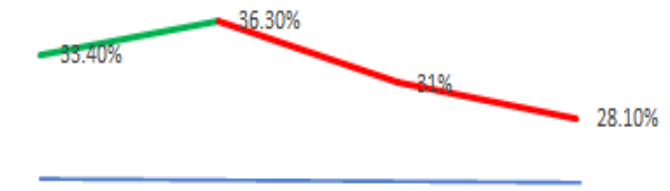
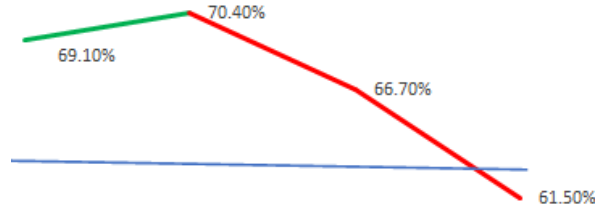
Metric 1 Disabled staffing across the bands	2020	2021	2022	2023	Trend	Comment
Disabled workforce	4.6%	5.4%	5.7%	6.4%		There has been a consistent increase in the number of staff declaring a disability or Long Term Health Condition (LTHC) The most recent 2021 data shows an increase of 0.3 percentage points to 3.7% of the total workforce that have declared a disability or long term health condition (LTHC)
Metric 2 Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting	1.13	0.95	1.03	1.28		Worse than the previous year and year before A figure below 1.00 indicates that Disabled candidates are more likely to be appointed from shortlisting.
Metric 3 Likelihood of Disabled staff entering the formal capability process	1.99	0.58	0.55	1.6		From a steady improvement, the data showed a worsening increase.

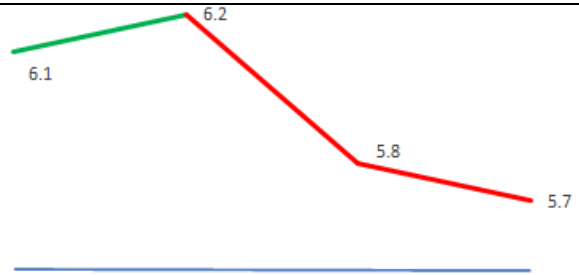
						A figure above '1' indicates that Disabled staff members are more likely than non-disabled staff to enter the formal capability process.

Metrics 4– 9 taken from Staff Survey 2022 (published March 2023)

	2019	2020	2021	2022	Trend	Comment
Metric 4 (a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public	49.2%	44.7%	45.7%	41.5%		We are better than last year. And better than the comparable Ambulance Trusts average for disabled/LTC staff at 50.2%.
Metric 4 (b) Percentage of disabled staff experiencing harassment, bullying or abuse from managers	20%	17.7%	16.8%	21.1%		We are worse than last year. We are also exactly the same as comparable Ambulance Trusts average for disabled/LTC staff at 21.1%

Metric 4 (c) Percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues	23%	21.3%	22.9%	22.4%		We are slightly better than last year. And better than the comparable Ambulance Trusts average for disabled/LTC staff at 23.4%.
Metric 4 (d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	53.8%	50%	41.8%	48.2%		We are better than last year. We are better than the comparable Ambulance Trusts average for disabled/LTC staff at 47.3%.
Metric 5 Percentage of disabled staff/LTC who believe that their organisation provides equal opportunities for career progression or promotion	50.4%	55.8%	55.3%	52.7%		We are worse than last year. And significantly better than the comparable Ambulance Trusts average for disabled/LTC staff at 42.3%.

Metric 6 Percentage of disabled staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	34%	34.9%	34%	32.8%		We are better than last year. And better than the comparable Ambulance Trusts average for disabled/LTC staff was 37%
Metric 7 Percentage of disabled staff satisfied with the extent to which their organisation values their work	33.4%	36.3%	31%	28.1%		We are worse than last year. Although better than the comparable Ambulance Trusts average for disabled/LTC staff at 23.5%.
Metric 8 Percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	69.1%	70.4%	66.7%	61.5%		We are worse than last year. We are worse than the comparable Ambulance Trusts average for disabled staff was 63%.

Metric 9 Staff engagement score for Disabled staff compared with non-disabled staff (0-10)	6.1	6.2	5.8	5.7		We are worse than last year. We are better than the comparable Ambulance Trusts average score for disabled/LTC staff at 5.5

PUBLIC TRUST BOARD

Report Cover Sheet

Report Title:	People Directorate Update
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	18
Executive Summary:	The Trust continues to progress a range of initiatives within the Culture and Staff Wellbeing programme and in accordance with our People Strategy. This board update high-lights a number of recent successes.
Recommendations:	The Committee is asked to: Note
Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Natasha Dymond, Assistant Director HR Operations Pamela Putt, Head of Resourcing and Workforce Information
Previously considered at:	N/A
Purpose of Report:	Note
Paper Status:	
Assurance Level:	**Assurance Level Rating Options -** • **Acceptable** – General confidence in delivery of existing mechanisms/objectives **Assurance Level Rating:** Acceptable
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	N/A
List of Appendices	ER Report – Appendix 1

PUBLIC TRUST BOARD
Meeting Report

Name of Meeting	SCAS Public Board Meeting
Title	People Directorate Update
Author	Natasha Dymond, Assistant Director of HR Operations Pamela Putt, Head of Resourcing and Workforce Information
Accountable Director	Melanie Saunders, Chief People Officer
Date	20 November 2023

1. Purpose

To provide the board update and assurance on the development of programmes of work within the People Directorate, specifically in relation to increasing workforce numbers and supporting our workforce.

2. Executive Summary

The Trust continues to progress a range of initiatives within the Culture and Staff Wellbeing programme and in accordance with our People Strategy. This board update high-lights a number of recent successes.

3. International Nurse Update

For several years the Trust has found recruiting to our clinical roles within both our 999 and 111 contact centres challenging, to help address our clinical shortages within the contract centres earlier this year we embarked on our first international nurse recruitment programme.

Whilst we have carried out international paramedic recruitment for a number of years, this has generally been from Europe or Australia, these are our first international nurses have joined us from a range of African and Asian countries. The SCAS teams involved in this programme have benefited hugely from learning about different cultures, feedback from the leadership team has been incredibly positive, our nurses are enthusiastic, hardworking, dedicated and clinically very experienced.

The programme includes a full pastoral support package from airport collection and throughout their 10 weeks supported accommodation, which includes a welcome pack tailored to the cultural needs of the nurses. Pastoral support continues through

the induction and training period and includes practical support and guidance on setting up a home in the local area. One of the challenges that we have faced is finding suitable long-term accommodation for the nurses and their families. To address this we have now set up working relationships with a number of local landlords and agencies to try and avoid future nurses being turned down when trying to find a long-term rental property in Bicester.

Since April we have successfully onboarded 19 nurses into our Clinical Support Desk (999) team in Bicester, 18 of the 19 have passed their OSCE assessments and we are awaiting results from one resit. 11 are now fully work effective and taking calls independently. Each nurse is being supported by local managers and the education team with a view to them progressing to a band 6 full CSD Practitioner in the next 12 months. The remaining staff are completing their training and coaching time. The introduction of the international nurse programme has significantly bridged the clinical workforce gap in 999, with clinical workforce now exceeding original forecasts by 19 wte originally expected 42.65 now 61.27 WTE at the end of the financial year)

Due to the success of this first cohorts, the programme continues to evolve and develop with a further 7 nurses arriving and entering OSCE training during November, these nurses will be joining the 111 team in Bicester. A further 6 nurses are also due to arrive in January 2024, making a total of 13 international nurses working in 111 by the end of the financial year and significantly closing the clinical workforce gap in this service, with the predicted clinical workforce at year-end being 70 WTE against an original forecast of 57 WTE.

4. Freedom to Speak Up

Hugely successful Freedom to Speak up month with c800 staff contacts over 13 site visits. Site visits supported by variety of Executive and Senior leadership team, feedback from visits and surveys to be presented to People and Culture committee in November.

Following publication of national Freedom to Speak up Policy template, revised policy is currently out for consultation and due for review with colleagues, including Trade Unions in December. Revised policy to be formally published January 2024, currently on track to complete.

Self assessment document due to be refreshed November 2024 (internal time-line not statutory timeline), this review has slipped due to competing priorities. Now scheduled for. completion January 2024, including approval via People and Culture Committee.

5. Compassionate Employer

Working with the HIOW ICS we have completed an assessment for Compassionate Employers award, which is a workplace wellbeing programme delivered by Hospice UK, the national charity for end-of-life care. Hospice UK currently supports over 100,000 employees and their employers through grief, caring responsibilities, and terminal illness.

Recently, as part of the onboarding process of becoming a Compassionate Employer, South Central Ambulance Service completed an organisational assessment and, after benchmarking against the market (undertaken by Hospice UK), received a Silver Award. This is an excellent achievement for a first-year assessment and means that, as an organisation, we meet most of the criteria for best practice in the three key areas of practical support, peer support, and engagement of colleagues affected by the end of life.

The assessment criteria was created by compiling national research, analysing the market, and comparing data from other employers involved in the scheme. It is continually improved and reviewed as more employers join the scheme. For example, research from 2022 identified that many bereaved employees needed around 10 days of paid bereavement leave, despite the national average being 3-5 days. As a result, this became part of the 'Gold' criteria to showcase employers who are meeting the needs of bereaved employees.

A Bronze, Silver, or Gold ranking has been created to acknowledge and celebrate the efforts of employers, no matter where they are in their journey of being a Compassionate Employer.

The key recommendations from the assessment which the Trust will be considering as part of our ongoing Health and Wellbeing programme include:

- Increasing paid compassionate leave (currently 3 days per annum)
- Increasing paid carers leave (currently 5 days per annum)
- Prioritising our 106 Mental Health First Aiders, to receive bereavement training

Over the next 12 months, we will work closely together, along with the People Policy Refresh Group and Health and Wellbeing forum to consider the recommendations above and with the aim of receiving a Gold Award upon renewal of the membership next year.

3. Recommendations

The Board is invited to **note**.

SCAS PRIVATE BOARD

Report Cover Sheet

Report Title:	Ofsted Update
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	19
Executive Summary:	During 13th & 14th September the Trust underwent a 2 day Ofsted Requires Improvement Monitoring Visit. The visit was focused on monitoring progress against the core 3 recommendations made following the full visit in December 2022. The presentation attached provides and overview of the visit and grading given by the inspectors at the end of the visit. At the end of the visit the inspectors noted the kindness and professionalism of all staff and apprentices that they came into contact with, noting their commitment to caring for our patients and the public
Recommendations:	The Committee is asked to: Note
Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Melanie Saunders, Chief People Officer
Previously considered at:	SCAS Board – March 2023
Purpose of Report:	Note
Paper Status:	Private/Internal

Assurance Level:	**Assurance Level Rating Options -** • **Acceptable** – General confidence in delivery of existing mechanisms/objectives **Assurance Level Rating:** Acceptable
Justification of 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):	People & Organisational
Links to BAF Risks or Significant Risk Register:	Risk 7 - Inability to recruit and/or retain non-clinical staff
Quality Domain(s)	Not applicable
Next Steps:	The Trust will continue to develop its approach to apprenticeships within SCAS ahead of expected next full Ofsted inspection.
List of Appendices	Ofsted published report received 19th October 2023, published 31st October 2023: 50231751 (ofsted.gov.uk) Overview of Apprentice ECA numbers as at time of inspection (Sept 23) Overview of Apprentice AAP numbers as at time of inspection (Sept 23)

SCAS Apprenticeships
Ofsted Monitoring Visit

13th & 14th September 2023

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Inspection Overview

- 2 day “Requires Improvement Monitoring Visit”, undertaken by 2 HM Inspectors
- Inspectors made progress judgements on the main areas identified as requiring improvement from the Full visit (December 2022)
- Evaluation of “intent”, implementation” and “impact” of improvements
- In depth evaluation of learner feedback
- Deep dive into data; progress of learners, TPR completion, EPA completion etc
- Triangulation of learner evidence, data evidence and achievement evidence

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2022 Requires Improvement: Recommendations

Specifically looking at progress against 3 recommendations from 2022 full inspection, namely:

Theme 1: Leaders and managers should ensure apprentices are appropriately informed and supported to complete their programmes within their planned end date and to achieve well, including those requiring qualifications in English and mathematics.

Theme 2: 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.

Theme 3: Leaders and managers should ensure that apprentices receive sufficient time to complete their written work within their planned study time

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Potential outcome

Progress against the 3 themes noted in our inspection report will be graded as making:

- **Insufficient progress** – where progress has either been slow or insubstantial or both and the demonstrable impact on learners has been negligible
- **Reasonable progress** – actions are already having a beneficial impact on learners and improvements are sustainable and based on thorough quality assurance procedures
- **Significant progress** – progress has been rapid and is already having a considerable beneficial impact on learners

There is no overall ‘grade’ awarded during a monitoring visit

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SCAS Main Areas of Focus Since Full Inspection

- Functional Skills completion (FS)
- Special Educational Needs (SEN) communication
- Study time allocation
- Inconsistencies in Tripartite Reviews (TPR)
- Distinction grade attainment
- Communication of local Prevent issues
- Inter departmental communication
- Pre-employment skills scan
- Academic skills (to aid onward progression)

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Areas of Development

We have developed ..

- Focus on completion of FS
- Refreshed SEN process
- Refreshed TPR documentation and process
- Learner information on distinction grade attainment
- Pre-employment skills scan

We continue to develop…

- Additional study time for AAAP & AECA proposal approved in principle.
- Academic Skills workshop – how to better prepare our learners for the future academic progression, such as Paramedic Degree Apprenticeship

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Judgement

Theme 1: Reasonable progress

- Quality of English and Maths functional skills teaching has improved
- Leaders ensure apprentices benefit from earlier 1:1 support
- Training plan and work-based mentors ensure apprentices have valuable opportunities to practice and consolidate their skills
- Dedicated time given for completion of the programme
- Apprentices becoming increasingly proficient over time.

Theme 2: Significant progress

- Apprentices highly value the support given by the Trust
- Apprentices needs identified, planned for and met very successfully
- Communications re Learners needs between Education and Operational teams has greatly improvement since last inspection
- Use of progression boards working well
- Students with SEN make rapid progress and achieve as well or better than their peers.

Theme 3: Reasonable progress

- Trust has recognised the need for additional study time (paper approved in principle)
- Level 4 programme redesign having a positive impact on the learners
- Apprentices prepared well to pass their assessments, although too early to judge impact.

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Feedback: High-lights

- Learners feel supported and valued
- Learners enjoy their work and are committed to providing good care to patients
- Education, including FS tuition is of high quality
- Content is relevant and programme structures are well designed
- Communications between Education and Operations much improved
- Learners with additional learning needs progressing well and in-line with their peers

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Feedback: Areas for continued improvement

- Ability to be able to demonstrate the impact of improvement in functional skills (*at time of inspection no learners had completed their FS, first assessments due November 2023*)
- Provision of the additional study hours as agreed in principle (currently progressing through financial stability programme)

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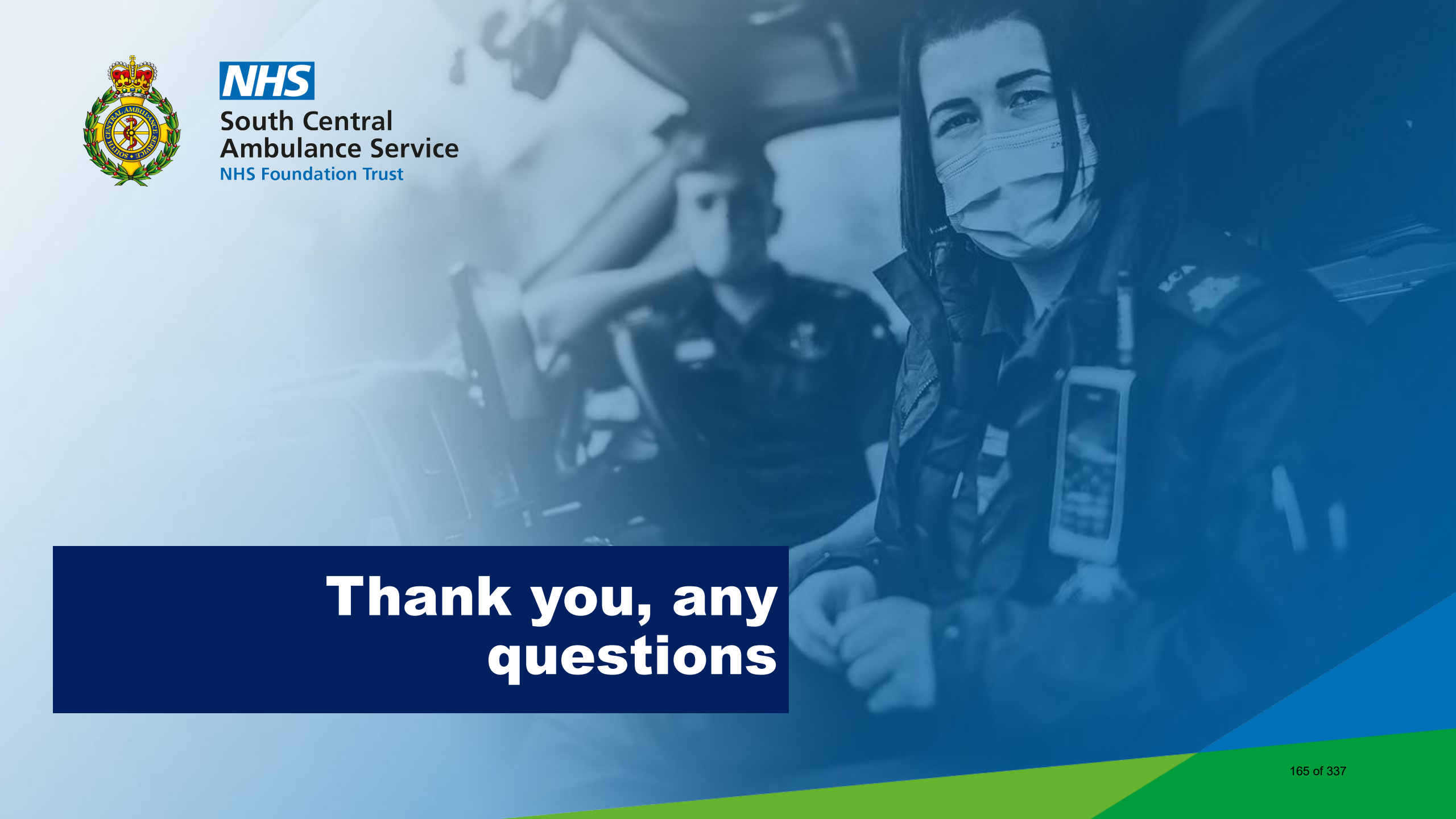
Next Steps

- Provisional grade is confidential and should not be published/shared
- Draft report received 26th September
- Minor factual accuracy amends returned 2nd October
- Final report received 16th October 2023 (attached)
- Final report published on Government website 31st October 2023
- SCAS will have another full Inspection with 18-24 months of the full inspection (visit window July 25 - January 25)
- ESFA audit expected, timescales unclear.
- Development of all Apprenticeships within SCAS will continue to be monitored via the WFDB and PACC



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Thank you, any questions

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Appendices:

Overview of Apprentice ECA numbers (Sept 23)

Overview of Apprentice AAP numbers (Sept 23)

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Ambulance Support Worker Apprenticeship

- Development from Ambulance Care Assistant to Emergency Care Assistant.
- Providing a solid foundation for ongoing development, including a clear career progression pathway from apprentice ECA to registered Paramedic and beyond.
- Commenced 2019
- 69 week programme leading to level 3 qualification.
- 14 cohorts to-date
- 62 apprentices have completed the programme since November 2019
- 19 apprentices have withdrawn for varying reason since November 2019
- 5 apprentices currently undertaking Functional Skills
- We have now seen apprentices progress to University of Cumbria Bridging programme and subsequently apply for the Paramedic Degree apprenticeship.

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Associate Ambulance Practitioner Apprenticeship

- Commenced June 2022
- A 72 week apprenticeship leading to qualification as an Associate Ambulance Practitioner (level 4)
- Cohort 1 currently in their consolidation period awaiting End Point Assessment
- Cohort 2 – currently in their first Operational placement
- Cohort 3 – due to start in January 2024
- Overall, 29 learners have started the programme

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Report Cover Sheet

Report Title:	Communications, Marketing and Engagement Update
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	21
Executive Summary:	• **International 'Restart a Heart Day' 2023 – 16th October** Supporting the annual international 'Restart a Heart Day was again a truly collaborative effort between the SCAS Community Engagement team, our staff and volunteers and the Communications team. • **Community Engagement – health inequalities** Our Business Information team has correlated data on demand and areas of deprivation to help us to understand which communities are most profoundly affected by health inequalities so that we can engage with them for feedback and share information on access to services. We now have data on 999, 111 and Patient Transport Services. • **Winter Communications preparedness** With adverse weather incidents already impacting on us and other organisations across our geography, SCAS Communications has been working closely with SCAS teams and our partners to prepare for the Winter period.
Recommendations:	The Board of Directors is asked to: Note the contents of this report.
Accountable Director:	Gillian Hodgetts, Director of Communications, Marketing and Engagement
Author:	Gillian Hodgetts, Director of Communications, Marketing and Engagement
Previously considered at:	
Purpose of Report:	Note

Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Significant
Justification of 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):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	
Quality Domain(s)	Not Applicable
Next Steps:	With the likelihood of an up-and-coming general election in the foreseeable future, the team has much to do to plan and prepare communications over the next few months. The modernisation programme that SCAS has already embarked upon will require ongoing engagement as new proposals are worked through, at the same time as communications plays a key role in supporting operational performance challenges over the winter period.
List of Appendices	

Meeting Report

Name of Meeting	Public Trust Board
Title	Communications, Marketing and Engagement Update
Author	Gillian Hodgetts, Director of Communications, Marketing and Engagement
Accountable Director	Gillian Hodgetts, Director of Communications, Marketing and Engagement
Date	30th November 2023

1. Purpose

The purpose of this information paper is to update the Board as to the activities undertaken by the Communications, Marketing and Engagement team and where appropriate to highlight any challenges, special achievements or matters worthy of public interest.

2. Background and Links to Previous Papers

This Board Paper is an update on the Communication, Marketing and Engagement Paper that is presented Bi-Monthly to the Board of Directors Meeting in Public.

3. Executive Summary

World 'Restart a Heart' Day 2023
South Central Ambulance Service NHS Foundation Trust (SCAS) hosted a series of events to mark international 'Restart a Heart' Day on Monday16 October and continued with activities throughout October to support this life saving campaign. Less than one in 10 people in the UK survive an out-of-hospital cardiac arrest. Two of the biggest factors contributing to this low number are that there aren't enough people prepared to perform CPR when someone has a cardiac arrest, and that there aren't enough defibrillators available across the UK.

'Restart a Heart Day' activities in the UK are led each year by the Resuscitation Council UK with the aim of raising awareness of cardiopulmonary resuscitation (CPR) and automated external defibrillators (AEDs) in the community. This year RCUK featured on their website, a young man, Sam Mangoro who had his life saved by a teacher and staff from South Central Ambulance Service Young life saved with quick CPR | Resuscitation Council UK. Sam is now supporting publicity to raise awareness of cardiac arrest as well as to fund new defibrillators in schools. SCAS works with partners including RCUK and the British Heart Foundation to improve survival rates

from cardiac arrest, participating in research activities and actively influencing the production of international guidelines.

SCAS staff and volunteer community first responders from South Central Ambulance Charity developed a packed diary of events to support this year's effort.
They taught CPR and defibrillator awareness to hundreds of young people at more than 20 schools, as well as in communities across the SCAS region. Resources were shared across SCAS social media platforms, including a Facebook live and these can still be revisited.

There are currently 5,245 defibrillators in the South-Central region registered on a national database 'The Circuit' and, in the last 12 months, these have been used 424 times in emergencies. The communications team have produced signage templates for communities to use across the country. These detail the desired specifications for signage to best maximise the chances of someone being able to find their nearest defibrillator day or night, whether in towns and cities or in rural areas. SCAS continues to support local communities who install AEDs by offering Basic Life Support Awareness Training and by visiting schools and youth groups across the region.

On the evening of the last SCAS Board meeting in September, SCAS Communications won a Chartered Institute of Public Relations (CIPR) award for a pioneering cardiopulmonary resuscitation (CPR) and defibrillator communications campaign. Entitled Defibrillators: A deadly game of hide and seek, it was named best healthcare campaign at the CIPR PRide Awards 2023 in the Anglia, Thames and Chiltern region at an event in Cambridge.

The campaign was centred around the launch of new international resuscitation guidelines designed to improve survival from cardiac arrest with a specific focus on automated external defibrillator (AED) signage.

Community engagement – health inequalities

The Communications and Engagement team recognise that working and engaging with people and communities is the most effective way to tackle inequality and to prevent ill health. NHS England has produced ten core principles for Integrated Care Boards to adopt set out below and in SCAS we are adopting these principles and aligning them with our engagement work.

In the first instance, we want to understand diversity in our local area and build relationships and opportunities for partnerships and collaboration, therefore, this has been the focus of engagement so far. Whilst the area we cover undoubtedly has its fair share of affluent communities, the Business Intelligence (BI) team in SCAS has provided Communications with a more detailed picture of our area, demonstrating that we also have significant areas of deprivation. There are 7 places within SCAS that have a lower layer super output area (LSOA) within the 10% of most deprived areas out of 28 local authorities.

Oxford and Milton Keynes have a significant number of deprived neighbourhoods but the areas with the highest deprivation are within the South-East of Hampshire, as this includes 3 of the 7 areas. Deprivation is typically clustered in urban areas and perhaps not surprisingly, the highest population areas in SCAS are Milton Keynes, Oxford, Portsmouth & Southampton. Portsmouth has over the years had large scale housing development without any additional investment in the main hospital, Queen Alexandra Hospital. These factors along with deprivation may contribute the performance issues seen in the south-east area of our patch.

With regard to numbers of incidents and the areas that they come in from, the highest proportion of incidents came from Southampton (8.2%). Southampton accounted for 27% more incidents than Milton Keynes, the local authority with the next highest number of incidents.

Winter Communications preparedness

Although there is now recognition that the formal accountability for winter preparedness sits with Integrated Care Boards, it remains for us all to work together to protect the NHS and to ensure well developed communications are prepared and delivered, both internally and externally. As always there will be system wide plans, supplemented by local planning and several national winter campaigns for us to

support including ‘Help us, Help you’, Choosing the right service for under 5s, advice for repeat prescriptions over holiday periods particularly and Covid and Flu vaccinations.

SCAS Communications plays an active role on regional and local NHS calls to plan and discuss emerging issues. The Hampshire and Isle of Wight call is specifically for winter planning and includes ICB, acutes and community trusts. Daily intelligence on our SCAS performance internally is proving very useful and has informed the production of several winter graphics for the team to use on social media when pressures are escalating, and we need to advise our population. We are also members of the ‘Warning and Informing’ groups in the Local Resilience Forums, which helps us plan and work together across organisations and sectors.

We continue to support the roll out of Flu and covid-19 vaccinations for our eligible staff and to promote the message to the public. Flu clinics have been running for staff since the end of October and we emphasize just how important these are in protecting both our patients and our staff. We have been running webinars, posting information on the intranet and on our social media platforms.

As has been the case in previous years, the media interest in our winter pressures as already started with requests from the BBC and others to come and film our crews in action. There will be a coordinated response to requests and any planned filming will be a collective effort involving other partners including the acute trusts. Media access, both proactive and reactive is coordinated in and out of hours and we are already identifying spokespeople who can talk about the service, the pressures we are all under and what new initiatives we are implementing with partners to manage the effects of escalating demand.

Across the region and within SCAS, steps have been taken to improve system resilience over the winter and as part of our ongoing communications we will be positively communicating these so that the positive improvements and new developments to services can be seen and are recognised.

Engagement events, activities, and outcomes

We are working in partnership with other NHS Trusts, healthcare providers, Resuscitation Council UK (RCUK), Integrated Care Boards (ICBs), Primary Care Networks (PCN), local authorities (LAs), Academic Health Science Networks (AHSN), community engagement workers, charities, food banks and food larders to engage with local populations to get a better understanding about how they access healthcare and the issues they may have.

One such event was with the Wessex AHSN and PCN to understand the issues affecting patients suffering from cardiovascular disease in the Portsmouth and Southampton areas. Useful findings included patients being confused by medical jargon, experiencing loneliness that was having a big impact on their health and transport challenges that were making it difficult for some to attend health appointments. On another occasion our engagement lead met with community engagement workers and resident involvement officers for the Northam, Shirley, and Thornhill housing developments and attended together with a SCAS Patient Experience representative, an event at the Medina Mosque in November. On the

Northam development, 264 properties out of 502 are occupied by the Muslim community, many of whom are employed as taxi drivers. Northam has a mosque, community centre and Hindu Temple and a foodbank is based here and the 27 blocks of flats and 30 houses are divided communities. One of the big health challenges is the significant number of residents suffering from Asthma and lung related conditions and as there is no direct bus to the GP surgery residents have to walk for a good part of the way.

The Buckinghamshire, Oxfordshire and Berkshire Integrated Care Board (BOB ICB) is working to improve conditions for immigrants who are poorly housed in hotels with insufficient healthcare, although changes to government policy means that hotels will no longer be available in the new year. We attended a health inequality meeting to better understand the needs of this community and will continue working closely with our partners to enable improved access to services.

At a national level, the Resuscitation Council UK are producing a report on public access to defibrillators and the impact of health inequalities. The report will be published in Spring 2024 and the Communications team will continue to work with RCUK to address any issues raised and to find ways to improve care across the SCAS area.

We are recording and collating all outcomes of our engagement with partners and local populations and whilst good progress is being made, there remains much to do.

4. Responsibility

The responsibility for this Board Paper is Gillian Hodgetts, Director of Communications, Marketing and Engagement.

5. Recommendations

Communications and Engagement remains an integral part of Trust activity and with the performance and financial pressures impacting heavily, the team continues to work across the Trust, supporting as many initiatives, projects and programmes as it is able to within the capacity available.

With the likelihood of an up-and-coming general election in the foreseeable future, the team has much to do to plan and prepare communications over the next few months. The modernisation programme that SCAS has already embarked upon will require ongoing engagement as new proposals are worked through, at the same time as communications plays a key role in supporting operational performance challenges over the winter period.

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

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Report Cover Sheet

Report Title:	Board Assurance Framework
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	24
Executive Summary:	Changes to the BAF risks are highlighted yellow. **BAF risk 1: Score 12** Risk remains stable with work continuing in the patient safety improvement workstream and the set-up of the new logistics and medicines hub (awaiting contractor to complete internet cabling). **BAF risk 2: Score 20** Risk has increased to 20 (likelihood has increased from possible (3) to likely (4) due to the ongoing operational pressures. Handover delays have continued to increase causing a deterioration in performance. Delays with receiving the new fleet vehicles is increasing the fleets age and increasing the VOR rate for the existing fleet. **BAF risk 3: Score 12** Risk remains stable with the Trust working with the ICBs and other stakeholders. **BAF risk 4: Score 12** Risk remains stable with the Trust working with the ICBs and other stakeholders to ensure that they understand what we are delivering. Actions continue with the stakeholder engagement work being added to this risk. **BAF risk 5: Score 20** Risk remains high with working taking place to develop a recovery plan and a medium-term financial plan. Risk is closely monitored by the Interim Director of Finance and the Financial Recovery Group. **BAF Risk 6: Score 16** Risk rating remains high, 16 (Major x Likely), but stable. Update to the People & Organisation objective as per the board session.

	BAF Risk 7: Score 12 Risk rating remains stable at 12 (Major x Possible). Update to the People & Organisation objective as per the board session. **BAF risk 8: Score 20** Risk to be reviewed with Interim CDO and new substantive CDO once in place to ensure that actions remain relevant now that the interim CDO has reviewed the status. **BAF risk 9: Score 20** New risk added covering the Trusts improvement programme aligned to the objective of moving to a good / outstanding rating. Risk is rated 20 (Catastrophic x Likely) due to the ongoing work to resolve the gaps in controls.
Recommendations:	The Committee is asked to: Approve the Board Assurance Framework update
Accountable Director:	Daryl Lutchmaya, Chief Governance Officer
Author:	Steve Dando, Head of Risk Management
Previously considered at:	Quality & Safety – 20 November 2023 Finance & Performance Committee – 20 November 2023 People & Culture Committee – 23 November 2023
Purpose of Report:	Approval
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	None
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same Improved Worsened	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
SR1 **IF** we have insufficient clinical workforce capability or ineffective equipment and vehicles, **THEN** we will fail to provide safe and effective care **LEADING TO** poor clinical outcomes.	High quality care and patient experience Helen Young / John Black	We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.	↔	APR 15	MAY 15	JUN 12	JUL 12	Inherent 20	Quality & Safety November 2023	Partially Effective	Partially Effective
				AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC	JAN	FEB	MAR	Target 9			
SR2 **IF** we do not have or use effective operational delivery systems, **THEN** we may not be able to meet demand and provide a responsive service to patients in need of emergency care, **LEADING TO** delays in treatment and increased morbidity and mortality.	High quality care and patient experience Mark Ainsworth / Helen Young / John Black	We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes	↔	APR 20	MAY 20	JUN 15	JUL 15	Inherent 20	Quality & Safety November 2023 Finance & Performance November 2023	Partially Effective	Partially Effective
				AUG 15	SEP 15	OCT 20	NOV 20	Current 20			
				DEC	JAN	FEB	MAR	Target 10			
SR3 **IF** the organisation fails to engage or influence within systems, **THEN** there may be a disproportionate focus in one system over the others and capacity provided may not align with expectations, **LEADING TO** performance that is not achievable or credible and possible poor outcomes for patients and the communities we serve.	Partnership & Stakeholder Engagement Mike Murphy	We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans	↔	APR 20	MAY 20	JUN 20	JUL 20	Inherent 25	Finance & Performance November 2023	Effective	Effective
				AUG 20	SEP 12	OCT 12	NOV 12	Current 12			
				DEC	JAN	FEB	MAR	Target 4			

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same ↔ Improved ↓ Worsened ↑	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
SR4 **IF** we fail to engage with stakeholders and partners, **THEN** partners will fail to understand who we are and what we do, **LEADING TO** failure to innovate and influence and an inability to identify opportunities within systems.	Partnership & Stakeholder Engagement Mike Murphy	We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans	↔	APR 12	MAY 12	JUN 12	JUL 12	Inherent 16	Finance & Performance November 2023	Effective	Effective
				AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC	JAN	FEB	MAR	Target 6			
SR5 **IF** demand, operational standards and external factors (such as inflation, interest rates, taxation and cost of living) continue to increase, **THEN** the total costs to deliver our services will increase and result in a deficit, **LEADING TO** additional pressures on our ability to deliver a sustainable financial plan and safe services.	Finance & Sustainability Stuart Rees	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 our system partners.	↔	APR 20	MAY 20	JUN 20	JUL 20	Inherent 20	Finance & Performance November 2023	Partially Effective	Partially Effective
				AUG 20	SEP 20	OCT 20	NOV 20	Current 20			
				DEC	JAN	FEB	MAR	Target 12			
SR6 **IF** we fail to implement resilient and sustainable workforce plans, **THEN** we will have insufficient skills and resources to deliver our services, **LEADING TO** ineffective and unsafe patient care and exhausted workforce.	People & Organisation Melanie Saunders	We will develop plans to deliver inclusive, compassionate culture where our people feel safe and have a sense of belonging.	↔	APR 16	MAY 16	JUN 16	JUL 16	Inherent 20	People & Culture November 2023	Partially Effective	Partially Effective
				AUG 16	SEP 16	OCT 16	NOV 16	Current 16			
				DEC	JAN	FEB	MAR	Target 12			
SR7 **IF** we fail to foster an inclusive and compassionate culture,	People & Organisation	We will develop plans to deliver inclusive, compassionate culture where our people feel	↔	APR 16	MAY 16	JUN 16	JUL 16	Inherent 20	People & Culture November 2023	Partially Effective	Partially Effective

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same Improved Worsened	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
THEN our staff may feel unsafe, undervalued, and unsupported, **LEADING TO** poor staff morale, disengagement, low retention and impacts on patient safety and care.	Melanie Saunders	safe and have a sense of belonging.		AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC	JAN	FEB	MAR	Target 8			
SR8 **IF** we are unable to prioritise and fund digital opportunities, **THEN** we will have insufficient capacity and capability to deliver the digital strategy, **LEADING TO** system failures, patient harm and increased cost.	Technology Transformation Barry Thurston	We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.		APR 20	MAY 20	JUN 20	JUL 20	Inherent 25	Finance & Performance November 2023	TBC	TBC
				AUG	SEP	OCT	NOV	Current 20			
				DEC	JAN	FEB	MAR	Target 15			
SR9 **IF** we fail to deliver the Trusts improvement programme **THEN** we will not move out of NOF4 or achieve an improved CQC rating **LEADING TO** a deterioration of the Trust's reputation, additional regulatory oversight and possible further regulatory action.	Well Led Mike Murphy	We will become an organisation that is well led and achieves all its regulatory requirements by being rated Good or Outstanding and being at least NOF2.	NEW	APR	MAY	JUN	JUL	Inherent 25	Board November 2023	Partially Effective	Partially Effective
				AUG	SEP	OCT	NOV 20	Current 20			
				DEC	JAN	FEB	MAR	Target 10			

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Report Cover Sheet

Report Title:	**Improvement Programme Oversight Board Update- 1st November 2023**
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	25
Executive Summary:	• The IPOB highlight report is an appendix to this paper. • The IPOB highlight report is also presented at the Tri Partite Meeting (TPAM) to ensure stakeholders and system partners are also briefed and assured on progress against the plan. • The Trust has one outstanding Must Do in the Governance workstream, relating to the governance of risks and risk management. Delays with the completion of this have been caused by capacity and recruitment to address this is now underway. Funding for short term capacity is also provided by the NHS Intensive Support team. • The Trust has one outstanding Should Do action in the Performance Improvement workstream relating to the way that the Trust monitors outcomes for patients who are not transferred to hospital. The technical solution for this has been delayed by the complexity of the solution and the ePR outage which restricted testing. Planned roll out for the solution is the end of November. • The governance of the Improvement Plan and IPOB itself is under review. The 1st of November meeting was the second to be chaired by the CEO. Previously the Trust Chair, chaired the meeting with NEDs in attendance. It was agreed at the September full board that the governance for IPOB and the improvement programme would change. • A further action from the IPOB meeting was the need to review overall governance of the programme with regard to the collation of information to provide assurance that actions were being implemented, embedded and evidenced within SCAS and their impact understood. This action will be discussed at the 4th of December meeting.
Recommendations:	The Trust Board is asked to: Note this paper.

Accountable Director:	Mike Murphy, Chief Strategy Officer
Author:	Mike Murphy, Chief Strategy Officer
Previously considered at:	Updates on the Improvement Programme have been provided to full board and board sub committees
Purpose of Report:	Assure
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report) IPOB Papers for the 1st of November Meeting

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Report Cover Sheet

Report Title:	Recovery Support Programme (RSP) Update
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	26
Executive Summary:	• The Board has received recent communication by email relating to the Recovery Support Programme. • The NHSE National Executive team are reviewing our "Exit" date for quality, previously agreed as March 2024. Our expectation is that a revised date will be confirmed in due course. • Following the presentation of a comprehensive deep dive the Tri Partite Meeting (TPAM) have agreed that reporting on the Patient Safety and Safeguarding workstream is now only required every other month. • An Extraordinary Board meeting was held on 15th November 2023 to agree that SCAS would signal its' position to the national team in line with our planned financial trajectory. The national team will invite systems to review meetings based on responses received. • We have added a risk to our Business Assurance Framework (BAF) to ensure that we maintain a focus and governance on our improvement plans at Board level.
Recommendations:	The Trust Board is asked to: Note the paper, progress against the RSP programmes the Trust is engaged in.

Accountable Director:	Mike Murphy, Chief Strategy Officer
Author:	Mike Murphy, Chief Strategy Officer
Previously considered at:	Executive Management Committee, Sub Committees and Board
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable
Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	Paper is to note, engagement in RSP will continue.
List of Appendices	N/A

Meeting Report

Name of Meeting	Public Board
Title	Recovery Support Programme (RSP) Update
Author	Mike Murphy
Accountable Director	Mike Murphy
Date	21/11/23

1. Purpose

This paper provides an update on SCAS involvement and engagement with the two Recovery Support Programmes it is engaged in. The first programme relates to Quality and followed SCAS rating of inadequate by the CQC. The second programme is for Finance and results from SCAS being hosted by the Hampshire and Isle of Wight Integrated Care System which is itself in financial recovery. The system RSP includes all providers within that system. The Board is being asked to note the paper.

2. Background and Links to Previous Papers

Updates on SCAS engagement in the two RSPs that it is in have previously been provided to Board as part of other papers, including the CEO update or finance summary.

3. Rationale for Public Paper

The rationale for this paper is to ensure a collective understanding of the progress the Trust is making within each RSP at a summary level and to ensure consistency of reporting. The information presented in this paper is shared with the Public Board to communicate an understanding of the requirements of the RSP, what it means to the operation of the Trust and more importantly their influence on our patients.

4. Executive Summary

The Quality RSP: SCAS continues to progress plans to meet the Exit Criteria agreed with stakeholders and partners. The Exit Criteria are a range of milestones and metrics that will indicate that plans are being implemented, embedded and evidenced. Assurance is therefore provided that the Trust is in a position to exit National Operating Framework Level 4 (NOF4) which is the rating applied to trusts rated inadequate by the CQC, which leads to the provision of recovery support.

Once the Trust can provide evidence it is ready to exit NOF4, the process will start which would include a further CQC inspection. The Chair and CEO attended an RSP review meeting with the NHS National Executive team in October where it was agreed that the “Exit” date, previously agreed as March 2024 would be reviewed. Exit from both the Finance and Quality RSPs will need to align hence the review of the date. Our internal processes will still focus on the original March deadlines.

SCAS plans and progress are scrutinized by our stakeholders at a Tri Partite Meeting (TPAM – Tri-partite indicating the number of ICB’s represented). These meetings take place monthly and progress is reported against each of the workstreams within the Trust’s Improvement Plan (Patient Safety, Culture and Wellbeing, Performance Improvement and Governance).

Following the presentation of a “Deep Dive” on safeguarding coupled with the progress and assurance regarding the Patient Safety workstream to date, TPAM agreed that reporting on this workstream would now only be required every other month.

The Finance RSP: The HIoW system formally entered the RSP in September 2023 as a result of its deteriorating financial position. SCAS also entered the RSP as a provider hosted by that system. As has previously been reported our own financial position had deteriorated against our original break-even plan, submitted in March 2023. Our current year-to-date position is a £15.3m deficit. A financial recovery plan has been initiated and we continue to work within the HIoW ICS system wide RSP. The HIoW system attended a meeting with the NHS national executive on the 16th of November to discuss progress on the recovery plans. Feedback from the national team will be provided in due course.

In early November, NHS England announced additional funding for systems to cover the cost of industrial action, of which Hampshire and Isle of Wight ICS (HIOW) has received its allocation. With indicative values at the time of writing being discussed and agreed. With this additional funding and further operational flexibility, NHS England has asked all systems to review and confirm their financial forecasts in line with operational plans.

As a result, an Extraordinary Board meeting was held on 15th November 2023 at which it was agreed that SCAS would signal its position in line with our planned financial trajectory. The national team will invite systems to review meetings based on responses received.

5. Areas of Risk

The financial recovery of the HIoW system is reliant on that of the Trust, hence failure to deliver against our financial recovery plan is a risk for both the Trust and system. However, the plan and governance that supports it provides a regular update on progress, risks, and trajectories and these are discussed by the executive team, sub committees and board within SCAS and at system wide Director of Finance meetings.

The risk of failure to deliver against the Trust Improvement Plan would result in an inability for the Trust to move out of NOF4 or change its CQC rating. More importantly however, the improvement plan is composed of actions required to improve patient safety, staff well-being, performance, and governance within the Trust. These are all critical to ensuring the Trust provides the quality of service required by regulators and our patients.

6. Link to Trust Objectives and Corporate/Board Assurance Framework Risks

We have added a risk to our Business Assurance Framework (BAF) to ensure that we maintain a focus and governance on this activity at Board level.

7. Responsibility

The Executive lead for the implementation of the Trust Improvement Plan is the Chief Strategy Officer.

8. Recommendations

The Board is invited to **note**: This paper.

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Report Cover Sheet

Report Title:	Governance Update: Governor Elections update 2023
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 30 November 2023
Agenda Item:	27
Executive Summary:	• Nominations opened on Thursday 28 September. • 13 seats have been filled and were not contested. • Two seats remain vacant as no nominations were received. • Voting for two contested seats opened on Friday 17 November and close on Tuesday 12 December.
Recommendations:	The Trust Board is asked to note the update.
Accountable Director:	Daryl Lutchmaya, Chief Governance Officer
Author:	Daryl Lutchmaya, Chief Governance Officer
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives • **Acceptable** – General confidence in delivery of existing mechanisms/objectives • **Partial** – Some confidence in delivery of existing mechanisms/objectives • **No Assurance** – No confidence in delivery **Assurance Level Rating:** Acceptable

Justification of 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 Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	

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South Central Ambulance Service
NHS Foundation Trust

Meeting Report

Name of Meeting	Public Board Meeting
Title	Governance update
Author	Daryl Lutchmaya
Accountable Director	Daryl Lutchmaya
Date	30 November 2023

1. Purpose

The Trust holds Governor elections each year to fill any vacant seats on the Council of Governors and/or to open up seats in relation to those Governors whose terms of office are ending. The election is run by an independent, external election company, Civica Elections Service Ltd.

The Trust's Council of Governors is made up of 29 Governors namely:

- 16 Public Governors (elected from and by Public Members)
- 6 Staff Governors (elected from and by Staff Members)
- 1 CFR Governor (elected by members of the CFR constituency)
- 6 Nominated (Appointed) Governors (nominated from Clinical Commissioning Groups / commissioners (2), Local Authorities (3) and Partner Organisations (1))

2. Background and Links to Previous Papers

The Trust held Governor elections in 17 seats for the following Governor vacancies:

- Public: Hampshire – 5 vacancies (total 6)
- Public: Oxfordshire – 2 vacancies (total 3)
- Public: Berkshire – 2 vacancies (total 3)
- Public: Buckinghamshire – 3 vacancies (total 3)
- Public: Rest of England -1 vacancy (total 1)
- Staff: 999 North – 1 vacancy (total 1)
- Staff: 999 South – 1 vacancy (total 1)
- Staff: 999 Emergency Operations Centre – 1 vacancy (total 1)
- Staff: Patient Transport services and Logistics – 1 vacancy (total 1)

There were 5 empty seats being elected to (other than those coming to the end of their terms); 2 in Berkshire, 1 in Buckinghamshire, 1 in RoE&W and 1 in 999 South.

The remaining 12 seats being elected to, were for those current Governors whose terms were ending in February 2024.

3. Executive Summary

The Trust has had a successful outcome for the Council of Governor elections.

- 13 constituency seats were elected unopposed and Governors will take up their seats in March 2024
- Three candidates will be competing for the two Berkshire constituency seats. Voting closes on 12 December 2023. Declaration of results will be on Wednesday 13 December 2023
- Two vacancy seats remained unfilled, one in Oxfordshire and one staff constituency - 999 North.

Newly elected Governors will attend Induction during January / February 2024

Recommendation

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

South Central Ambulance Service
NHS Foundation Trust

Public Trust Board Meeting

Supporting Information

DATE: 30 November 2023
TIME: 9.30 - 12.30
VENUE: **Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN**

This meeting will be recorded for the purpose of populating the action and decision log. All recordings will be deleted once this is done. Please raise any objections to this at the start of the meeting

Acronyms

The following document explains some acronyms and terms which Staff and Governors may come across in their role.

A	
A&E	Accident & Emergency
AAA	Abdominal Aortic Aneurysm (a swelling) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.
AACE	Association of Ambulance Chief Executives
AAP/TAAP	Associate Ambulance Practitioner /Trainee Associate Ambulance Practitioner
ABC	Airway Breathing Circulation
ACCT	Assessment, Care Custody and Teamwork
ACEs	Adverse childhood experiences
ACQI	Ambulance Clinical Quality Indicators
Acorn	Consumer classification that segments the UK population by analysing demographic data, social factors, population and consumer behaviour
ACS	Acute Coronary Syndrome (term given by doctors for various heart conditions incl. heart attacks)
ADC	Aggregate Data Collection (111 IUC ADC)
ADHD	Attention-deficit/hyperactivity disorder
AED	Automatic External Defibrillator qv FR2
AED	Adult Eating Disorders
AF/A-Fib	Atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular breathing)
AfC/A4C	Agenda for Change
AGM	Annual General Meeting
AGS	Annual Governance Statement
AHP	Allied Health Professionals
AHSC	Academic Health Science Centre
AHSN	Academic Health Science Network
AHT	Average Handling Time
AIP	Ambulance Improvement Programme

ALB(s)	Arms Length Bodies
ALF	Ambulance Leadership Forum
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMI	Acute Myocardial Unit
AMM	Annual Members Meeting
AMPDS	Advanced Medical Priority Dispatch System (ambulance triage system to decide response to calls)
AMU	Acute Medical Unit
AMU	Acute Myocardial Unit
ANPs	Advanced Nurse Practitioners
AO	Accountable Officer
APs	Approved Premises
A PAD	Ambulance Portable Access Devices
AQI	Ambulance Quality Indicator
ARC	Analgesic Review Clinics
ARC	Audit & Governance Risk Committee
ARI	Acute Respiratory Infection
ARP	Ambulance Response Programme – provides 999 response targets
ASC	Adult Social Care
ASD	Alternative Spectrum Disorder (formally Autism Spec. Disorder)
AWR	Additional Work Requests
B	
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BAU	Business as usual
BCF	Better Care Fund
BCI	Business Continuity Incident
BH	Budget Holder
BHF	British Heart Foundation
BI	Business Information
BI	Business Intelligence
BLMK	Bedfordshire, Luton & Milton Keynes
BLS	Basic Life Support
BMA	British Medical Association
BME	Black, Minority, Ethnic
BOB	Buckinghamshire, Oxfordshire and Berkshire
BoD	Board of Directors
BSM/BSO	Business Support Manager/Officer

BSI	British Standards Institution
BWVC	Body Worn Video camera
C	
CA	Clinical Advisor
CA	Coronary Artery (often seen as RCA – right coronary artery or LCA - left)
CAD	Computer Aided Dispatch System (electronic system for dispatching emergency calls used in 111/999 service centres)
Cafcass	Children and Family Court Advisory and Support Service
CALNAS	Culture and Leadership Network for Ambulance Services
CAMHS	Child and Adolescent Mental Health Services
CapEx	Capital Expenditure
CAS	Clinical Assessment Service
CAT	Category
CAT	Clinical Assessment Team
CBA	Cost Benefit Analysis
CBDT	Compact Based Drug Testing
CBRN	Chemical Biological Radiological and Nuclear
CBT	Cognitive Behavioural Therapy
CC	Care Connect – An application programming Interface being developed across the NHS
CC	Contact Centre
CCAS	Covid Clinical Assessment Service
CCC	Clinical Care Coordination
CCD	Critical Care Desk
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CDA	Clinical Document Architecture
CDEL	Capital departmental expenditure limit
CDiff	Clostridium difficile
CDSS	Clinical Decision Support System (i.e. NHS Pathways)
CE / CEO	Chief Executive Officer
CES	Civica Election Services
CETV	Cash Equivalent Transfer Value
CF	Cash Flow
CFC	Counter Funds Committee
CFC	Charitable Funds Committee
CFO	Chief Financial Officer

CFR	Community First Responder
CFW	Concern For Welfare
CGG	Clinical Governance Group
CHC	Continuing Healthcare
CHD	Coronary Heart Disease
CHSWG	Central Health and Safety Working Group
CIP	Cost Improvement Plan
CMI	Chartered Management Institute
CMO	Chief Medical Officer
CMS	Capacity Management System
CNO	Chief Nursing Officer
COAD/COPD	Chronic Obstructive Airways/Pulmonary Disease
CoG	Council of Governors
COI	Clinical Outcome Indicator
COL	Conditional Offer Letter
COO	Chief Operating Officer
COP	Common Operating Picture
COPI	Control of Patient Information
COSHH	Control of Substances Hazardous to Health
COVID-19 / CV19	Coronavirus
CPD	Continuing Professional Development
CPI	Consumer Prices Index
CP-IS	Child Protection Information Sharing
CPMS	Care Plan Management System (Kent)
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQI	Clinical Quality Indicator
CQRG	Clinical Quality Review Group
CQUIN	Commissioning for Quality and Innovation
CR	Care Record
CRASH	Clinical Randomisation of an Anti-fibrinolytic in Symptomatic mild Head injury
CRB	Criminal Records Bureau
CREWS	Caring, Responsive, Effective, Well-led, Safe (for use in CQC audits and reviews of Ambulance Trusts

CRM	Customer Relationship Management
CRN	Clinical Research Network
CRR	Corporate Risk Register
CRS	Commissioner requested services
CRS	Control Room Solution
CRS	Covid Response Service
CSD	Clinical Support Desk
CSO	Central Statistical Office
CSR	Corporate Social Responsibility
CSU	Commissioning Support Unit
CT	Computed Tomography
CTIMP	Clinical Trial of Investigational Medicinal Product
CTP	Clinical Triage Platform
CVA/CVI	Cerebrovascular Accident/Incident (Stroke)
CVD	Cardiovascular Disease
CWS	Clinical Workflow System, i.e. Clerical
CYP	Children & Young Person
CYPMH	Children & Young Person Mental Health
CYPSE	Children and Young People's Secure Estate
D	
DA	Domestic Abuse
DAB	Direct Appointment Booking
DARE	Database of Abstracts of Reviews of Effects
Datix	Incident reporting and risk management software
DBS	Disclosure and barring service
DGH	District General Hospital
DH/DoH	Department of Health
DHSC	Department of Health and Social Care
DHU	DHU Healthcare
DNA	Did Not Attend
DNAR	Do Not Attempt Resuscitation
DLG	Deputy Lead Governor
DI	Detailed Investigation
DoF	Director of Finance
dm+d	A subset of SNOMED CT. Dictionary of medicines and devices
DMP	Demand Management Plan
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DNAR	Do Not Attempt Resuscitation
DOT	Directly observed treatment

DoPHER	Database of promoting health effectiveness reviews
DPA	Data Protection Act
DPH	Director of Public Health
DPIA	Data Protection Impact Assessment
DRC	Depreciated Replacement Cost
DSAR	Data Subject Access Request
DSE	Display Screen Equipment
DTC	Diagnostic and Treatment Centre
DTOCs	Delayed Transfers of waiting Care
DTS	Data Transfer Service (replaced by MESH - see below)
DVT	Deep Vein Thrombosis
E	
EA	Equality Analysis
EA	Executive Assistant
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ECA	Emergency Care Assistant
ECT	Emergency Care Technician
ECT	Emergency Call Taker
ECDS	Emergency Care Data Set (AKA CDS011)
ECG	Electrocardiogram (a test that measures the electric activity of the heart)
ECPAG	Emergency Call Prioritisation Advisory Group
ECR	Extra-Contractual Referral
ECSW	Emergency Care Support Worker (Ambulance Service)
ED	Emergency Department (hospital A&E)
ED(s)	Executive Directors or Emergency Department
EDD	estimated delivery date (used in Maternity terminology)
ED&I	Equality, Diversity & Inclusion
EDS2	Equality Delivery System 2
EDS	Equality Delivery System
EDS2	Equality Delivery System 2
E&UC	Emergency and Urgent Care
EEAST	
EHR	Electronic Health Record
EIA	Equality Impact Analysis
EIF	Education Inspection Framework
EMA	Emergency Medical Advisor
EMB	Executive Management Board

EMIS	Egton Medical Information Systems - electronic patient record in GP surgeries
EMSCP	Emergency Services Mobile Control Project
ENEI	Employers Network for Equality and Inclusion
ENP	Emergency Nurse Practitioner
ENT	Ear, Nose and Throat
EO	Executive Officer
EOC	Emergency Operations Centre
EOLC	End of Life Care
ePCR	electronic Patient Clinical Record or
ePCR	electronic Patient Care Record
EPLS	Emergency Paediatric Life Support
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
EPS	Electronic Prescription Service
EQIA	Equality Impact Analysis
ERS	Electronic Referral System
ESC	Emergency Services Collaboration
ESFA	Education Skills Funding Agency
ESM	Executive and Senior Managers
ESMCP	Emergency Services Mobile Communications Programme
ESN	Emergency Services Network
ESPM	Essential Skills for People Managers
ESR	Electronic staff record
ETE	Education, Training and/or Employment
EU	European Union
EUC	Emergency and Urgent Care
F	
FAST	Face Arm Speech Test
FC	Foundation Council
FFT	Friends and Family Test
FHIR	Fast Healthcare Interoperability Resources specification
FIC	Finance and Investment Committee
FLSM	Front Loaded Service Model
FOI	Freedom of Information
FPPT	Fit and Proper Persons Test
FReM	Financial Reporting Manual
FRF	Financial Recovery Fund
FRICS	Fellow Royal Institution of Chartered Surveyors

FRP	Financial Recover Plan
FS	Functions Skills
FT	Foundation Trust
FTE	Full Time Equivalent
FTSU	Freedom to speak up
FTSUG	Freedom to Speak Up Guardian
G	
GAD	Government Actuary Department
GAM	Group Accounting Manual
GCS	Glasgow Coma Scale
GDC	Governor Development Committee
GDE	Global Digital Exemplar
GDP	Gross Domestic Product
GDPR	General Data Protection Regulations
GEN	Gender Equality Network
GIRFT	Getting it Right First Time
GMC	General Medical Council
GoodSAM	Good Smartphone Activated Medics
GP	General Practitioners
GP Connect	The service makes patient medical information available to all appropriate clinicians when and where they need it
GPhC	General Pharmaceutical Council
H	
H&J	Health & Justice
HART	Hazardous Area Response Team
HASC	Health & Adult Social Care Select Committee
H&T	Hear and Treat
HCA	Health Care Assistant
HCAI	Healthcare Associated Infection
HCP	Health Care Personnel/ Professional
HCPC	Health & Care Professionals Council
HCTED	High-Cost Tariff-Excluded Device
HDU	High Dependency Unit
HEAT	Healthcare Education and Training
HEE	Health Education England
HEEKSS	Health Education England across Kent, Surrey & Sussex
HEI	Higher Education Institution
HEMS	Helicopter Emergency Medical Service

HER	Health Electronic Record
HIOW	Hampshire and Isle of Wight ICB
HIS	Health Informatics Service
HJIS	Health & Justice Information Services
HJIP/HJIPs	Health & Justice Indicators of Performance
HL7	Health Level 7 (Messaging standard from NHS Digital)
HLO	Hospital Liaison Officer
HM	His Majesty's
HMIP	Her Majesty's Inspectorate of Prisons
HMPPS	Her/His Majesty's Prison and Probation Service
HMRC	His Majesty's Revenue and Customs
HO	Hand Over
HoIA	Head of Internal Audit
HORUS	Holding Obtaining Recording Using Sharing
HOSC	Health Overview and Scrutiny Committee (scrutinises and consults on local health services and changes to such)
HPC	History of Presenting Complaint
HR	Human Resources
HRA	Human Resources Advisor
HRA	Health Research Authority
HRT	Hormonal replacement therapy
HSCA 2012	Health & Social Care Act 2012
HSCIC	Health and Social Care Information Centre
HSCN	Health and Social Care Network
HSCNAs	Health & Social Care Needs Assessments
HSH	Hampshire and Surrey Heath
HSJ	Health Service Journal
HSLI	Health System Led Investment (associated with funding GDEs)
HSP	Healthcare Service Provider
HSWA	Health and Safety at Work Act
HTA	Human Tissue Authority
HWB / HWBB	Health & Wellbeing Board
I	
IA	Industrial Action
I&E	Income and Expenditure
IAM	Integrated Assurance Meeting
IAP	Improvement Action Plan

IAPT	Improving Access to Psychological Therapies
IAS	International Accounting Standard
IBIS	Intelligence Based Information System (bespoke South East Coast Ambulance (SECAmb) NHS FT - system which enables health professionals to inform the ambulance service of patients with long-term conditions).
IBP	Integrated Business Plan
IC24	Integrated Care 24 - Partner in NHS 111
ICAS	Independent Complaints and Advocacy Services
ICB	Integrated Care Board
ICCS	Integrated Communication and Control System
ICO	Information Commissioners Office
ICP	Integrated Care Pathway/Partnership
ICU or ITU	Intensive Care Unit Intensive therapy unit
ICS	Integrated Care system
ICT	Information Communications Technology
IDACI	Income Deprivation Affecting Children Index
IDAOPI	Income Deprivation Affecting Older People Index
IFRS	International Financial Reporting Standard
IFT	Inter-Facility Transfer
IG	Information Governance
IGA	Information Governance Alliance
iGAS	Invasive Group A Streptococcus
IGWG	Information Governance Working Group
IHCD	Institute of Health and Care Development (academic and vocational qualification body which provided technical courses)
IO	Intraosseously
IO	Investigating Officer
IOSH	Institution of Occupational Safety & Health
IOW	Isle of Wight
IP	Inpatient
IP/non-IP	Intellectual Property/Non- Intellectual Property
IPC	Infection Prevention and Control
IPR	Integrated Performance Report
IPR	Intellectual Property Rights
IR1	Incident Report Form used by Ambulance Trusts
IRP	Incident Review Panel
ISDN	Integrated Stroke Development Networks

ISG	Information Sharing Gateway
ISN	Information Standard Notice
IT	Information Technology
ITK	Interoperability Tool Kit
ITT	Invitation to Tender (for contract bids etc.)
ITU	Intensive Treatment/Therapy Unit
ITV	Intermediate Tier Vehicle
IUC	Integrated Urgent Care
IV	Intravenous
IVR	Interactive Voice Recognition
IWG	Inclusion Working Group
IWP	Integrated Workforce Plan
IWRI	Incident Web Reporting Forum (online incident report form, sometimes just IR1)
J	
JESIP	Joint Emergency Services Interoperability Programme (a national programme to address recommendations and findings from Major Incident Reports)
JPF	Joint Partnership Forum (Trust's trade union and management committee)
JRCALC	Joint Royal Colleges Ambulance Liaison Committee (provides clinical practice guidelines)
JRU	Joint Response Unit
JSC	Joint Select Committee
JTAI	Joint Targeted Area Inspection
K	
KEE	Knowledge Exchange Event
KLOE	Key Lines of Enquiry
KMS	Kent, Medway and Sussex
KMCR	Kent and Medway Care Record
KPI	Key Performance Indicator
KSF	Key Skills Framework
KSS	Kent Surrey Sussex
KSSAHSN	Kent Surrey Sussex Academic Health Science Network
L	
L&D	Learning and Development
L&OD	Learning and Organisational Development

LA	Local Authority
LAEDB	Local Accident and Emergency Delivery Board
LAS	London Ambulance Service
LCFS	Local Counter Fraud Specialist
LD	Learning Disability
LDP	Local Delivery Plan
LeDeR	A service improvement programme for people with a learning disability and autistic people
LFPSE	Learn from Patient Safety Events
LFT	Lateral Flow Test
LG	Lead Governor
LGBT	Lesbian, Gay, Bisexual, and Transgender
LHCRE	Local Health and Care Record Exemplar
LMC	Local Medical Committee
LOS	Length of Stay
LOSA	Lower-layer Super Output Area
LPC	Local Pharmaceutical Committee
LRF	Local Resilience Forum
LSMS	Local Security Management Specialist
LTP	Long Term Plan
M	
M&A	Mergers & Acquisitions
MACA	Military Aid to Civil Authorities
MAIT	Multi Agency Incident Transfer
MASH	Multi-Agency Safeguarding Hub
MAU	Medical Assessment Unit
MBE	Member of the most excellent order of the British Empire
MCA	Mental Capacity Act
MDVS	Mobile Data and Voice Solution
MEA	Modern Equivalent Asset
MEAT	Most Economically Advantageous Terms
MEC	Membership and Engagement Committee
MESH	Messaging Exchange for Social Care and Health
MeSH	Medical Subject Headings
MH	Mental Health
MHCM	Mental Health Crisis Manager
MHFA	Mental Health First Aid
MHPRA	Medicines and Healthcare Products

	Regulatory Agency
MHRA	Medicines and Healthcare Products Regulatory Agency
MHSG	Mental Health Steering Group
MI	Myocardial Infarction (heart attack)
MIG	Medical Interoperability Gateway
MIU	Minor Injuries Unit
MK	Milton Keynes
MNS	Maternity and Neonatal Systems
MoJ	Ministry of Justice
MoU	Memorandum of Understanding
MR	Make Ready
MRI	Magnetic Resonance Imaging
MP	Member of Parliament
MPT	Multi Professional Team
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSA	Mixed Sex Accommodation
MSK	Musculoskeletal
MTA	Marauding Terrorist Attack
MTA	Must Travel Alone
MTFA	Marauding Terrorist Firearms Attack
MTPD	Maximum Tolerable Period of Disruption
MTS	Manchester Triage System – used in 111/999 centres
N	
NACC	National Ambulance Coordination Centre
NADS	National Ambulance Digital Strategy
NAO	National Audit Office
NARU	National Ambulance Resilience Unit
NASMed	National Ambulance Service Medical Directors Group
NASPF	National Ambulance Strategic Partnership Forum
NBV	Net Book Value
NCA	National Clinical Audit
NCDR	National Commissioning Data Repository
NCAPOP	National Clinical Audit and Patient Outcome Programme
NCPS	NHS Covid Pass Service
NDTMS	National Drug Treatment Monitoring System
NDG	National Data Guardian for Health & Care
NDOG	National Directors of Operations Group
NEAS	North East Ambulance Service

NED	Non Executive Director
NEMS	National Events Management Service
NEPTS	NHS Non-Emergency Patient Transport Services
NET	Non-Emergency Transfer (or Non-Emergency Transport vehicles)
NFPS	National Flu Pandemic Service
NHS	National Health Service
NHS111	NHS nonemergency number
NHSBSA	NHS Business Services Authority
NHSBT	NHS Blood and Transplant
NHSE/I	NHS England / Improvement
NHSI	NHS Improvement
NHSLA	NHS Leadership Academy
NHSP	NHS Professionals
NHUC	North Hampshire Urgent Care
NHSX	New Joint Organisation for Digital, Data and Technology
NICE	National Institute for Health and Care Excellence
NICU	Neonatal Intensive Care Unit
NIF	National Insurance Fund
NIHR	National Institution for Health Research
NIHCR	National Institute for Health and Care Research
NIS	National Information Systems regulations
NMA	National Mobilisation Application (ARP related)
NMC	Nursing and Midwifery Council
NPMV	Ofsted New Provider Monitoring Visit
NPSA	National Patient Safety Agency
NRLS	National Record Locator Service
NRLS	National Reporting and Learning System
NSF	National Service Framework
NUMSAS	NHS Urgent Medicines Supply Advanced Service
NVBS	National Vaccination Booking Service
O	
OBC	Outline Business Case
OCI	Other Comprehensive Income
OD	Organisational Development or Outpatients Department

ODS	Organisation Data Service
Ofsted	Office for Standards in Education
OH	Oxford Health
OH	Occupational Health
OHC	Organisational Health Check
OHCA	Out of Hospital Cardiac Arrest
OHID	Office for Health Improvement and Disparities
OHRN	Offender Health Research Network
ONS	Office for National Statistics
OOH	Out of Hours
OP	Outpatients
OPEL	Operational Pressures Escalation Levels
ORMG	Organisational Response Management Group
ORP	Operational Readiness Plan
ORSS	Oasis Restore Project Delivery Board
OSC	Overview and Scrutiny Committee
OT	Occupational Therapy
OU	Operating Unit
OUH	Oxford University Hospital
OUM	Operating Unit Manager
P	
PaCCs	Pathways Clinical Consultation Support
PACE	Promoting Access to Clinical Education
PAD	Publicly Accessible Defibrillator
PALS	Patient Advice & Liaison Service
PAP	Private Ambulance Providers
PAS	Patient Administration System
PBL	Prudential Borrowing Limit
PbR	Payment by Results or 'tariff'
PC	Provider Collaborative
PCN	Primary care network
PCT	Primary Care Trust
PDC	Public Dividend Capital
PDR	Personal Development Review
PDS	Personal Demographics Service
PDSA	Plan, do, study, act
PE	Patient Experience

PEd	Practice Education
PEG	Patient Experience Group
PEM	Post Event Message (e.g. 111 message to GP)
PETALS	Paediatric Emergency and Trauma Advanced Life Support
PFI	Private Finance Initiative
PGD	Patient Group Direction
PHE	Public Health England
PHEW	Posture Habit Exercise Warm up
PHL	Partnering Health Limited
PHPLS	Pre-Hospital Paediatric Life Support
PHQ-9	Patient Health Questionnaire (diagnostic instrument for common mental disorders, PHQ-9 is the depression module)
PHR	Personal Health Records
PHSO	Parliamentary & Health Service Ombudsman
PIAK	Personal Issue Assessment Kit
PICU	Psychiatric Intensive Care Unit or Paediatric Intensive Care Unit
PIPE	Psychologically Informed Planned Environments model
PIT	Psychodynamic Interpersonal Therapy
PLACE	Patient-Led Assessments of the Care Environment
PMH	Previous Medical History
PMM	Performance Management Matrix
PMO	Project Management Office
PO/POs	Purchase Order/Purchase Orders
POC	Point of Care Testing
POD	People and Organisational Development Committee
POSED	Prehospital Optimal Shock Energy for Defibrillation
PPCI	Primary percutaneous coronary intervention
PPE	Personal Protective Equipment
PPI	Patient and Public Involvement
PPO	Prison and Probation Ombudsman
PQQ	Pre-Qualifying Questionnaire
PRSB	Professional Record Standards Body
PSED	Public Sector Equality Duty
PSF	Provider Sustainability Funding
PSIRF	Patient Safety Incident Reporting Framework
Pt	Patient
PTS	Patient Transport Services
PTSD	Post-Traumatic Stress Disorder

Q	
QA	Quality assurance
QAH	Queen Alexandra Hospital
QAV	Quality Assurance Visit
QC	Quality Committee
QI	Quality improvement
QIA	Quality Impact Assessment
QOF	Qualities and Outcomes Framework
QPS	Quality & Patient Safety
R	
R&D	Research & Development
RAG	Red, Amber, Green (classifications)
RARs	Rehabilitation Activity Requirements – is this mentioned in any other chapter than resettlement? CHECK Substance misuse/clinical models 6
RCGP	Royal College of General Practitioners
REAP	Resource Escalation Action Plan
RECAP	Remote COVID-19 Assessment in Primary Care
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RICS	Royal Institute of Chartered Surveyors
RIDDOR	Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 2013
RMCGC	Risk Management and Clinical Governance Committee
ROCI	Read Only Clinical Information (Sussex-specific orchestration layer)
RoI	Return on Investment
ROLE	Recognition of Life Extinction (form used for confirming patient death)
ROSC	Return of Spontaneous Circulation
RPI	Retail Prices Index
RPS	Royal Pharmaceutical Society
RTA/RTC	Road Traffic Accident/Collision
RTO	Recovery Time Objective
RTT	Referral to Treatment Time

S	
S&M	Statutory and Mandatory
S&T	See and Treat
SAAF	Safeguarding Accountability Framework
SALT	Speech and Language Therapist
SAU	Surgical Assessment Unit
SAB	Safeguarding Adults Board
SBS	Shared business services
SAR	Subject Access Request
SARC	Sexual Assault Referral Centre
SCAL	Supplier Conformance Assessment List
SCAS	South Central Ambulance Service
SCBU	Special Care Baby Unit
SCOT	Senior Clinical Operations Team
SCR	Summary Care Record
SCWCSU	South Central and West Commissioning Support Unit
SD	Scheme of Delegation or Symptom discriminator
SDAT	Sustainable Development Assessment Tool
SDEC	Same Day Emergency Care
SDIP	Service Development and Improvement Plan
SDMP	Sustainable Development Management Plan
SDP	Service Delivery Plan
SEAG	Staff Engagement Advisory Group
SECAmb	South East Coast Ambulance NHS Foundation Trust
SEF	Staff Engagement Forum
SEN	Special Educational Needs
SFI	Standing Financial Instructions
SG	Symptom group
SGUL	St George's University London
SH	Southern Health
SH	Southern House
SHMI	Summary Hospital Level Mortality Indicator
SHREWD	Single Health Resilience Early Warning Database
SI	Serious Incident
SID	Senior independent Director
SIMCAS	South East Coast Immediate Care Scheme
SIRI	Serious Incident Requiring Investigation

SIRO	Senior Information Risk Officer
SITREP	Situation Report
SJA	St John's Ambulance Agreement
SJR	Structured Judgement Review
SLA	Service Level Agreement
SLC	Senior Leadership Committee
SLT	Senior Leadership Team
SMG	Senior Management Group
SMP	Surge Management Plan
SMS	Substance Misuse Services
SMT	Senior Management Team
SNOMED CT	Standard clinical terminology for the direct management of care
SO	Standing Orders
SOB	Shortness of Breath
SOC	Strategic Outline Case
SOCF	Statement of Cash Flow
SOF	System Oversight System
SOFP	Statement of Financial Position
SOG	Strategic (Single) Oversight Group
SOLT	Single Oversight Leadership Team
SOM	Senior Operation Manager (Old A&E Role)
SOP	Standard Operating Procedure
SORT	Special Operation Response
SoS	Secretary of State
SORT	Special Operations Response Team
SPC	Statistical Process Control
SPF	Strategic Partnership Forum
SPOC	Single Point of Contact
SPNs	Special Patient Notes
SPP	Strategy, Planning and Partnerships
SRO	Senior Responsible officer
SRP	State Registered Paramedic
SRV	Standalone Record Viewer
SRV/U	Single Response Vehicle/Unit
SRU	Strategic Reporting Unit
SSP	System Status Plan
SSO	Suspended Sentence Order
SSRB	Senior Salaries Review Body
S,T&C	
STaD	Service Transformation and Delivery
STaDP	Service Transformation and Delivery Programme

STEMI	Stroke and ST-Elevation Myocardial Infarction
STP	Sustainability and Transformation Partnership
SUI	Serious Untoward Incident / Serious Incident
SWAS	South West Ambulance Service
SWOT	Strengths, Weaknesses, Opportunities, Threats
T	
T&F	Task and Finish
TASC	The Ambulance Staff Charity
TBI	Traumatic Brain Injury
TC	Therapeutic Community
TDM	Targeted Dispatch Model
TIA	Transient Ischaemic Attack (mini-stroke) AKA but not to be confused w/ temporary injury allowance
TIE	Trust Integration Engine
TILEO	Task Individual Load Environment Other Factors
TOM	Target Operating Model
ToR	Terms of Reference (usually for a group or committee)
TriM	Trauma Risk Management
TPAM	Tripartite Provider Assurance Meeting
TTO	To Take Out
TV	Thames Valley
TVIUC	Thames Valley Integrated Urgent Care
U	
UCC	Urgent Care Centre
UCD	Urgent Care Desk
UEC	Urgent and Emergency Care
UHU	Unit Hour Utilisation
UK	United Kingdom
UKBSA	NHS Business Services Authority
UKHSA	UK Health Security Agency
USH	Unsocial Hours
UTC	Urgent Treatment Centre

V	
VAT	Value Added Tax
VBS	Vaccine Booking Service
VC	Video Consultation
VDRS	Vaccine Data Resolution Service
VFM	Value for Money
VOR	Vehicle Off Road
VPN	Virtual Private Network
VPP	Vehicle Preparation Point
VSM	Very Senior Managers
VTE	Venous Thromboembolism
W	
WDC	Workforce Development Committee
WDES	Workforce Disability Equality Standard
WES	Women's Estate Strategy (HMPPS)
WIC	Walk in Centre
WLF	Well Led Framework
WMAS	West Midlands Ambulance Service
WRES	Workforce Race Equality Standard
WTE	Whole-time equivalent
WWC	Workforce and Wellbeing Committee
Y	
YTD	Year to Date

South Central Ambulance Service
NHS Foundation Trust

BOARD MEMBERS REGISTER OF INTERESTS

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road,
Bicester, Oxfordshire, OX26 6HR

INTRODUCTION & BACKGROUND

The following is the current register of declared interests for the Board of Directors of the South Central Ambulance Service NHS Foundation Trust.

Note: All Board Members are a Trustee of the South Central Ambulance Charity

DOCUMENT INFORMATION

Date of issue: 26 May 2023

Produced by: The Governance Directorate

PROFESSOR SIR KEITH WILLETT CBE, TRUST CHAIR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Professor of Trauma Surgery, University of Oxford
2. Chair of the Chair' Group and Council of the Association of Ambulance Chief Executives (AACE)
3. Retained with NHS England and NHS Improvement to support COVID-19 public inquiry

Current 'Other' Interests

4. Honorary Air Commodore to 4626 Squadron, RAuxAF

Interests that ended in the last six months

5. None

SUMIT BISWAS, NON-EXECUTIVE DIRECTOR / DEPUTY CHAIR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Director Zascar Ltd (trading as Zascar Consulting)
3. Part owner of Zascar Ltd.

Interests that ended in the last six months

4. None

LES BROUDE, NON-EXECUTIVE DIRECTOR / SENIOR INDEPENDENT DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Independent member of the Buckinghamshire Healthcare NHS Trust Charitable Funds Committee
3. Executive Coach at ella Forums

Interests that ended in the last six months

4. Senior Independent Trustee for the Royal Hospital for Neuro-disability and Chair of the Audit and Risk Committee

ANNE STEBBING, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Consultant Surgeon and Associate Medical Director, Hampshire Hospitals NHS Foundation Trust

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

NIGEL CHAPMAN, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Labour City Councillor for Headington Hill and Northway, Oxford City Council.
3. Oxford City Council – Cabinet Member for Citizen Focused Services & Council Companies, Member of Oxford City Council Planning Committee
4. Vice Chair of Care International UK
5. Director of Farrar Chapman Ltd*
6. Director Empowering Leadership Ltd
7. Community Governor, New Marston Primary School, Oxford (part of the River Learning Trust).

**Farrar Chapman Ltd is an Educational Consultancy business that has no dealings with the NHS.*

Interests that ended in the last six months

8. None

IAN GREEN, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Chair of Salisbury NHS Foundation Trust

Current 'Other' Interests

2. Chair of Estuary Housing Association
3. Member of Welsh Governments Expert Advisory Group on banning LGBTQ+ Conversion Practices
4. Member of Advisory Group, NHS Patient Safety Commissioner
5. Strategic Advisor, Prevention Access Campaign (US based charity)

Interests that ended in the last six months

6. Chief Executive of Terrence Higgins Trust
7. Chair of HIV Prevention England
8. Director of Terrence Higgins Trust Enterprises
9. Member of the Department of Health and Social Care HIV Action Plan Implementation Group

MIKE McENANEY

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Member of NHS Providers Finance & General Purposes Committee
2. Chair of FTN Limited (Trading subsidiary of NHS Providers charity)

Current 'Other' Interests

3. Member of Oxford Brookes University Audit Committee
4. Governor at Newbury Academy Trust (primary and secondary education)

Interests that ended in the last six months

5. None

Dr DHAMMIKA PERERA

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Global Med Director of MSI Reproductive Choices
3. Member of the Clinical Committees on Safe Abortion Care at the WHO and at the International Federation of Obstetricians and Gynecologists (FIGO)

Interests that ended in the last six months

4. None

DAVID ELTRINGHAM, CHIEF EXECUTIVE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Married to Deputy Chief Nurse, Birmingham Women's and Children's Hospital NHS Foundation Trust

Interests that ended in the last six months

3. None

PAUL KEMPSTER, CHIEF OPERATING OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Managing Director of South Central Fleet Services Ltd

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

JOHN BLACK, CHIEF MEDICAL OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Emergency Medicine Consultant, Oxford University Hospitals NHS Foundation Trust
2. Honorary Consultant Civilian Adviser in Pre-hospital Emergency Care to the Army
3. Lecturer in Anatomy, St Edmund Hall, University of Oxford, Member of Oxford University Congregation
4. Member National Ambulance Medical Directors Group (NASMeD)
5. Investor Oxford Medical Products Ltd*

**Oxford Medical Products Ltd presents no clinical or commercial conflict of interest with SCAS*

Current 'Other' Interests

6. None

Interests that ended in the last six months

7. None

PROFESSOR HELEN YOUNG, DIRECTOR OF PATIENT CARE AND SERVICE TRANSFORMATION

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Chief Nurse and Trustee for ACROSS (a medical charity taking terminal and very sick travellers on respite breaks travelling on a Jumbulance)
2. Chief Nurse and Trustee for HCPT (a medical charity taking terminal and very sick children and young people on respite breaks to Lourdes)
3. Clinical Advisor for Dorothy House Hospice Care
4. Chair of Soroptimist International (Bath Club) (a charitable organisation that works to empower, educate and enable women and young girls in UK and internationally).

Current 'Other' Interests

5. None

Interests that have ended in the last six months

6. SRO for NHS 111 Covid Response Services (March 2023)

ANEEL PATTNI, CHIEF FINANCIAL OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Director of South Central Fleet Services Ltd.

Current 'Other' Interests

2. Vice chair of the South Central branch of Healthcare Financial Management Association (HFMA). HFMA is a professional body for finance staff in healthcare.

Interests that ended in the last six months

3. None

MIKE MURPHY, DIRECTOR OF STRATEGY AND BUSINESS DEVELOPMENT

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Chair Of Members - Mountbatten Secondary School, Romsey, Hampshire

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

DARYL LUTCHMAYA, CHIEF GOVERNANCE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

MELANIE SAUNDERS, CHIEF PEOPLE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Employers representative on the national NHS Employers Staff Partnership Forum

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

JILL LANHAM, DIRECTOR OF DIGITAL

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Trustee for Mental Health Matters

Interests that ended in the last six months

3. None

Stuart Rees, Interim Director of Finance

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

END

NHS
South Central
Ambulance Service
NHS Foundation Trust

Integrated Quality and Performance Report: Oct-23

Statistical Process Control:

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation. It includes a mean and two process limits which are both used in the statistical interpretation of data. To help you interpret the data a number of rules can be applied.

The rules:

1) Any single point outside the process limits.

2) Two out of three points within 1 sigma of the upper or lower control limit.

3) A run of 6 points above or below the mean (a shift) .

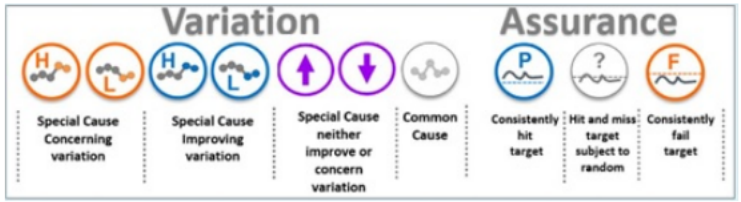
4) A run of 6 consecutive ascending or descending values (a trend).

All these rules are aids to interpretation but still require intelligent examination of the data.

This tool highlights when a rule has been broken and highlights whether this is improvement or deterioration.

If you change in your process and observe a persistent shift in your data, it may be appropriate to change the process limits. A process limit change can be added if the observed change is sustained for a longer period not just 6 points. You should try and find out the cause of the process change before recalculating the limits and annotate this on the chart. Be very cautious if you do not know what changed the process.

Icon Key



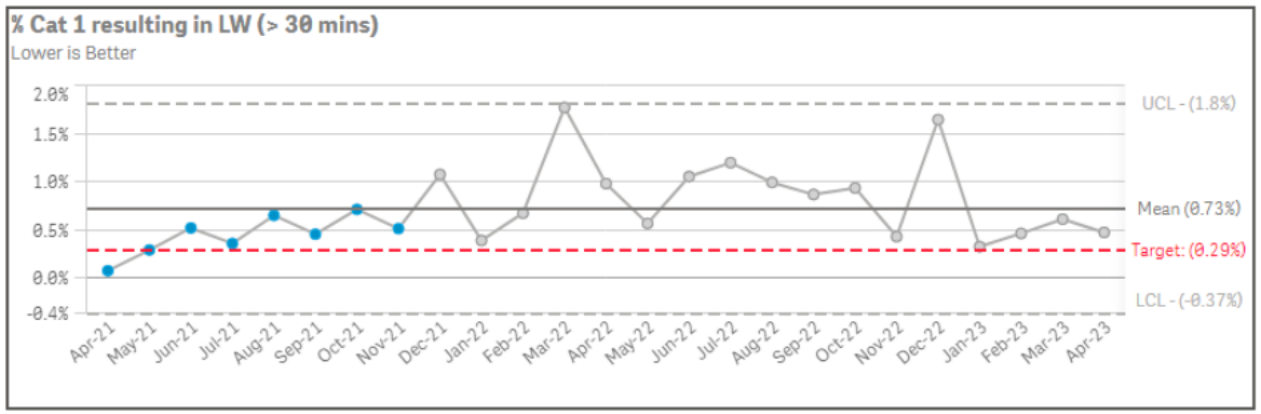
	Pass	Hit and Miss	Fail	No Target
	Special cause of an improving nature where the measure is significantly HIGHER.This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER.This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER. This process is will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.
	Common cause variation , no significant change. This process is capable and will consistently PASS the target	Common cause variation , no significant change. This process will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Common cause variation , no significant change. This process is not capable. It will FAIL the target without process redesign.	Common cause variation , no significant change. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measurs is significantly HIGHER.The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measurs is significantly HIGHER.This process will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Special cause of a concerning nature where the measurs is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measurs is significantly HIGHER.Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly LOWER.This process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly LOWER.This process will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.

				Special cause variation where UP is neither improvement nor concern.
				Special cause variation where DOWN is neither improvement nor concern
n/a				Special cause or common cause cannot be fiven as there are insufficent number of points. Assurance cannot be given as a target has not been provided.

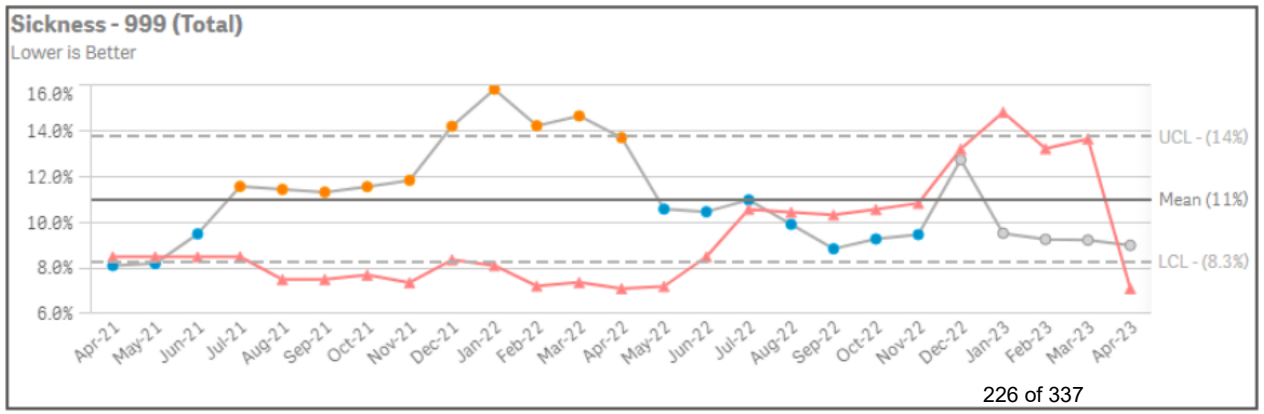
Assumptions:

The below SPC chart shows an example of the metric values per month.
The points on the line are coloured orange, grey, or blue in accordance with the SPC guidelines.
A dashed red line shows the target for the metric if there is one present.
A red line with triangle markers shows the plan projected for the metric if one is present.
The plan is different to a target, as the target is static; the plan can vary each month.
No Assurance Icon will be produced for the metric if no target value is available.
Quarterly Metrics and Metrics without data pre April 2022 will be visualised in a line chart and not an SPC Chart.

Example of Target Line Chart



Example of Plan Line Chart



UCL & LCL:

When the variance in the values is normal within the process (common cause varition) all the points will fall above or below them mean, but within the upper and lower control limits as represented by the lines on the chart.

If values(s) fall above the UCL or below the LCL, then they are statistically not expected, special cause variation.

However, it is important to realise that even if all the points fall within the control limit lines it does not mean the process is in control. Ideally a process should have no variation, the values should all be the same. So it is important to understand what is causing the common cause variation. The wider the gap between the mean line and the control limits, the larger the variance

Executive Summary

Operational Performance

- 999 Operations
- CCC (EOC and 111)
- PTS

Safety and Quality

Workforce

Finance

EXECUTIVE COMMENTARY

Trust Overview

As we approach Winter a critical concern for the Trust will be the achievement of our ARP performance standards coupled with the need to balance quality, performance and finance. The Trust has produced a trajectory to achieve category 2 performance by financial year end, which will require collaboration with system partners, particularly in Hampshire. The Category 2 target of 30 minutes receives national scrutiny and is an indicator of both the trust and system performance. The measure is also indicative of SCAS progress in each of the Recovery Support Programmes it is engaged in. Achievement of our trajectory will be delivered through the balanced management of the broad range of metrics in this document covering quality, performance and staff wellbeing. Mitigating plans consider their impact across this wider range of metrics as they are developed. However, the IPR is an essential tool for robust internal assurance across a multitude of metrics and scrutiny of it will ensure balance is maintained.

Performance 999 and 111

999 call volumes increased for the second month and are now at their highest level since December 2022, at just over 77,000 calls. The increase is two fold from a rise in 999 calls coupled with an increase in duplicate calls (resulting from callers waiting longer for an ambulance response). The increase in duplicate calls was impacted by higher Ambulance handover delays leading to these longer response times. Mean call answer increased by 5 seconds from September to 15 seconds which is still the second lowest month since June 21. West Midlands Ambulance Service are continuing to support our call answer performance and are taking 10% to 15% of 999 demand after 105 seconds. The higher abandonment rate over the last 2 months is therefore due to calls being switched to WMAS. Response demand has increased in October and is our busiest month since March 23.

The focus remains on delivery of the category 2 mean of 30 minutes however, we were off trajectory in October achieving 39:51. We have seen an increase in our operational hours during October as the new private provider contracts become established, however the increase in task time reduced available hours. The task time increase was caused by higher than planned handover times with average handover being 27:38 against a trajectory of 21:21. The highest impact was from the QA in Portsmouth where we lost 3200 excess hours. The increase in delays impacted on SCAS C2 performance by 9 minutes 33 with a further 58 second impact from high delays at the other hospitals. The cat 1 mean improved by 1 second to 09:03 and we continue to prioritise resources to these high acuity patients. 62% of our overall demand was C1 or C2 highlighting the acuity of the patients we are attending.

EXECUTIVE COMMENTARY (Continued)

111 demand has increased over the last 3 months and is trending in line with seasonal variations with 131,000 calls being answered in October. We are forecasting the demand to continue to rise over the winter period as seen in previous years. Our 111 call answer remains strong with the last 7 months being above the mean call answer time, although we are still not achieving the national 95% in 120 seconds, achieving 77% in October. Abandonment rate remains around target level of 3%. This has been achieved through successful recruitment and a lowering of attrition with 111 workforce now being 8.7WTE ahead of our plan. The successful move to Partis House in Milton Keynes has provided an excellent facility for our staff and provides further recruitment opportunities.

Hear and treat performance has continued to improve with rates at their highest level since December 22 at 12%. This has been achieved through the new initiatives funded through the additional UEC funding which include Cat 2 Segmentation, GP triaging Cat 3 and 4 calls and increased Clinical Support Desk staffing through international nurse recruitment. There is a corresponding decrease in S&T as we H&T a higher number of patients. The focus remains on decreasing the conveyance to ED to reach the national target of 49% with the last 2 months being just above 50%. We are working closely with system partners on clinical pathways as well as single points of access and direct referrals to consultants.

Quality and Patient Safety

IPC audits continue with some progress made in the volume of buildings and hand hygiene audits completed. Of the ones completed we see a high percentage of compliance which indicates a satisfactory standard of cleanliness, but we still need to improve the numbers of vehicle audits completed to gain complete assurance.

Level 3 Safeguarding training remains on track to meet the 95% target by year end, but we have seen repeated reporting of level 1 adults and children's Safeguarding training below the 95%. In patient safety we have seen increased reports of incidents where there was severe and major harm and a corresponding level of Serious Incidents declared. Many of these incidents have delays in care as a contributory factor. A thematic review has been completed and is being presented to the Quality & Safety committee. Finally, we are monitoring the incidents of unaccounted losses of controlled drugs following a specific investigation and intervention.

Workforce

Across the organisation workforce levels are broadly in line with plan with the exception of the 999 service. The Trust is currently reviewing its 5 year recruitment plan to identify the potential for increasing clinical recruitment over the coming 6-12 months whilst also developing a 3-5 year workforce plan. Recruitment remains broadly on target at a Trust level, on a positive note EOC recruitment is above plan.

EXECUTIVE COMMENTARY (Continued)

Statutory and mandatory training performance remains below target for some subjects, our 999 workforce are provided with 'study time' to complete their e-learning, in recognition of the challenges to enable them to complete modules whist on shift. As a means of resolving this issue Leadership teams are being tasked with identifying improvement plans to return to expected compliance levels. Following a review of compliance data, accuracy has been raised as a concern as the data includes numerous honorary contract holders, including UCAS students, who may not have had their data uploaded into the SCAS ESR system. This concern is being investigated by our BI and Education teams.

Despite improvements and a period of stability in Personal Development Review (PDR/appraisal) rate completion over the last 12 months, performance dropped a further 6 percentage points in M6. This was primarily driven by a further decline in 999 Operations (reducing from 81% to 70%) and EOC's (reducing from 90% to 74%), whereas PTS have increased (84% to 86%) and 111 remained stable (84%). In an effort to resolve this issue, leadership teams will be tasked with identifying improvement plans to return compliance (and quality) to our target of 95%.

Finance

The Trust's financial position year-to-date (YTD) at month 7 is £15.3m deficit with the in month position showing a £1.7m deficit. The Trust's cash balance at the end of October is £33.7m. At the current expenditure run rate, the Trust will require cash support from March 2025 to support continuing operations.

Aged debtors has increased significantly this month due to an NHS provider falling significantly behind on their payments for PTS services. This issue has been raised through formal contract meetings and escalated through the provider's host commissioner (Berks, Oxon and Bucks ICB).
Agency controls continue to have a positive impact on spend, and although October showed a slight increase in month, we continue to spend below the planned target set at the start of the year. The weekly Financial Recovery Group will continue to monitor the use of agency staff moving forwards with the aim being to either discontinue agency contracts once completed or convert agency staff into substantive posts where possible.

CIP's stand at £10m YTD. A long-term financial recovery plan has been developed to set out the roadmap and actions required to return the Trust to an underlying break-even financial position.

October-23 Summary

Assurance → F | ? | P

Variance ↓

	Fail	Hit and Miss	Pass	No Target
H	SCAS 111 - ED Referrals	999 % calls from frequent callers Debtors > 90 days> 5% total balance ST&C (ED 1&2) - SCAS VOR - Total VOR - Unplanned Maintenance		2
L	Fire Awareness Information Governance Total 111 - Transfer to Clinician	Equality & Diversity Hand Hygiene audit Health & Safety Infection Control Manual Handling Number of cleanliness compliance audits Number of compliant Hand Hygiene audit Number of compliant cleanliness compliance audits Safeguarding Adults Level 1 Safeguarding Children Level 1		4
	Appraisals - Trust Average Hospital Handover Time - SCAS Hospital Delays - SCAS Meal Break Compliance - SCAS PTS - Calls answered in 60 seconds Patients Arrived within time ST&C (Non-ED 1&2) - SCAS	33	Patients Collected within time	36
L	111 Calls abandoned after 30 secs %	Clear up Delays - SCAS EOC Internal Attrition		7
H	111 call answer in 120 Secs % Conflict Management	Compliments %		2
↗		Number of Non-Physical Assaults		7
↘		Number of Never Events (CQC/NRLS reportable) Number of Physical Assaults		5

Metrics:

Hit and Miss Common Cause Metrics:
% Cat 1 resulting in LW (> 30 mins) ; % Cat 2 resulting in LW (> 60mins) ; % Cat 3 resulting in LW (> 3hrs) ; % Cat 4 resulting in LW (> 4 hrs) ; 999 Calls abandoned % ; Building cleanliness completed audits ; Cardiac Arrest Survival, Utstein ; Cat 1 90th %ile SCAS ; Cat 1 Mean SCAS ; Cat 2 90th %ile SCAS ; Cat 2 Mean SCAS ; Cat 3 90th %ile SCAS ; Cat 4 90th %ile SCAS ; Complaints - 999 Total % ; EOC External Attrition ; Number of SI investigations outstanding after 60 days (excluding events that are officially suspended) ; Number of compliant Building cleanliness audits ; Number of compliant Vehicle cleanliness audits ; Percentage of compliant Building cleanliness audits ; Percentage of compliant Hand Hygiene audits ; Percentage of compliant Vehicle cleanliness audits ; Percentage of compliant cleanliness compliance audits ; S&T - SCAS ; SCAS 111 - 999 referrals % ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Stroke - Call to Hospital arrival 90th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; Total Task Time - SCAS ; VOR - Other ; VOR - Planned Maintenance ; Vehicle cleanliness completed audits

NHS

NHS
South Central
Ambulance Service
NHS Foundation Trust

Operational Performance

NHS Operational Performance Overview

October-23 Summary

Assurance →

Variance ↓

	Fail	Hit and Miss	Pass	No Target
H	SCAS 111 - ED Referrals	999 % calls from frequent callers ST&C (ED 1&2) - SCAS VOR - Total VOR - Unplanned Maintenance		1
L	Total 111 - Transfer to Clinician			2
	Average Hospital Handover Time - SCAS Hospital Delays - SCAS Meal Break Compliance - SCAS PTS - Calls answered in 60 seconds Patients Arrived within time ST&C (Non-ED 1&2) - SCAS	17	Patients Collected within time	7
L	111 Calls abandoned after 30 secs %	Clear up Delays - SCAS		1
H	111 call answer in 120 Secs %	Compliments %		1
↗				7
↘				2

Metrics:

Hit and Miss Common Cause Metrics:
% Cat 1 resulting in LW (> 30 mins) ; % Cat 2 resulting in LW (> 60mins) ; % Cat 3 resulting in LW (> 3hrs) ; % Cat 4 resulting in LW (> 4 hrs) ; 999 Calls abandoned % ; Cat 1 90th %ile SCAS ; Cat 1 Mean SCAS ; Cat 2 90th %ile SCAS ; Cat 2 Mean SCAS ; Cat 3 90th %ile SCAS ; Cat 4 90th %ile SCAS ; Complaints - 999 Total % ; S&T - SCAS ; SCAS 111 - 999 referrals % ; Total Task Time - SCAS ; VOR - Other ; VOR - Planned Maintenance

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of Incidents	Oct-23	52,199	52,352		n/a	51,951.8	45,482.9	58,420.6
Cat 1 response time mean	Oct-23	00:09:03	00:07:00			00:08:48	00:06:43	00:10:54
Cat 1 response time 90th	Oct-23	00:16:35	00:15:00			00:15:58	00:12:20	00:19:37
Cat 2 response time mean	Oct-23	00:39:55	00:18:00			00:31:19	00:09:00	00:53:39
Cat 2 response time 90th	Oct-23	01:20:28	00:40:00			01:03:25	00:15:04	01:51:46
Cat 3 response time 90th	Oct-23	06:58:38	02:00:00			04:46:07	00:09:25	09:22:49
Cat 4 response time 90th	Oct-23	09:54:03	03:00:00			06:05:30	00:25:33	11:45:27

999 - Calls and Outcomes

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of calls (999)	Oct-23	77,065	69,716		n/a	65,980.9	43,601.3	88,360.5
Call answer time mean (999)	Oct-23	00:00:15	-		n/a	00:00:42	-00:00:24	00:01:49
Call answer time 90th (999)	Oct-23	00:00:58			n/a	00:02:21	-00:00:42	00:05:25
% Calls abandoned (999)	Oct-23	13%	2%			7.0%	-4.1%	18.0%
% Hear and treat	Oct-23	12%	12%	L	n/a	12.3%	9.6%	15.0%
% See and treat	Oct-23	33%	35%			34.1%	32.6%	35.6%
% See and convey to ED	Oct-23	50%	48%	H		49.3%	46.5%	52.1%
% See and convey to non-ED	Oct-23	4.4%	5.4%		F	4.3%	3.8%	4.7%

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Arrival at hospital to handover mins mean	Oct-23	00:27:38	00:15:00			00:24:08	00:15:24	00:32:52
% Arrival at hospital to handover >15mins	Oct-23	42%			n/a	47.4%	38.0%	56.7%
Total hours lost to hospital handover	Oct-23	20:58:40			n/a	00:03:19	00:00:14	00:06:23
Number of calls (111)	Oct-23	130,955	125,822		n/a	135,499	95,278.1	175,721
Call answer time mean(111)	Oct-23	00:01:48			n/a	00:04:46	-00:05:48	00:15:22
% Calls answered	Oct-23	70%	95%			46.0%	14.3%	77.7%
% Calls abandoned (111)	Oct-23	15%	3%			20.5%	4.5%	36.4%

PTS - Calls and Outcomes

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of calls (PTS)	Oct-23	34,276	38,093		n/a	33,256.3	18,728.3	47,784.4
% Patients arrived in time	Oct-23	84%	87%			82.7%	79.9%	85.5%

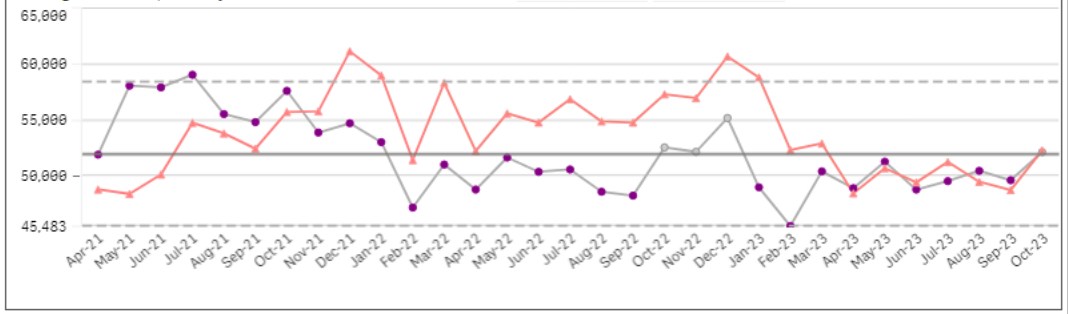
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of vehicle accidents	Oct-23	64		-	n/a	60.3	30.1	90.4
% Vehicles off the road	Oct-23	27%	23%			0.2%	0.2%	0.3%

Operations - 999 - Volume/ARP

Number of Incidents

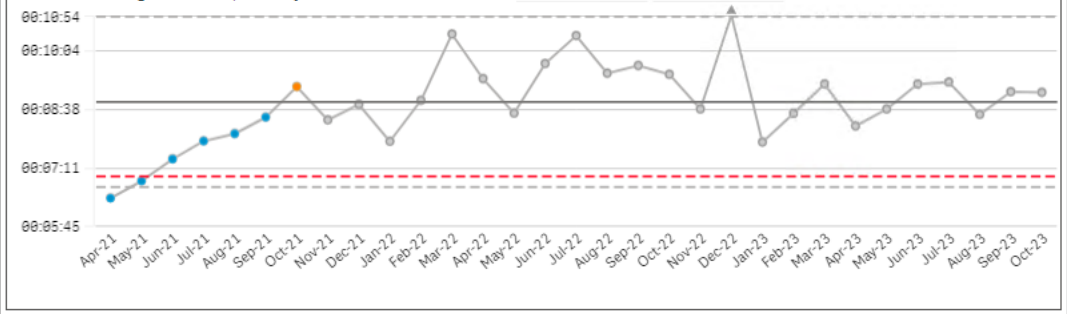
N/A. Target differed in previous years



Variation	Assurance	Target	Latest
Improved	-	52,352	52,199

Cat 1 response time mean

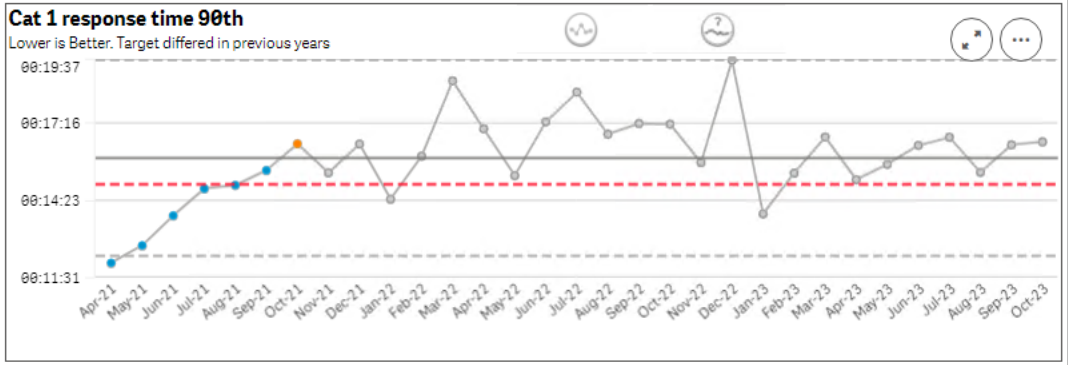
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	00:07:00	00:09:03

Cat 1 response time 90th

Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	00:15:00	00:16:35

Cat 2 response time mean

Lower is Better. Target differed in previous years

Variation	Assurance	Target	Latest
Expected	Random	00:18:00	00:39:55

Understanding the Performance:

Demand for October increased 5% from September, giving an overall incident demand that was very close to plan and within normal variation.

Actions (SMART):

Even though the demand was lower than plan in October, the 2.5% increase built into the trajectories will continue to be based on the higher level based on previous trends in YOY demand growth. Demand will be monitored to an interval level to help us to optimise resource against demand.

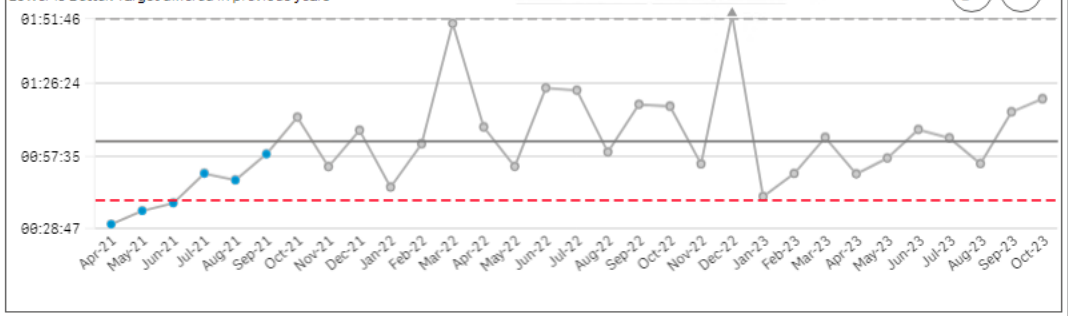
Risks:

Even though the trajectory has been updated with the higher demand forecast, there is a risk of heightened winter pressures from events or weather worse than seen in previous years.

Operations - 999 - Volume/ARP

Cat 2 response time 90th

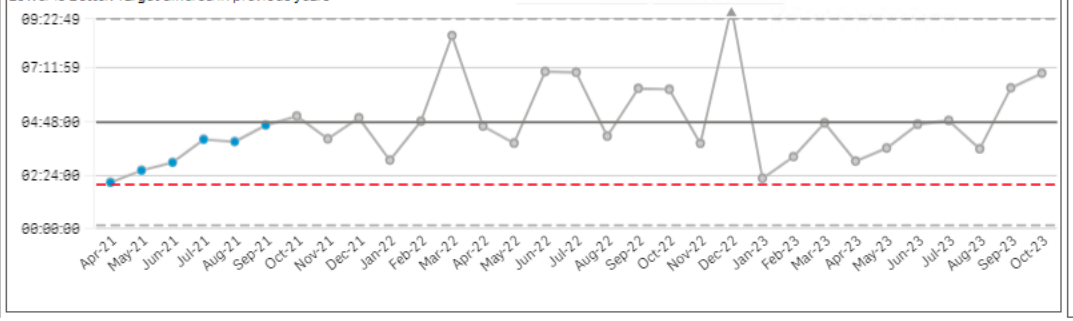
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	00:40:00	01:20:28

Cat 3 response time 90th

Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	02:00:00	06:58:38

Cat 4 response time 90th

Lower is Better. Target differed in previous years

Variation	Assurance	Target	Latest
Expected	Random	03:00:00	09:54:03

Understanding the Performance:

Cat 2 Mean for October outturned at 39:51, which is 10:49 above the trajectory target for Oct of 29:02. Whilst demand and resource hours were both favorable, the low Cat 2 mean can be attributed to high task time, in particular handover delays at acutes. QA alone added 09:33 to the Cat 2 Mean due to 3200 hours of excess handovers (average 103hours per day). We also saw delays at other acutes which added a further 00:58 to the total. Reducing these handovers to budgeted levels would have brought the Cat 2 Mean for October to below 30 minutes.

Cat 1 mean continues to be close to the trajectory (+10seconds) in October averaging around 9 mins for the last 6 months, the reduction in cars to improve Cat2 having a small impact.

Actions (SMART):

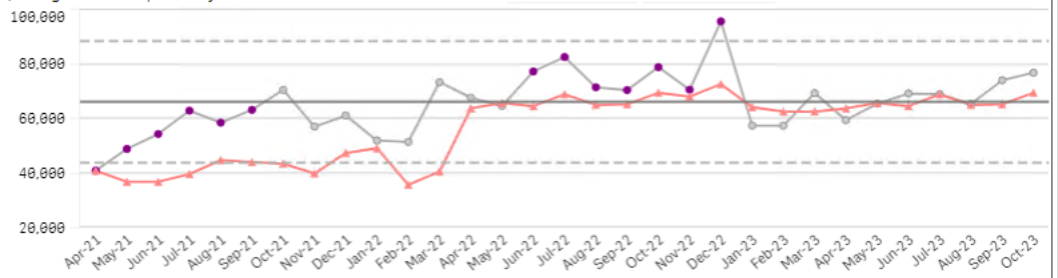
Resource hours for October were improved with incentivised overtime to accommodate the shortfall in PP hours. PPs are being managed to increase the provision of resource to core levels, and additional hours are also being tendered to improve our overall resource position.

Risks:

Inability to deliver the required operational hours to meet the trajectory plan from SCAS or PP hours.

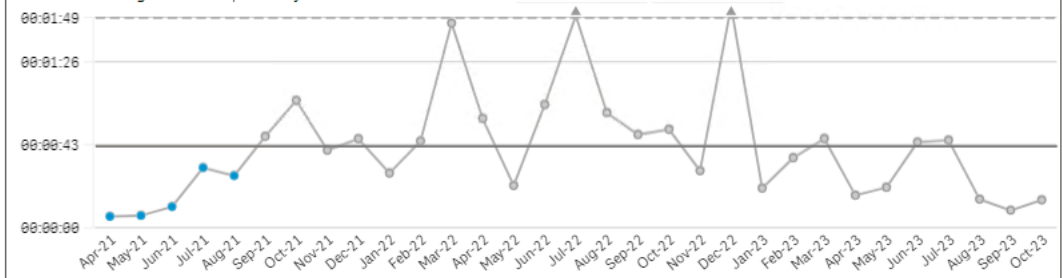
Operations - 999 - Calls and Outcomes

Number of calls (999)
N/A. Target differed in previous years



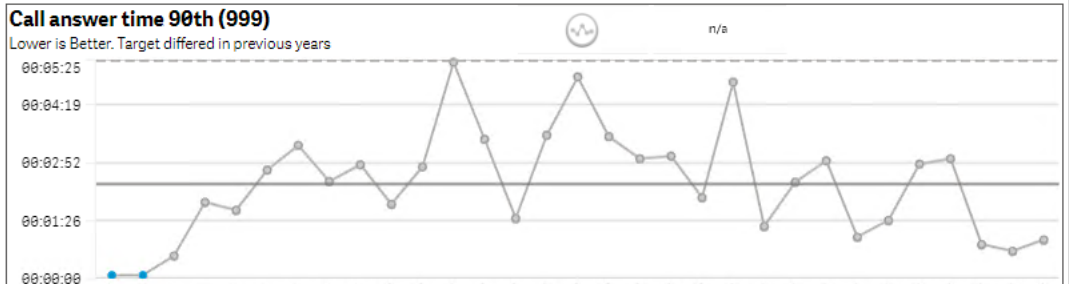
Variation	Improved
Assurance	-
Target	69,716
Latest	77,065

Call answer time mean (999)
Lower is Better. Target differed in previous years



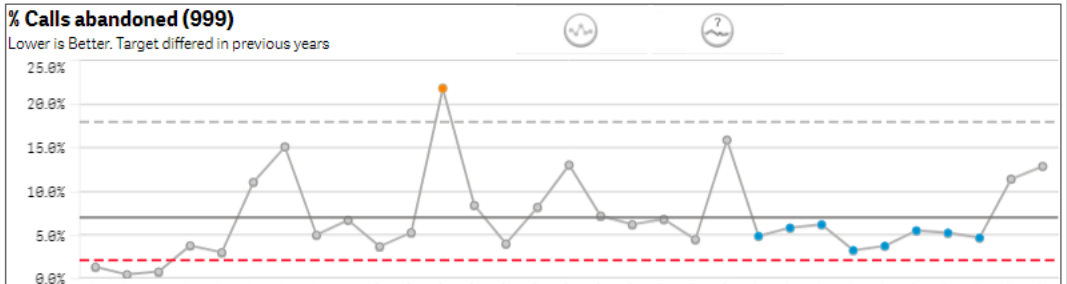
Variation	Expected
Assurance	-
Target	-
Latest	00:00:15

Call answer time 90th (999)
Lower is Better. Target differed in previous years



Variation	Expected
Assurance	-
Target	-
Latest	00:00:58

% Calls abandoned (999)
Lower is Better. Target differed in previous years



Variation	Expected
Assurance	Random
Target	2%
Latest	12.9%

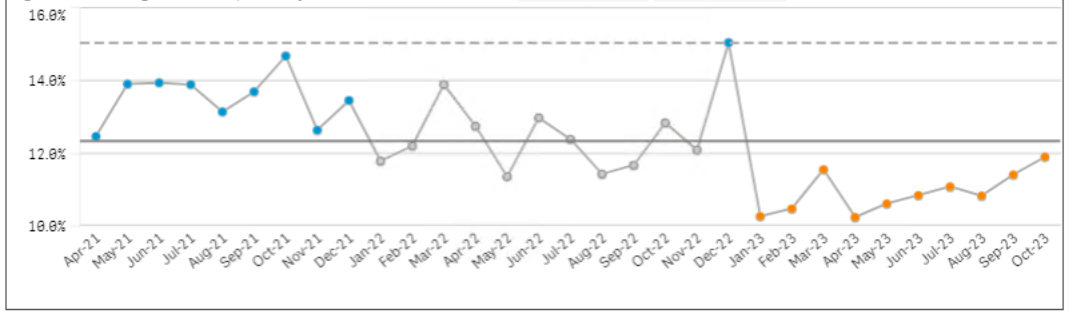
Understanding the Performance:
inbound call volumes showed expected variation, showing similar profile to this time last year . Although abandonment rate has risen it remains within the upper control limit and any variation demonstrates calls being passed to WMAS as call answer support which started in August. This means that SCAS abandons more calls at 105 seconds .

Actions (SMART):
Internal call centre metric management continues, especially Average Handling Time (AHT) to ensure ECTS are available to patients to answer calls,. AHT outliers receiving coaching and guidance including IOW staff as they have an AHT over 1 minute slower than SCAS mainland staff.. It should be noted that IOW staff have reduced their AHT by almost 120 seconds.

Risks:
Attrition of ECTs and failure to recruit.

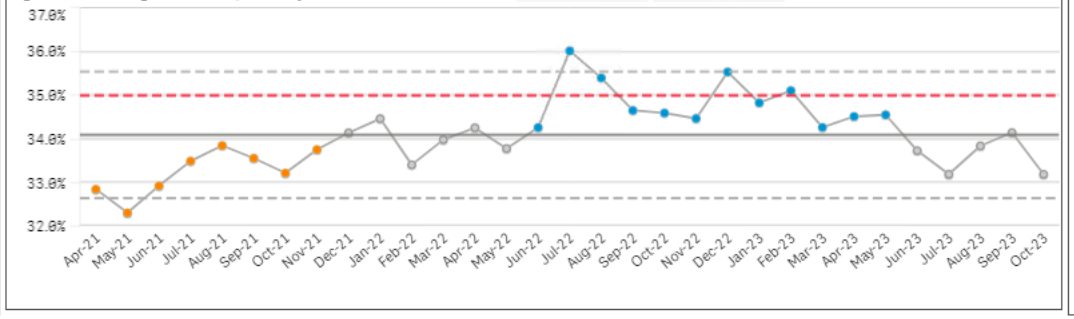
Operations - Calls and Outcomes

% Hear and treat
Higher is Better. Target differed in previous years



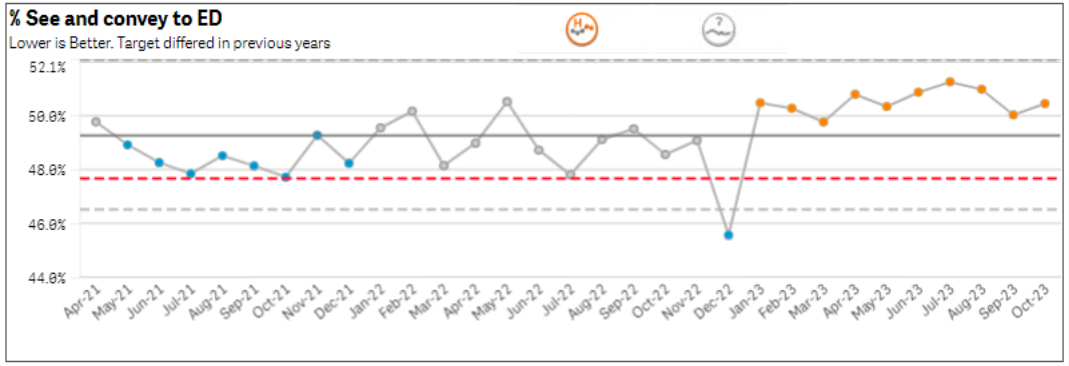
Variation	Assurance	Target	Latest
Declined	-	-	11.9%

% See and treat
Higher is Better. Target differed in previous years



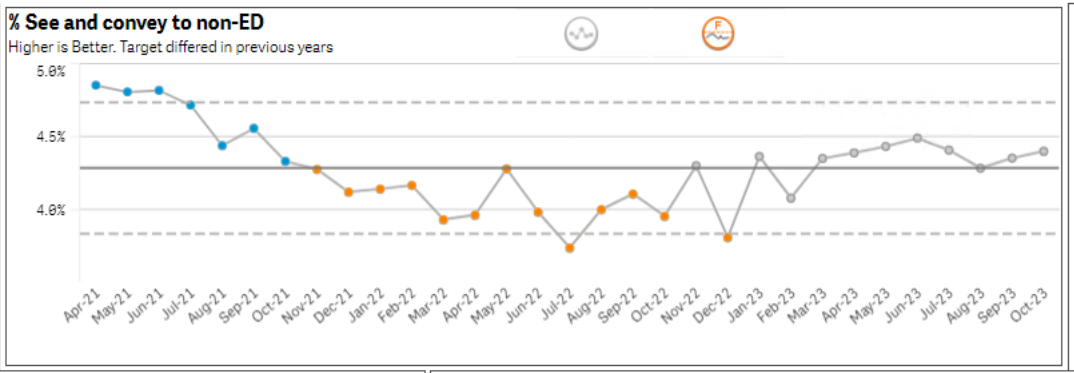
Variation	Assurance	Target	Latest
Expected	Random	35%	33.2%

% See and convey to ED
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Declined	Random	48%	50.5%

% See and convey to non-ED
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Fail	5.4%	4.4%

Understanding the Performance:
Improvement in Hear and treat closer to the mean due to implementation of GP Navigator, C2 segmentation and Enhanced Patient Safety Procedure activation's. S&T remains within expected variation, but is below the mean which is also expected with an increase in H&T. STCED has a continued trend above the mean which is in line with increased acuity.

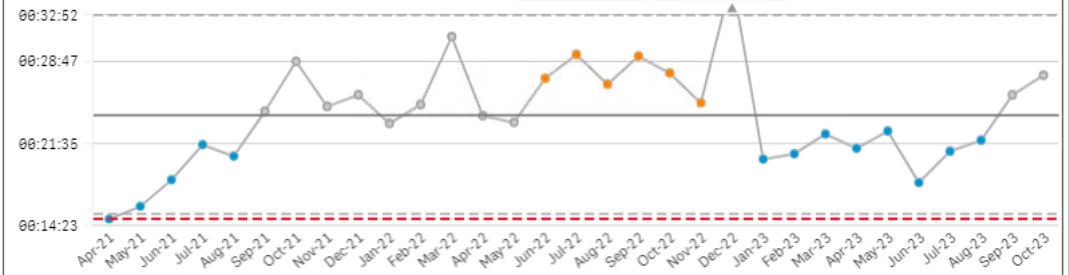
Actions (SMART):
Continue to recruit to GP Navigator role, Cat 2 Segmentation role and CSD roles to improve H&T rates. Hear and Treat improvement action plan in place to achieve quarterly target of 12%. Continue to monitor S&T for unexpected variation and trends away from the mean. Pathways remain a focus to support S&T and STC ED - Current targeted focus on pathways with QAH to support system flow and to reduce ED conveyance - this is the most challenged system.

Risks:
Ability to recruit clinicians into CSD to support H&T improvement. Access to non ED pathways to support non ED conveyance and avoid ED. Risk with ongoing increasing acuity which drive some of the conveyances. Risk of capacity and capability of providers to support pathways.

Operations - 999 - System Impacts

Arrival at hospital to handover mins mean

Lower is Better. Target differed in previous years

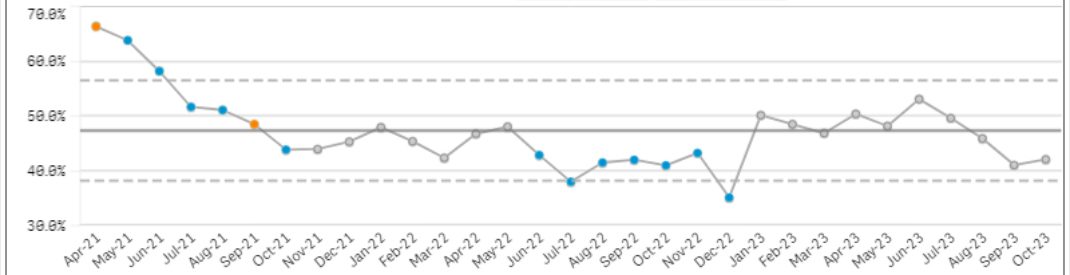


Variation	Assurance	Target	Latest
Expected	Fail	00:15:00	00:27:38

% Arrival at hospital to handover >15mins

n/a

Lower is Better. Target differed in previous years

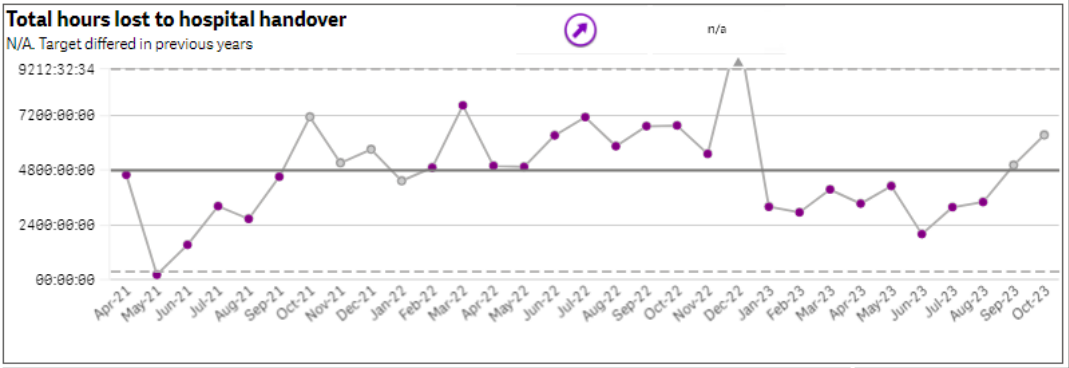


Variation	Assurance	Target	Latest
Expected	-	-	42.3%

Total hours lost to hospital handover

n/a

N/A. Target differed in previous years



Variation	Assurance	Target	Latest
Improved	-	-	6332:58:40

Understanding the Performance:

Average handover time and handover delays have increased month on month since June and have been above the mean for the last two months, however remain within expected variation. This is in line with increased demand and acuity and is significantly impacted by system and hospital capacity and flow. QAH remains a significant outlier.

Actions (SMART):

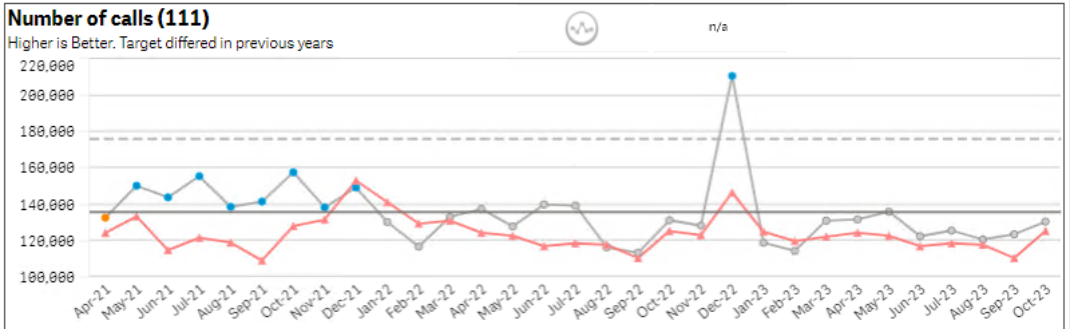
Continue to monitor handovers for an ongoing deteriorating trend. Support ongoing SCAS demand and capacity through increasing hours. Support system flow through the review and use of pathways to include targeted work at QAH re pathways and ongoing Senior SCAS engagement.

Risks:

Assumptions around hospital handover times are built into in the cat 2 trajectory. If these time are exceeded SCAs will be unable to deliver the cat 2 targets

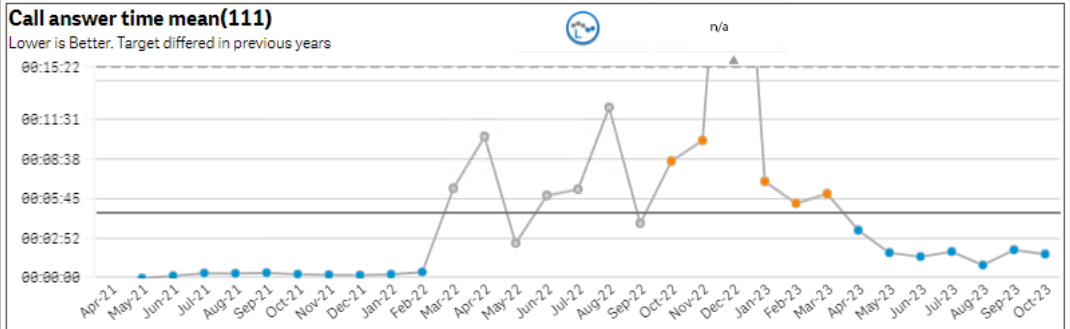
Operations - 111 - Calls and Outcomes

Number of calls (111)
Higher is Better. Target differed in previous years



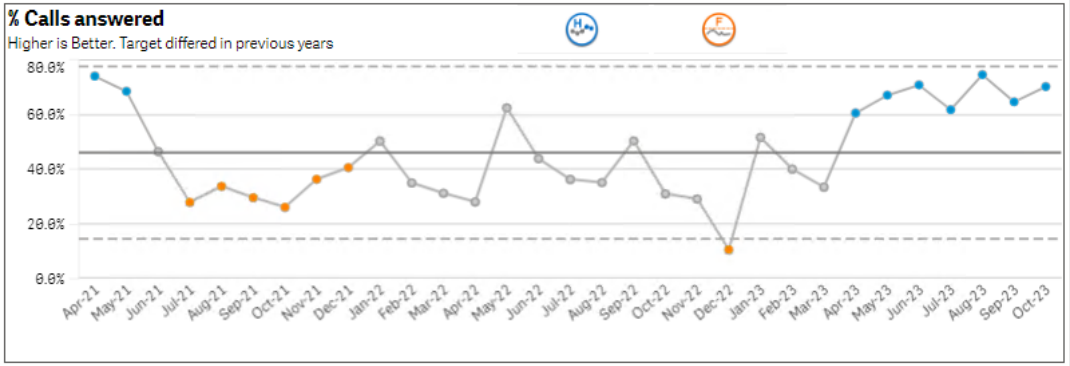
Variation	Assurance	Target	Latest
Expected	-	125,822	130,955

Call answer time mean(111)
Lower is Better. Target differed in previous years



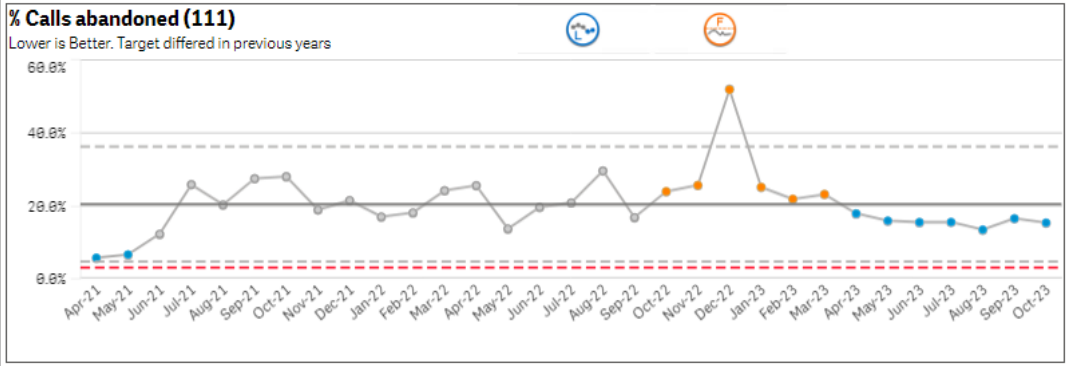
Variation	Assurance	Target	Latest
Changing	-	-	00:01:48

% Calls answered
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Changing	Fail	95%	70.4%

% Calls abandoned (111)
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Changing	Fail	3%	15.4%

Understanding the Performance:
As expected with seasonal variation in 111 demand is starting to track upwards towards the mean remaining within the limits of normal variation. Call answer performance remains above trajectory but below national target at 76.61%, remaining towards the upper end of the control limits for the seventh month in a row. Abandonment rate at 3.73% was just outside national target of 3% , remaining consistent at the lower end of the control limits and showing potential to meet target. Performance on both metrics remains strong in comparison to the same time last year.

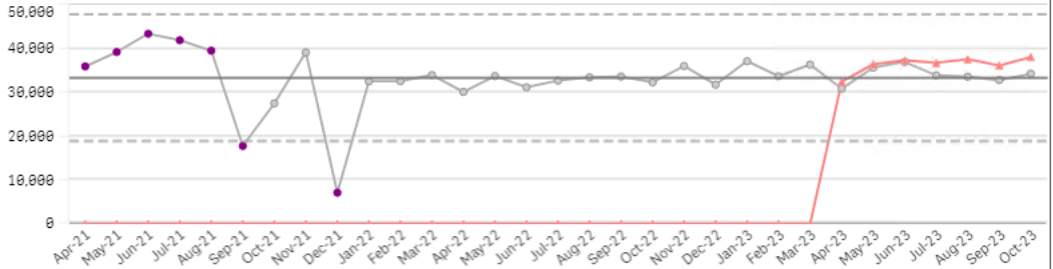
Actions (SMART):
Benefits are being felt from continuous recruitment as well as the reduction in attrition, meaning currently we are 8.7 WTE ahead of our workforce plan. However shortfall of Health Advisors required to meet performance remains at 94 WTE (seasonal workforce plan). Consultation currently being undertaken with specific skillsets in MK to enable overnight opening at Partis House. Continue with improvement actions in the VASSOS plan, supporting improvements in AHT and room management/support.

Risks:
Increasing demand through winter will impact on performance as we will remain below establishment required to meet that level of demand. Increasing demand and lack of resource will also impact on occupancy, adding pressure to staff which may impact abstractions and attrition. This will impact overall performance on call answer metrics.

Operations - PTS - Calls and Outcomes

PTS Call Volume

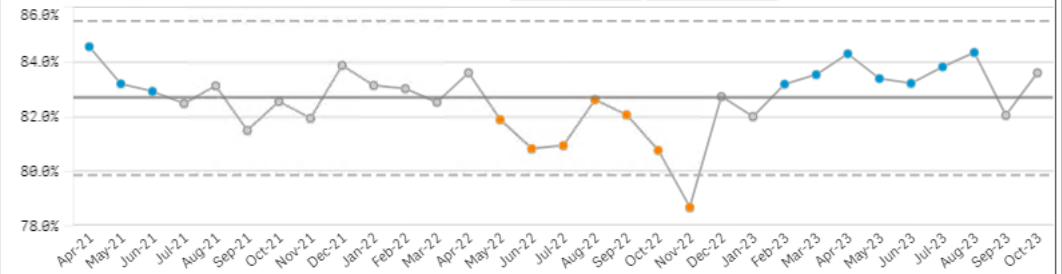
N/A. Target differed in previous years



Variation
Improved
Assurance
-
Target
38,093
Latest
34,276

Patients Arrived within time

Higher is Better. Target differed in previous years



Variation
Expected
Assurance
Fail
Target
87%
Latest
83.6%

Understanding the Performance:

- Performance did decline slightly from the previous month, however, remains within control of the Upper and Lower limits and very close to the mean line.
- There has been a number of changes through October which were expected to have some short-term impact, this is namely changes to the eligibility criteria for 2 contracts, this was requested by the relevant ICBs.
- This change increased the call length due to a number of queries arising from callers especially when they were deemed ineligible when they had previously been eligible prior to the change.
- On going reviews and work with the ICBs is on going to understand if the change does reduce demand overall.

Actions (SMART):

- At the start of November, there is a switch in 2 contracts to Patient Led booking, this will prevent HCPs making bookings on the patient's behalf.
- Expected to see an increase in call volumes due to majority of HCPs booking online previously which will no longer be possible due to the patient demographic.
- At the request of the ICB, a cap will be implemented on eligibility attempts for several contracts to avoid multiple attempts, this will be a stepped implementation of a cap of 2 attempts likely to be implemented in December and then a cap of 1 attempt in January.
- Review of staffing vs budget to understand why call performance is not hitting the budgeted levels.

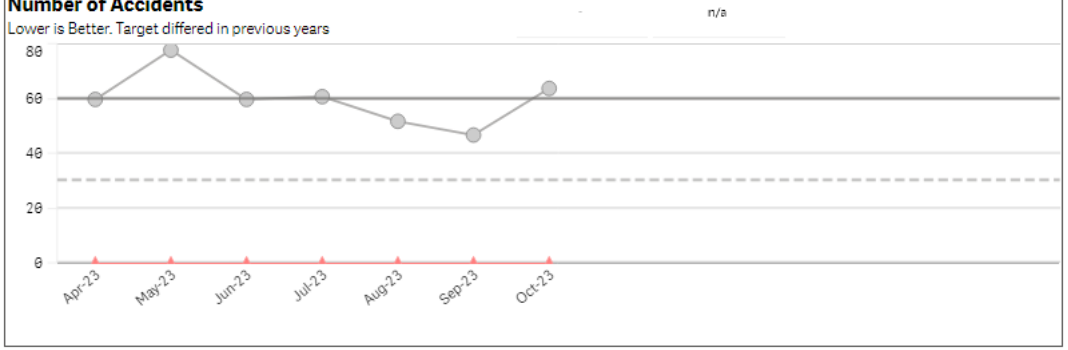
Risks:

- Continued increase in call length thus impacting performance associated with eligibility criteria change.
- Increased call volumes as Patient Led booking is introduced thus impacting performance.
- Impact on staff morale due to increased challenge to call handers on outcomes of calls, potentially increase sickness.
- Increased sickness as we approach the winter months.
- Increased attrition due to continued uncertainty on the majority of the PTS contracts.

Operations - Fleet

Number of Accidents

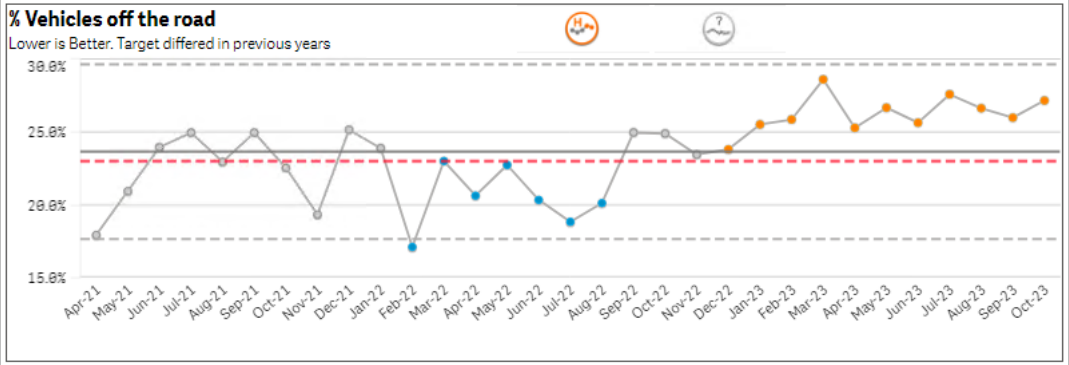
Lower is Better. Target differed in previous years



Variation	
Assurance	-
Target	0
Latest	64

% Vehicles off the road

Lower is Better. Target differed in previous years



Variation	Declined
Assurance	Random
Target	23%
Latest	27.2%

Understanding the Performance:

Increasing unplanned VOR rate. this is driven by increasing age profile of current fleet due to significant delays in new vehicles from convertors. 53 new vehicles were due to start arriving in October but this has been delayed further and will not start arriving until January 2024. 72 vehicles due to arrive in January now not expected until May 2024. Increasing VOR impacting vehicle availability has also reduced deep clean compliance.

Actions (SMART):

Additional recruitment in place in both workshops to reduce VOR time and increase availability. 3 staff recruited in Didcot and 4 in Nursling and all to be in post by end of year. Currently reviewing ability to hire frontline ambulances on short term basis to cover winter pressures.

Risks:

Delays in new vehicles are resulting in maintaining older vehicles and increasing ZOR rates has potential to impact vehicle availability during winter period. Delay in the 72 new vehicles to new financial year wil impact capital allocation for financial year

NHS

NHS
South Central
Ambulance Service
NHS Foundation Trust

Quality and Safety

Quality & Safety – Core Measures Matrix

October-23 Summary

Assurance →

Variance ↓

	Fail	Hit and Miss	Pass	No Target
H				
L		Hand Hygiene audit Number of cleanliness compliance audits Number of compliant Hand Hygiene audit Number of compliant cleanliness compliance audits		
		14		
L				
H				
↗				
↘		Number of Never Events (CQC/NRLS reportable)		1

Metrics:

Hit and Miss Common Cause Metrics:
Building cleanliness completed audits ; Cardiac Arrest Survival, Utstein ; Number of SI investigations outstanding after 60 days (excluding events that are officially suspended) ; Number of compliant Building cleanliness audits ; Number of compliant Vehicle cleanliness audits ; Percentage of compliant Building cleanliness audits ; Percentage of compliant Hand Hygiene audits ; Percentage of compliant Vehicle cleanliness audits ; Percentage of compliant cleanliness compliance audits ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Stroke - Call to Hospital arrival 90th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; Vehicle cleanliness completed audits

NHS Quality Safety– Core Measures Icon Summary

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Building cleanliness %	Oct-23	100.0%	95%			82.6%	53.2%	111.9%
Cleanliness%	Oct-23	96.9%	95%			95.7%	87.0%	104.4%
Hand Hygiene %	Oct-23	100.0%	95%			98.1%	88.9%	107.3%
Vehicle cleanliness %	Oct-23	89.9%	96%			95.0%	82.6%	107.5%
Complaints	Oct-23	16			n/a	27.5	3.52	51.6
Compliments	Oct-23	0.2%	26%			0.2%	0.2%	0.3%
Patient Safety Incidents	Oct-23	510		-	n/a	410	256	564
Moderate and above Incidents	Oct-23	27		-	n/a	16.9	4.89	28.8
Serious Incidents	Oct-23	14		-	n/a	5.57	-5.07	16.2
Duty of candour in time %	Oct-23							
CD unaccounted for losses	Oct-23	3			n/a	17	-15.4	49.4
STEMI Call to angio Mean	Oct-23	9.4%	2.04			9.2%	7.1%	11.3%
Stroke Call to hosp arr Mean	Oct-23	6.8%	1.17			6.4%	4.6%	8.2%
ROSC on hospital arrival (All) %	Oct-23			-	n/a	23.8%	21.6%	25.9%
CA survival at 30days (All) %	Oct-23			-	n/a	7.1%	3.9%	10.3%
Safeguarding Level 1 (Adult) %	Oct-23	85.5%	95%			93.1%	89.3%	96.9%
Safeguarding Level 1 (Child) %	Oct-23	85.2%	95%			92.8%	89.3%	96.4%

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of building cleanliness completed audits	Oct-23	35	21			29.9	1.5	58.2
Building cleanliness %	Oct-23	100.0%	95%			82.6%	53.2%	111.9%
Number of cleanliness compliance audits	Oct-23	256	449			349	106	593
Cleanliness%	Oct-23	96.9%	95%			95.7%	87.0%	104.4%
Number of hand hygiene audit	Oct-23	142	261			212	14.4	410
Hand Hygiene %	Oct-23	100.0%	95%			98.1%	88.9%	107.3%
Number of vehicle cleanliness completed audits	Oct-23	79	167			108	-10.5	226
Vehicle cleanliness %	Oct-23	89.9%	96%			95.0%	82.6%	107.5%

NHS Quality Safety– Incidents

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Patient Safety Incidents	Oct-23	510		-	n/a	410	256	564
Non-Patient Safety Incidents	Oct-23	380		-	n/a	384	339	430
Moderate and above Incidents	Oct-23	27		-	n/a	16.9	4.89	28.8
Number of no/low incidents	Oct-23	492		-	n/a	401	235	567
Serious Incidents	Oct-23	14		-	n/a	5.57	-5.07	16.2
% of SIs investigated in time	Oct-23							
RIDDOR reportable incidents	Oct-23	9		-	n/a	10.1	0.39	19.9
% Medicines modules produced without error	Oct-23			-	n/a	93.3%	80.0%	106.6%
CD unaccounted for losses	Oct-23	3		↘	n/a	17	-15.4	49.4
Number of days stock available	Oct-23			-	n/a	1.9	0.836	2.96

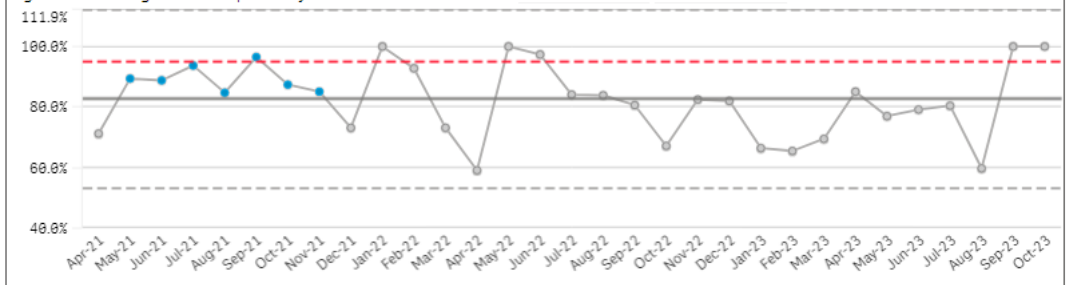
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Safeguarding Level 1 (Adult) %	Oct-23	85.5%	95.0%			93.1%	89.3%	96.9%
Safeguarding Level 1 (Child) %	Oct-23	85.2%	95.0%			92.8%	89.3%	96.4%
Safeguarding Level 2 (Adult) %	Oct-23							
Safeguarding Level 2 (Child) %	Oct-23							
Safeguarding Level 3 (Adult) %	Oct-23	63.2%	95.0%	-		44.5%	28.3%	60.7%
Safeguarding Level 3 (Child) %	Oct-23	0.0%	-			-	-	-

Quality & Safety - Audits

Building cleanliness %

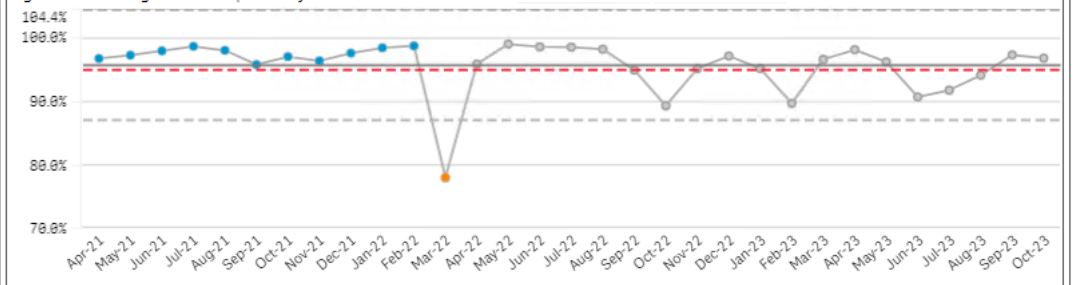
Higher is Better. Target differed in previous years



Variation	Expected
Assurance	Random
Target	95%
Latest	100.0%

Cleanliness%

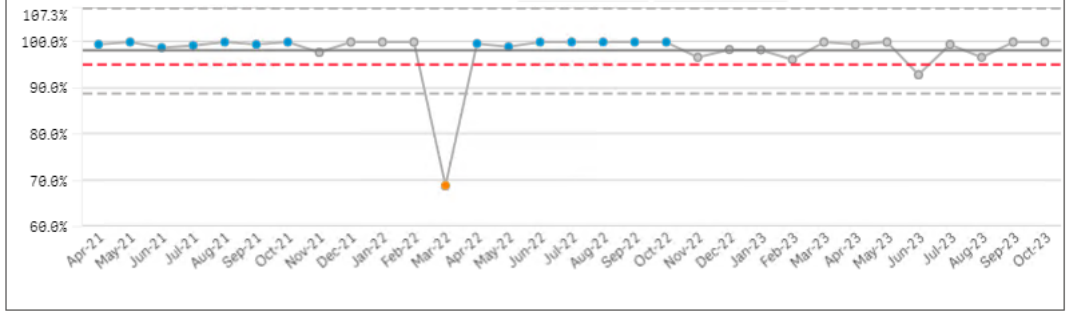
Higher is Better. Target differed in previous years



Variation	Expected
Assurance	Random
Target	95%
Latest	96.9%

Hand Hygiene %

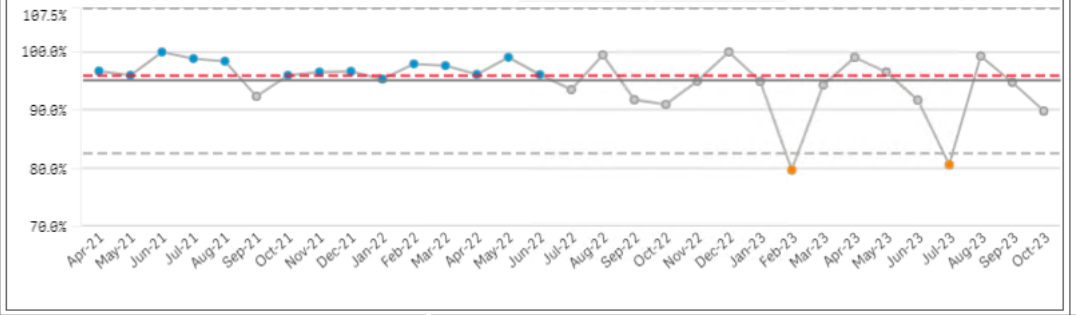
Higher is Better. Target differed in previous years



Variation	Expected
Assurance	Random
Target	95%
Latest	100.0%

Vehicle cleanliness %

Higher is Better. Target differed in previous years



Variation	Expected
Assurance	Random
Target	96%
Latest	89.9%

Understanding the Performance:

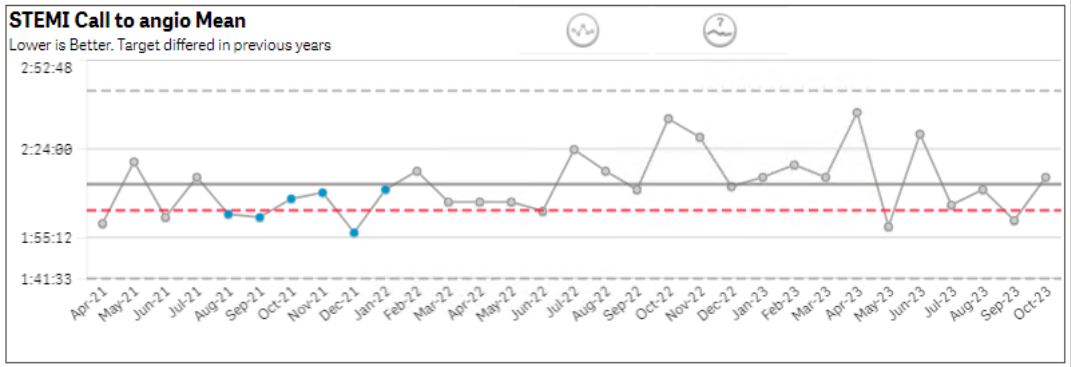
audit data this month within expected variation

Actions (SMART):

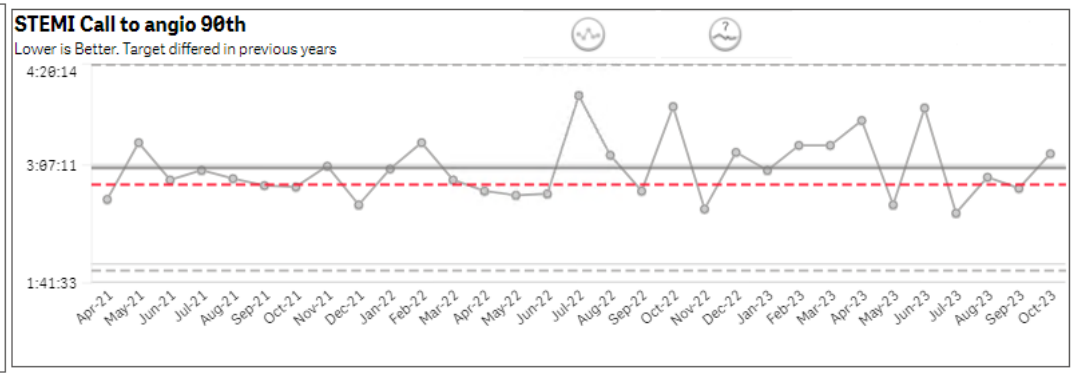
For assurance compliant audits being triangulated with compliance audits results

Risks:

Quality & Safety – AQIs – STEMI



Variation	Expected
Assurance	Random
Target	02:04
Latest	02:15



Variation	Expected
Assurance	Random
Target	01:17
Latest	01:37

Understanding the Performance:
Times are within expected variation

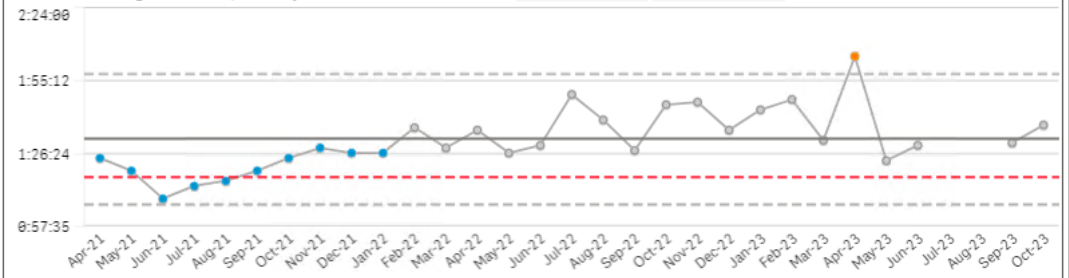
Actions (SMART):
England - mean for call to angiography 2:27 (SCAS 2:15)

Risks:

Quality & Safety – AQIs – Stroke

Stroke Call to hosp arr Mean

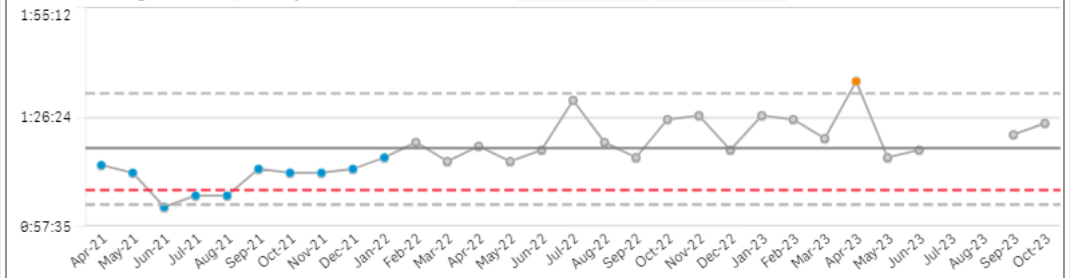
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	01:17	01:37

Stroke Call to hosp arr Median

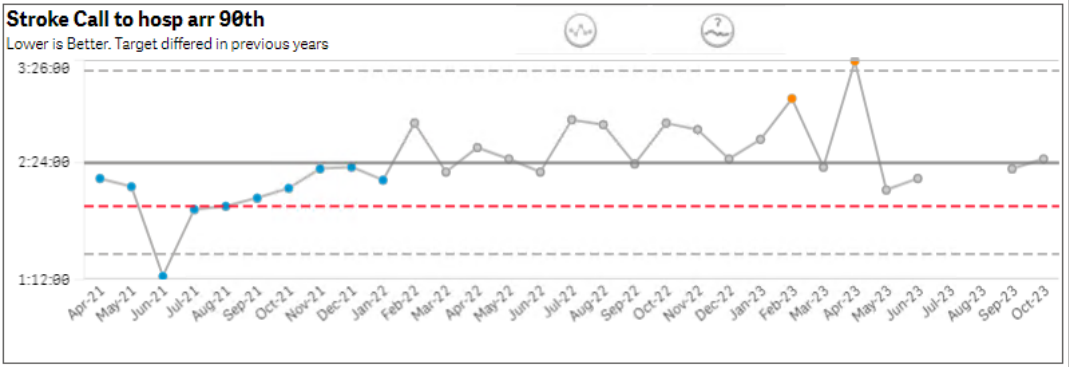
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	01:07	01:23

Stroke Call to hosp arr 90th

Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Random	01:57	02:30

Understanding the Performance:

times within expected variation

Actions (SMART):

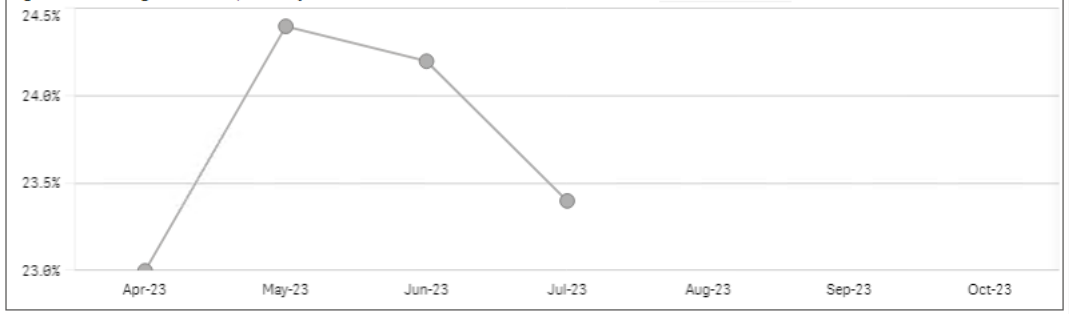
Performance improvement plans in place to improve Category 2 response times . Mean time within 2 minutes of England average (SCAS 1:38 England 1:36)

Risks:

Quality & Safety – AQIs – Cardiac

ROSC on hospital arrival (All) %

Higher is Better. Target differed in previous years



Variation

Assurance

-

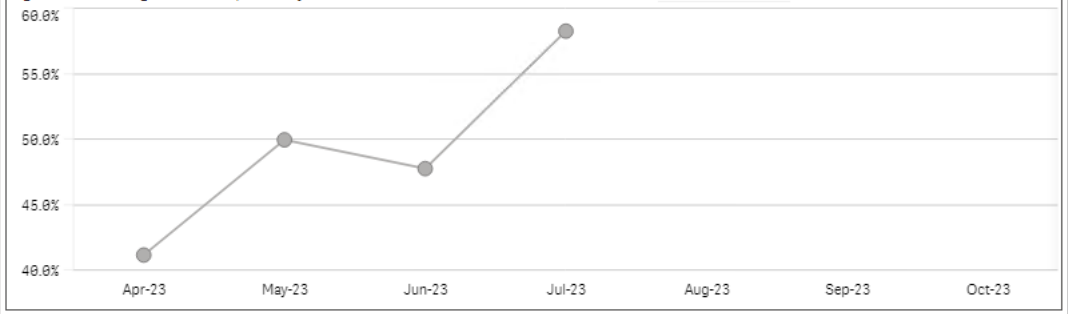
Target

-

Latest

ROSC on hospital arrival (Utstein cohort) %

Higher is Better. Target differed in previous years



Variation

Assurance

-

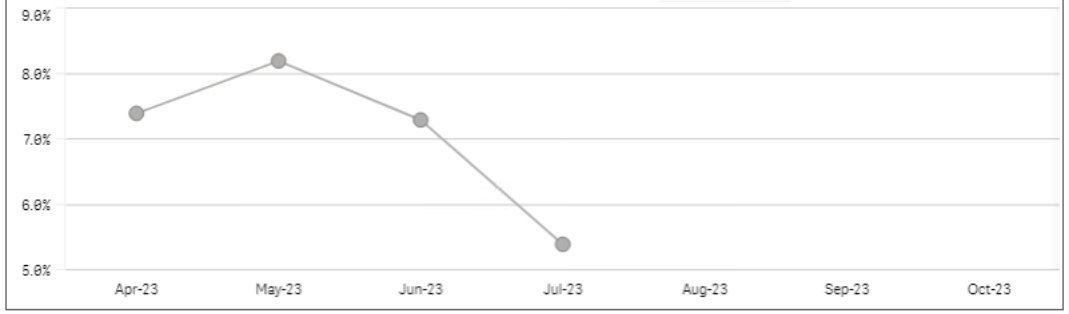
Target

-

Latest

CA survival at 30days (All) %

Higher is Better. Target differed in previous years



Variation

Assurance

-

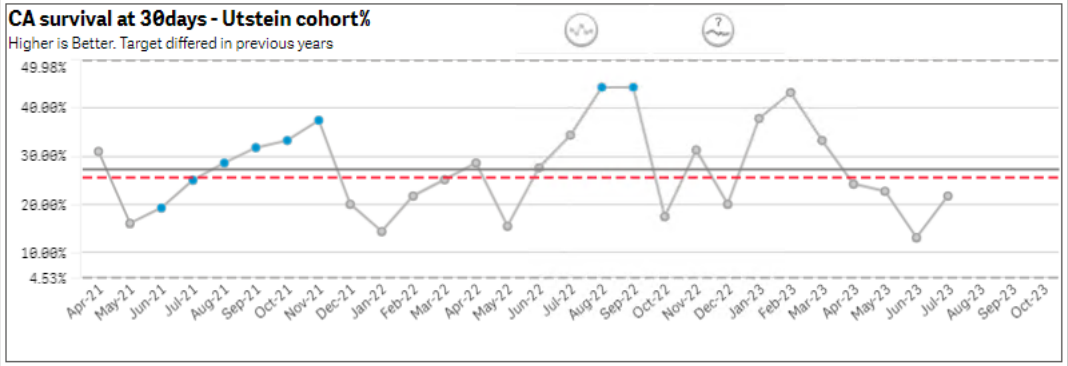
Target

-

Latest

CA survival at 30days - Utstein cohort%

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

26%

Latest

Understanding the Performance:

Due to the audit cycle and national submission window no data available due to the EPR outage

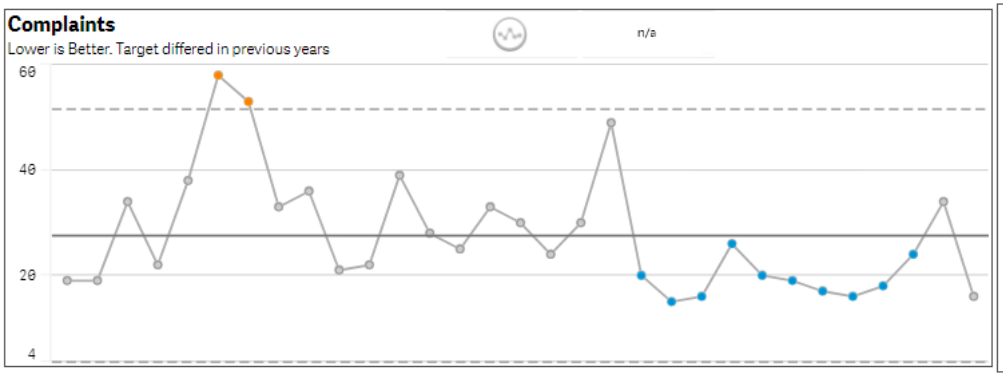
Actions (SMART):

Plan in place to ensure audits are undertaken and uploaded when the records are available

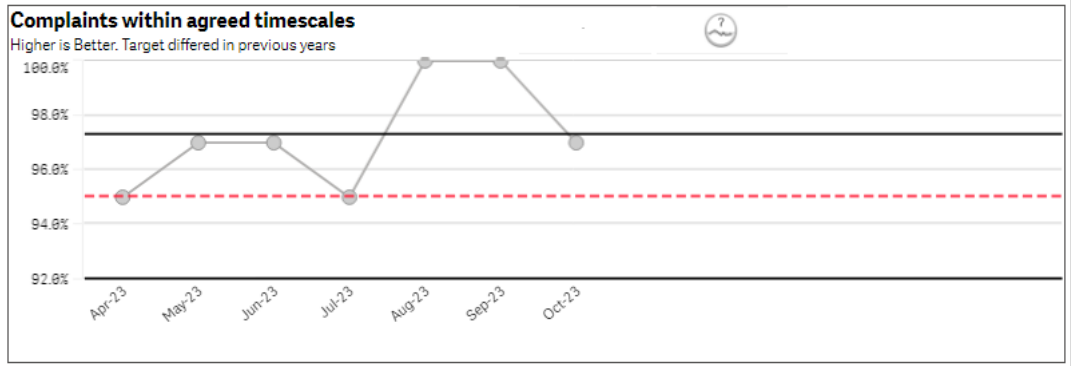
Risks:

Delay in national reporting - no benchmarked outcome data available

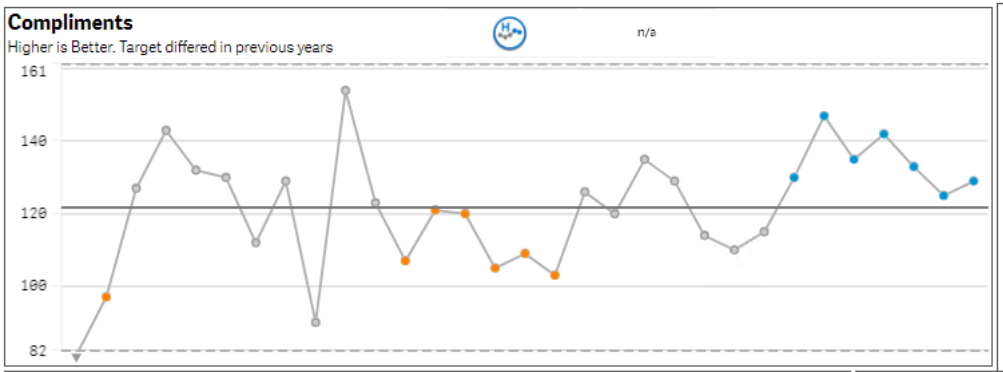
Quality & Safety – Complaints and Compliments



Variation
Expected
Assurance
-
Target
-
Latest
16



Variation
Assurance
Random
Target
95%
Latest
97.0%



Variation
Changing
Assurance
-
Target
-
Latest
16

Understanding the Performance:

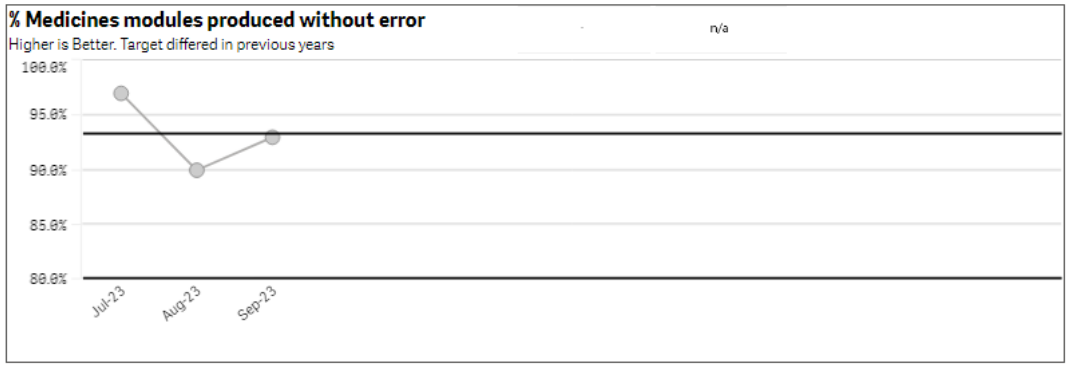
Compliments remain low by activity but consistent generally with a slight upward trend, this month there was a slight decrease. Complaints had reduced in Q1/2 demonstrating improvement, complaints are slightly increased in October -these are mainly feedback about delays, response times and communication.

Actions (SMART):

Themes for 999 complaints to be analysed further with refreshed letter examples for staff to use.

Risks:

Quality & Safety – Incidents



Variation

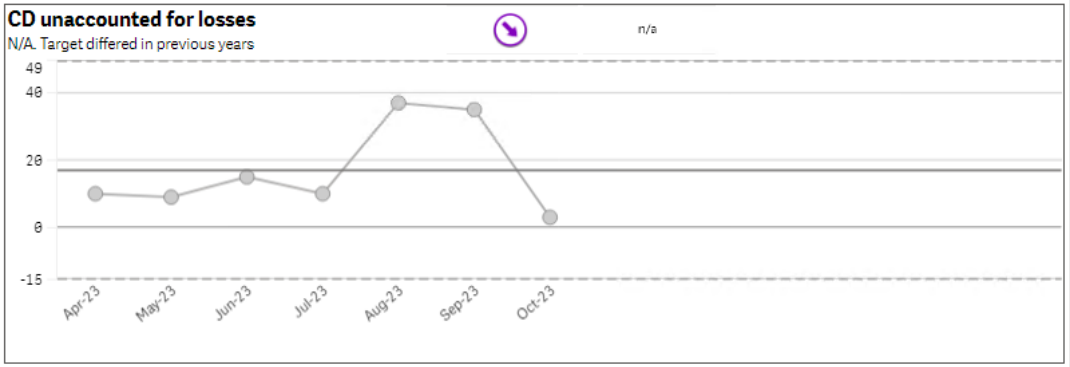
Assurance

-

Target

-

Latest



Variation

Improved

Assurance

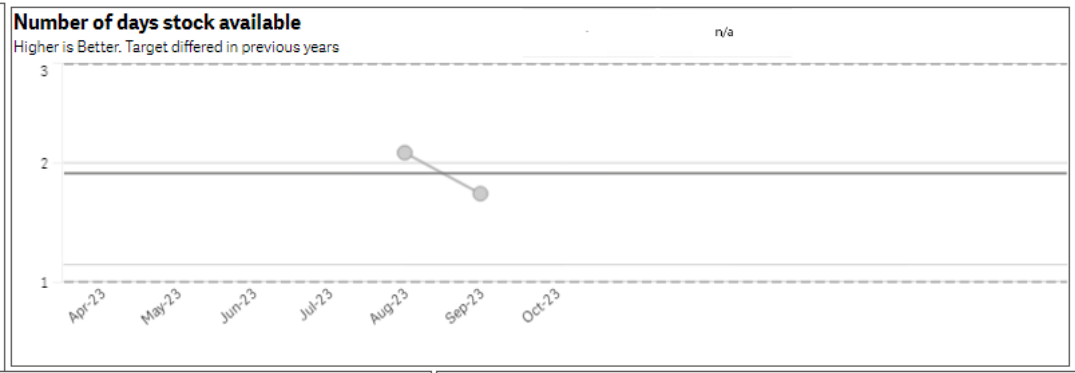
-

Target

-

Latest

3



Variation

Assurance

-

Target

-

Latest

Understanding the Performance:

14 SIs have been identified in October of which 7 are SCAS declared with the other 7 being system or cross-organisational SIs. the majority of the SIs identified are in relation to Delay. 2 SIs declared are in relation to Obstetric complications and incorrect category of ambulance sent. 2 SIs declared are in relation to PP crews attendances, one being a mental health incident the other a paramedic working outside of scope of practice.

Actions (SMART):

the Thematic analysis of Delay investigations is now awaiting sign off, with a plan for how we manage incidents of delay going forward. PSS is moving over to become the PSIRF implementor with backfill into the PSS position currently being recruited to internally. The patient Safety Risk register is now live on the sharepoint site.

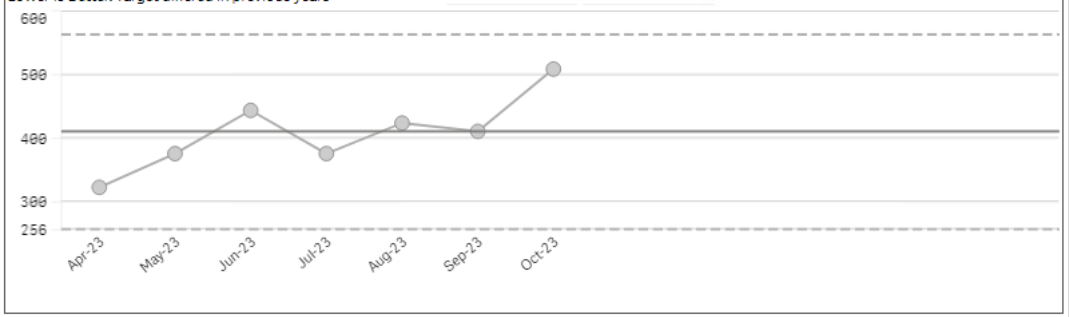
Risks:

there is a risk to the PSIRF implementation if we do not appoint into the PSS role as we will be unable to release the current PSS to take on the PSIRF role.

Quality & Safety – Incidents

Patient Safety Incidents

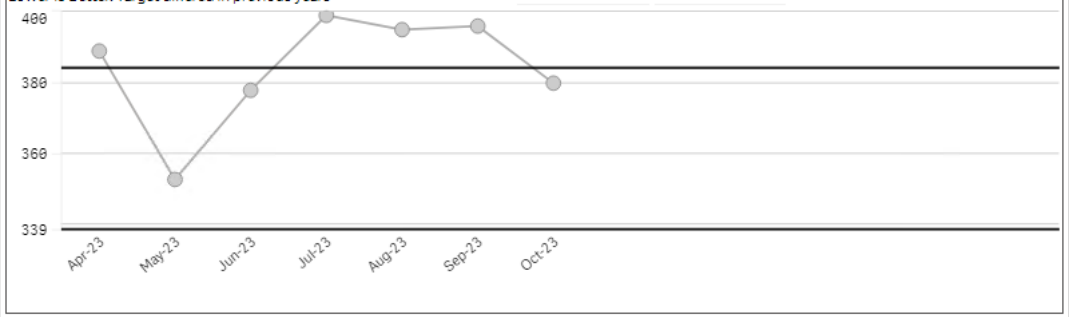
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	-	-	510

Non-Patient Safety Incidents

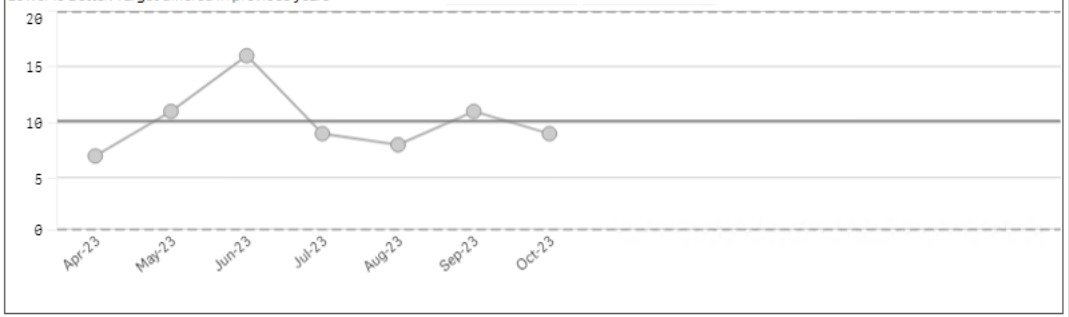
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	-	-	380

RIDDOR reportable incidents

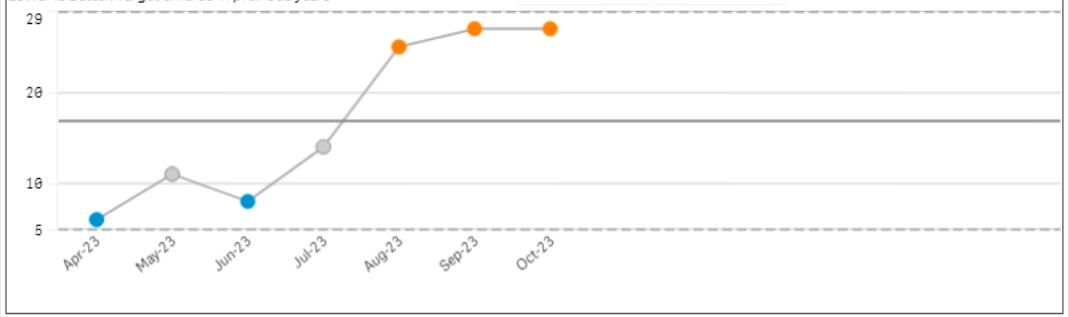
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	-	-	9

Moderate and above Incidents

Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	-	-	27

Understanding the Performance:

14 SIs have been identified in October of which 7 are SCAS declared with the other 7 being system or cross-organisational SIs. the majority of the SIs identified are in relation to Delay. 2 SIs declared are in relation to Obstetric complications and incorrect category of ambulance sent. 2 SIs declared are in relation to PP crews attendances, one being a mental health incident the other a paramedic working outside of scope of practice.

Actions (SMART):

the Thematic analysis of Delay investigations is now awaiting sign off, with a plan for how we manage incidents of delay going forward. PSS is moving over to become the PSIRF implementor with backfill into the PSS position currently being recruited to internally. The patient Safety Risk register is now live on the sharepoint site.

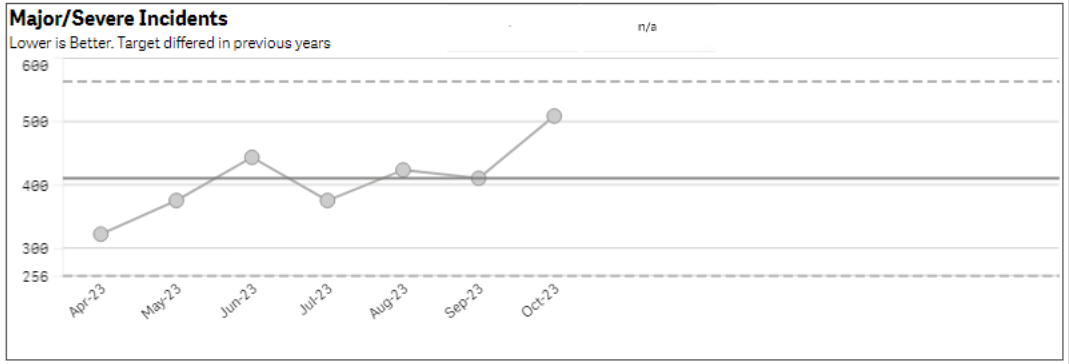
Risks:

there is a risk to the PSIRF implementation if we do not appoint into the PSS role as we will be unable to release the current PSS to take on the PSIRF role.

Quality & Safety – Incidents

Major/Severe Incidents

Lower is Better. Target differed in previous years



Variation

Assurance

-

Target

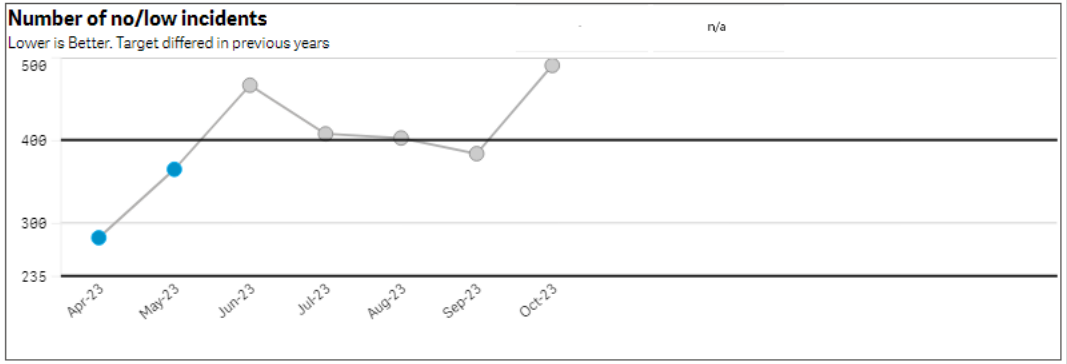
-

Latest

510

Number of no/low incidents

Lower is Better. Target differed in previous years



Variation

Assurance

-

Target

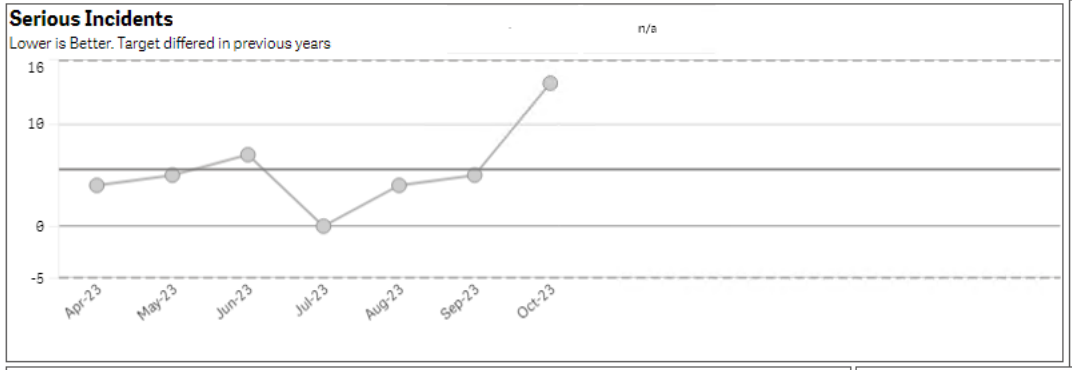
-

Latest

492

Serious Incidents

Lower is Better. Target differed in previous years



Variation

Assurance

-

Target

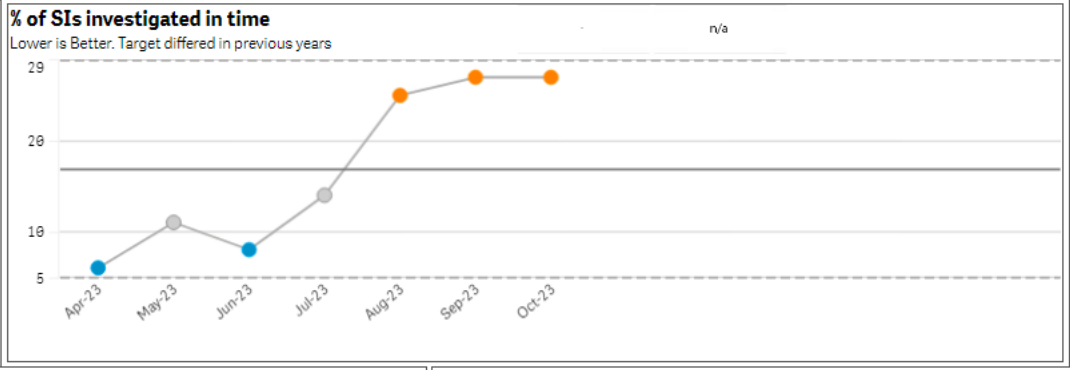
-

Latest

14

% of SIs investigated in time

Lower is Better. Target differed in previous years



Variation

Assurance

-

Target

-

Latest

27

Understanding the Performance:

14 SIs have been identified in October of which 7 are SCAS declared with the other 7 being system or cross-organisational SIs. the majority of the SIs identified are in relation to Delay. 2 SIs declared are in relation to Obstetric complications and incorrect category of ambulance sent. 2 SIs declared are in relation to PP crews attendances, one being a mental health incident the other a paramedic working outside of scope of practice.

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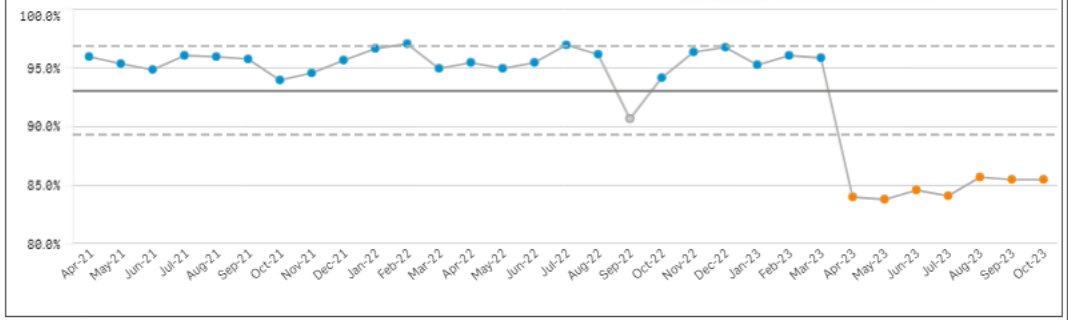
Risks:

there is a risk to the PSIRF implementation if we do not appoint into the PSS role as we will be unable to release the current PSS to take on the PSIRF role.

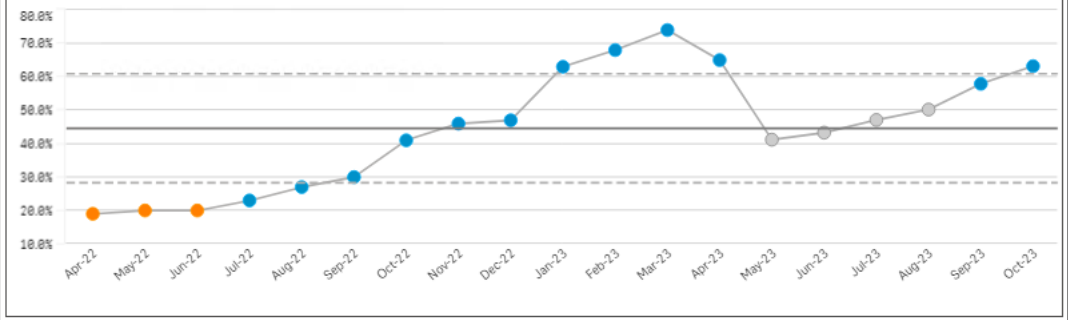
Quality & Safety – Safeguarding

Safeguarding Level 1 (Adult) %
Higher is Better. Target differed in previous years



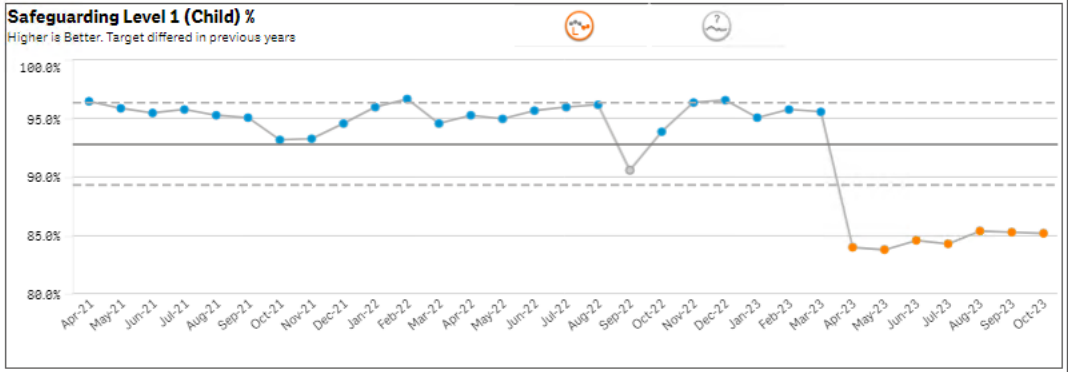
Variation	Assurance	Target	Latest
Declined	Random	95.0%	85.5%

Safeguarding Level 3 (Adult)%
Higher is Better. Target differed in previous years



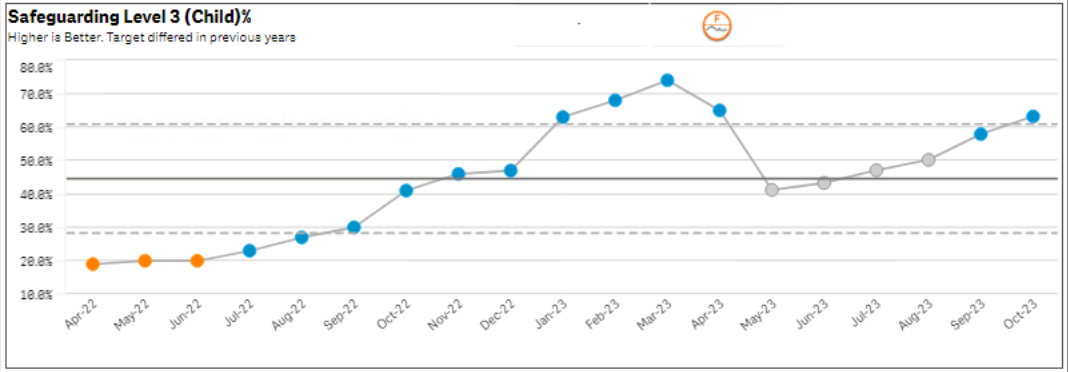
Variation	Assurance	Target	Latest
	Fail	95.0%	63.2%

Safeguarding Level 1 (Child) %
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Declined	Random	95.0%	85.5%

Safeguarding Level 3 (Child)%
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	Fail	95.0%	63.2%

Understanding the Performance:
There is a sudden dip in April 2023 for SGL1 and SGL2 which potentially coincided with agreement to include all cohorts of staff, thus demonstrating a lower compliance.
The Trust Training portal excludes honorary contract staff and UCS students demonstrating an increased training compliance at 95/96% in both levels.
The latter is used to provide assurance at Safeguarding Committee and other Oversight meetings.
SGL3 compliance appears to match the portal reporting

Actions (SMART):
A uniform method of data collection to be agreed for safeguarding and all mandatory training
Safeguarding training has an agreement target of 90% compliance. Agreement required if this applies to all mandatory training

Risks:
Reputation risk when reporting training compliance externally

NHS

NHS
South Central
Ambulance Service
NHS Foundation Trust

Workforce

October-23 Summary

Metrics:

Assurance →

Variance ↓

	Fail	Hit and Miss	Pass	No Target
H				
L	Fire Awareness Information Governance	Equality & Diversity Health & Safety Infection Control Manual Handling Safeguarding Adults Level 1 Safeguarding Children Level 1		2
	Appraisals - Trust	EOC External Attrition		27
L		EOC Internal Attrition		5
H	Conflict Management			1
↗		Number of Non-Physical Assaults		
↘		Number of Physical Assaults		2

NHS Workforce - Staff in Post

*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of WTE	Oct-23	-			n/a	4264.2	4215.1	4313.4
% Trust staff who are BAME	Oct-23	-			n/a	5.0%	4.7%	5.2%
% Trust staff who are declared disabled	Oct-23	-			n/a	6.0%	5.2%	6.7%
% Sickness in month	Oct-23				n/a	6.5%	5.6%	7.3%
% Long term sickness	Oct-23				n/a	4.2%	3.0%	5.5%
Mental Health	Oct-23				n/a	23.9%	20.5%	27.3%
Musculoskeletal	Oct-23				n/a	23.7%	17.4%	30.0%
Infectious diseases	Oct-23				n/a	12.2%	2.8%	21.6%
Gastrointestinal	Oct-23				n/a	9.6%	7.5%	11.7%
Other Reasons	Oct-23				n/a	30.7%	25.4%	35.9%
% Turnover	Oct-23				n/a	19.1%	17.1%	21.1%
Number of joiners in month	Oct-23				n/a	75.3	35.6	115.0
Number of leavers in month	Oct-23				n/a	63.8	47.1	80.5
% Vacancy	Oct-23				n/a	21.7%	18.6%	24.8%
Over-runs >30 mins - SCAS	Oct-23	19.7%	33%	-	P	24.0%	18.6%	29.4%
Meal Break Compliance - SCAS	Oct-23	44.6%	85%		F	56.0%	35.9%	76.0%

Workforce - Appraisal / Mandatory and Statutory Training (MAST)

*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

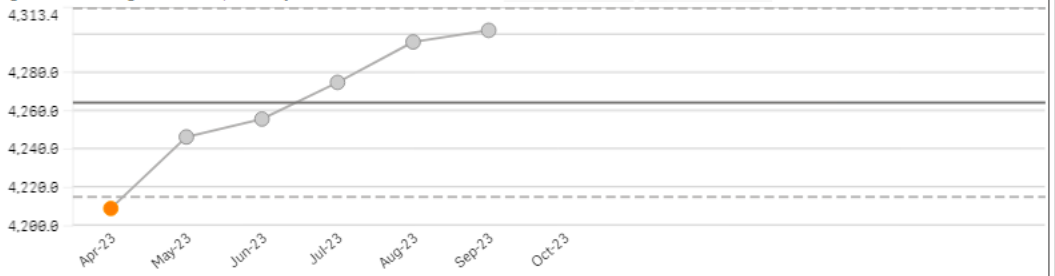
KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Appraisals - Trust	Oct-23	73.2%	95%		F	74.0%	64.0%	83.9%
Manual Handling	Oct-23	87.0%	95%	L	?	93.3%	89.8%	96.8%
Health & Safety	Oct-23	86.9%	95%	L	?	93.5%	90.5%	96.6%
Equality & Diversity	Oct-23	87.0%	95%	L	?	93.7%	90.4%	96.9%
Conflict Management	Oct-23	53.8%	95%	H	F	84.5%	75.9%	93.0%
Infection Control	Oct-23	87.1%	95%	L	?	94.4%	91.1%	97.8%
Fire Awareness	Oct-23	87.6%	95%	L	F	90.3%	85.9%	94.7%
Information Governance	Oct-23	85.4%	95%	L	F	90.1%	85.5%	94.7%

Workforce - Staff in Post

Number of WTE

Higher is Better. Target differed in previous years

n/a

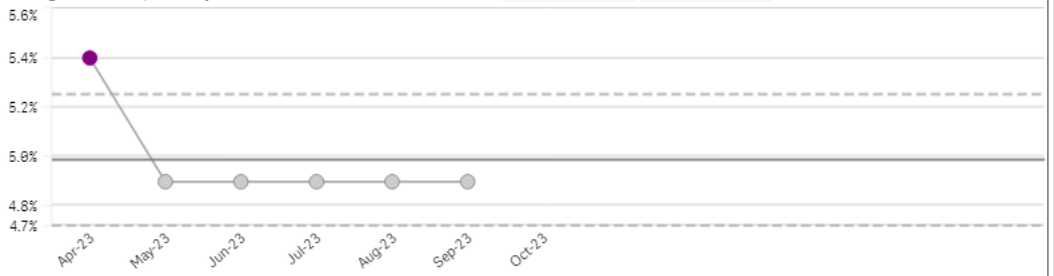


Variation	Assurance	Target	Latest
Declined	-	-	

% Trust staff who are BAME

N/A. Target differed in previous years

n/a

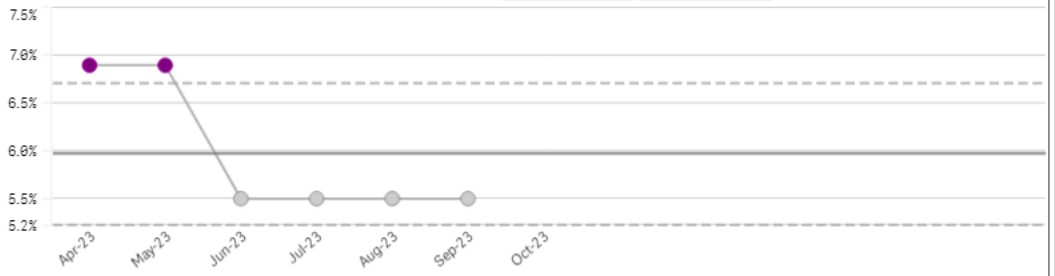


Variation	Assurance	Target	Latest
Expected	-	-	

% Trust staff who are declared disabled

N/A. Target differed in previous years

n/a



Variation	Assurance	Target	Latest
Expected	-	-	

Understanding the Performance:

Actions (SMART):

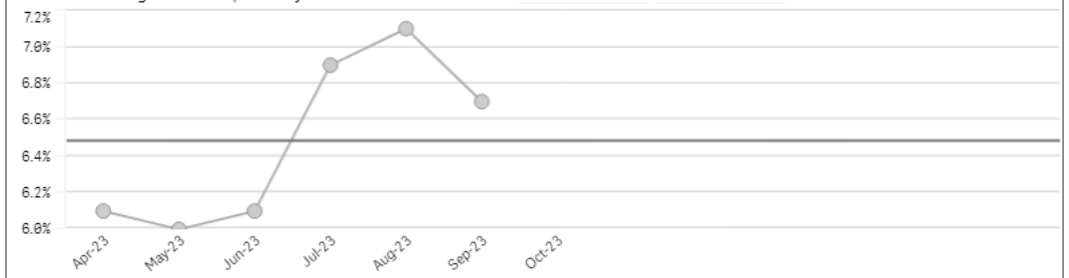
Risks:

Workforce – Sickness/Absence

% Sickness in month

Lower is Better. Target differed in previous years

n/a

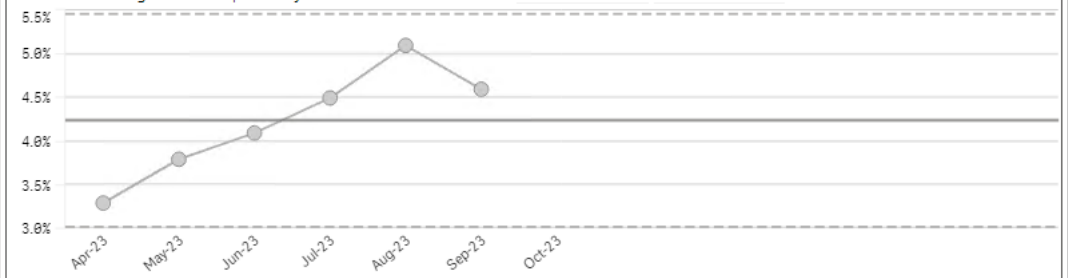


Variation	Assurance	Target	Latest
Expected	-	-	

% Long term sickness

Lower is Better. Target differed in previous years

n/a

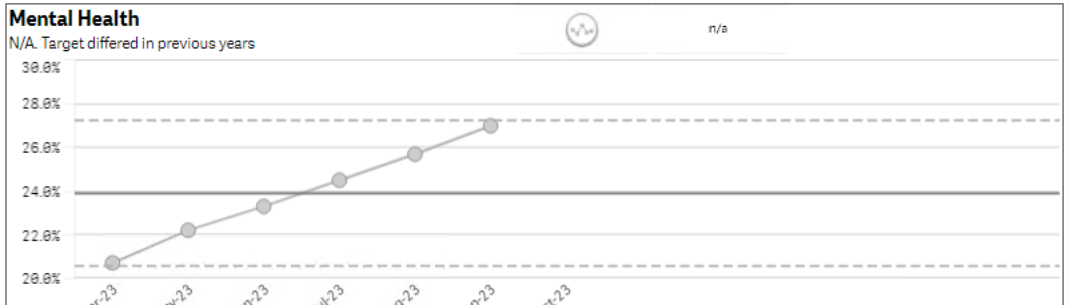


Variation	Assurance	Target	Latest
Expected	-	-	

Mental Health

N/A. Target differed in previous years

n/a

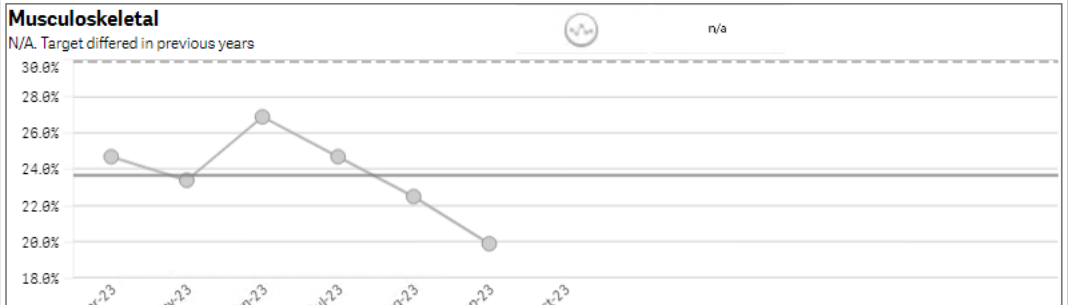


Variation	Assurance	Target	Latest
Expected	-	-	

Musculoskeletal

N/A. Target differed in previous years

n/a



Variation	Assurance	Target	Latest
Expected	-	-	

Understanding the Performance:

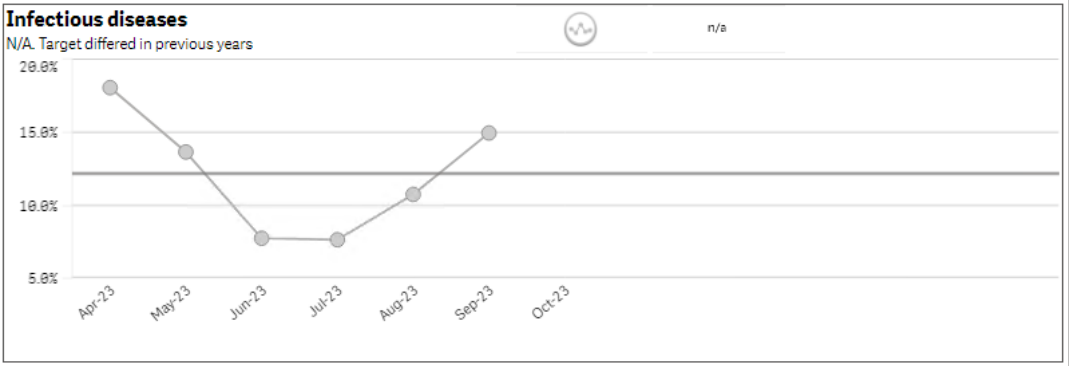
Actions (SMART):

Risks:

Workforce – Sickness/Absence

Infectious diseases

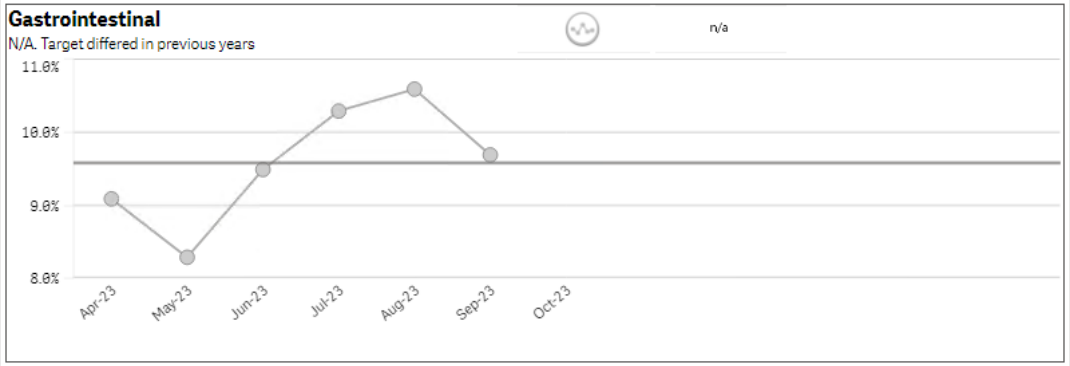
N/A. Target differed in previous years



Variation	Expected
Assurance	-
Target	-
Latest	

Gastrointestinal

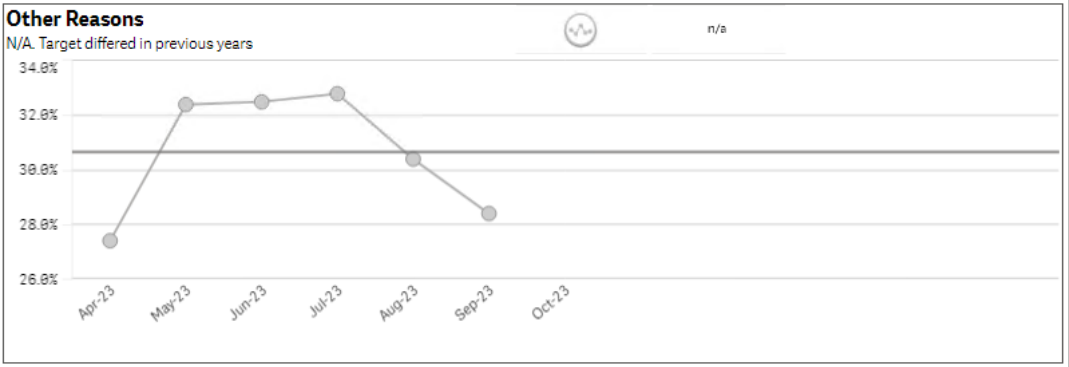
N/A. Target differed in previous years



Variation	Expected
Assurance	-
Target	-
Latest	

Other Reasons

N/A. Target differed in previous years



Variation	Expected
Assurance	-
Target	-
Latest	

Understanding the Performance:

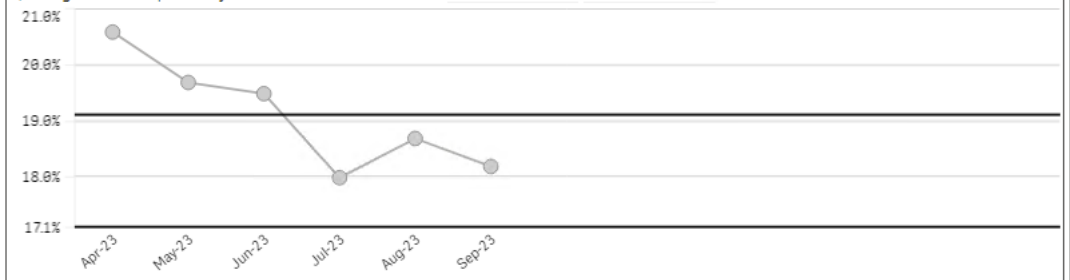
Actions (SMART):

Risks:

Workforce – Turnover/Vacancy

% Turnover

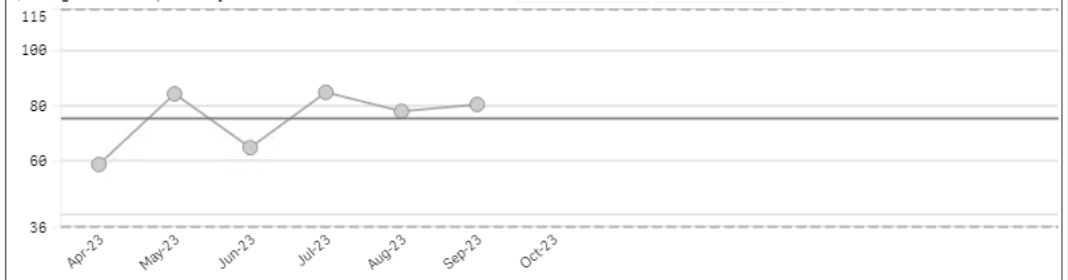
N/A. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	-	-	

Number of joiners in month

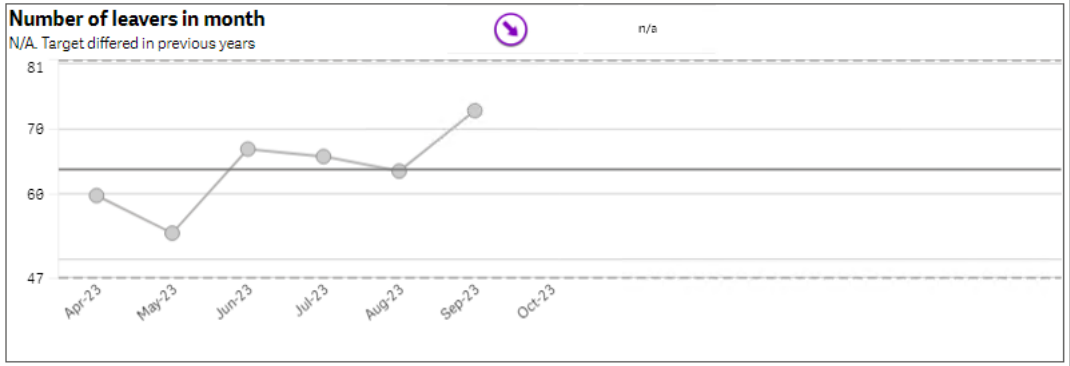
N/A. Target differed in previous years



Variation	Assurance	Target	Latest
Improved	-	-	

Number of leavers in month

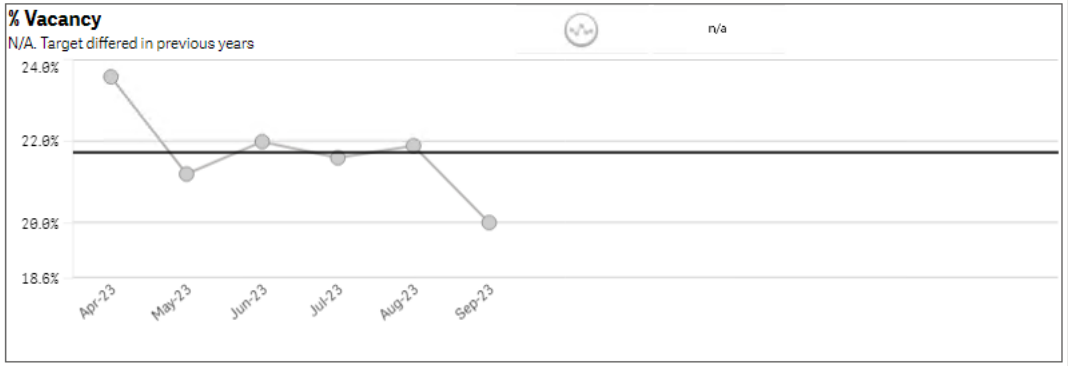
N/A. Target differed in previous years



Variation	Assurance	Target	Latest
Improved	-	-	

% Vacancy

N/A. Target differed in previous years



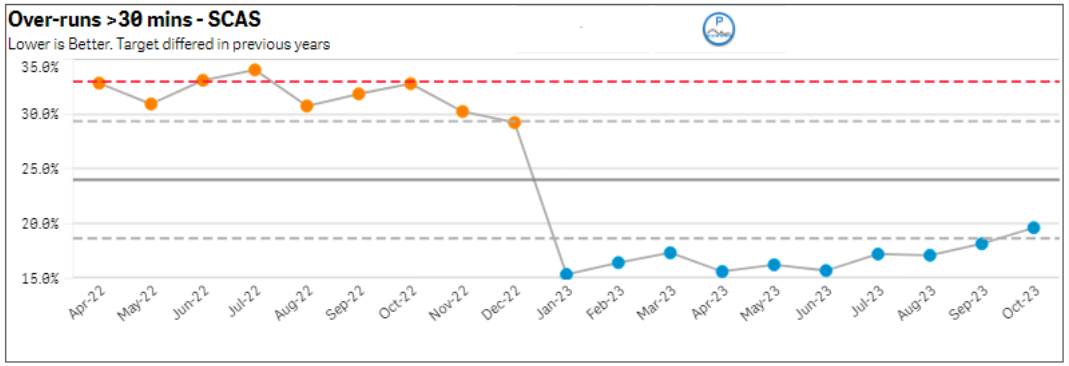
Variation	Assurance	Target	Latest
Expected	-	-	

Understanding the Performance:

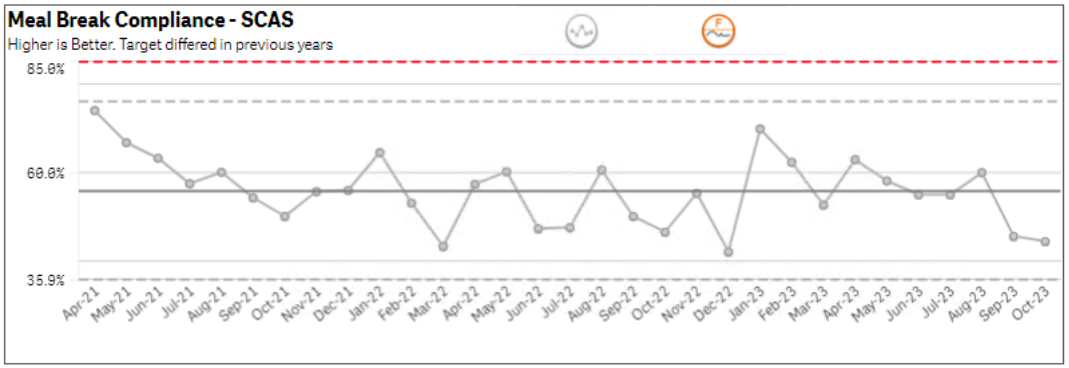
Actions (SMART):

Risks:

Workforce - Wellbeing



Variation
Assurance
Pass
Target
33%
Latest
19.7%



Variation
Expected
Assurance
Fail
Target
85%
Latest
44.6%

Understanding the Performance:

Meal break compliance is failing and has been for some time now, this is due to the demand and handover delays which impact on resource availability and as such cause we need to close our vacancy factor and change our rosters. Missed breaks have got worse in the past two months as we have seen demand and handover delays impact on this matrix, but prior to this we have been below the 5%. Over-runs continues to deliver since the EOS policy changes.

Actions (SMART):

Our PP hrs. continues to improve as does the cover in the South North which allows for grater resource sharing to also assist with Break compliance. We continue to increase cover and offer incentives to create resource to enable crews to finish on time. The work with finance and unions continues as we try to seek a workable financial solution, in the form of a payment for staff breaks enabling them to have a break at any location.

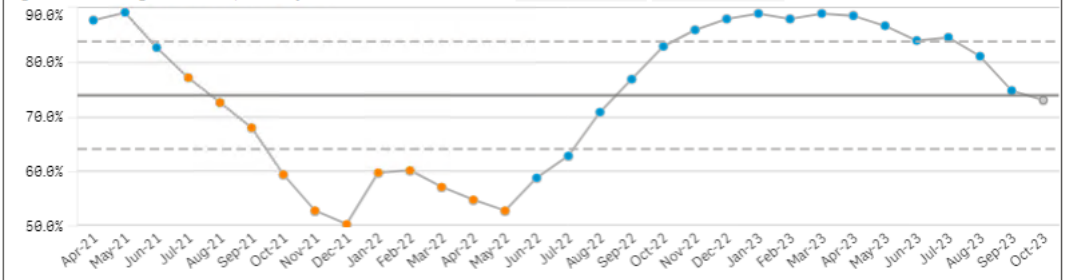
Risks:

Handover delays and demand linked to operational Hrs in terms of impact on resource availability will continue to impact on C2. Performance and Hrs, and handover delays are monitored through daily reporting and monitoring but remains a risk as winter progresses.

Workforce – Appraisal / Mandatory and Statutory Training (MAST)

Appraisals - Trust

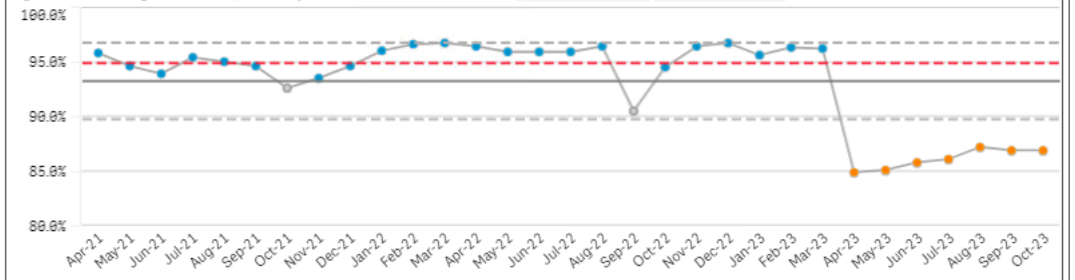
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Fail	95.0%	73.2%

Manual Handling

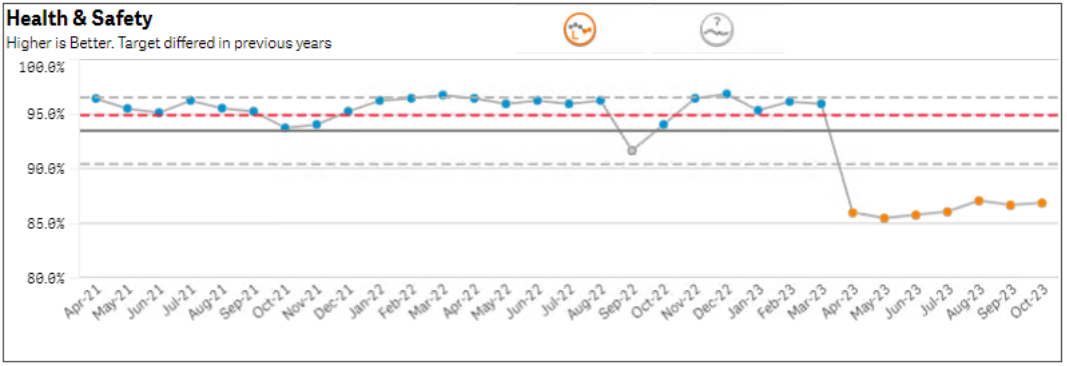
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Declined	Random	95.0%	87.0%

Health & Safety

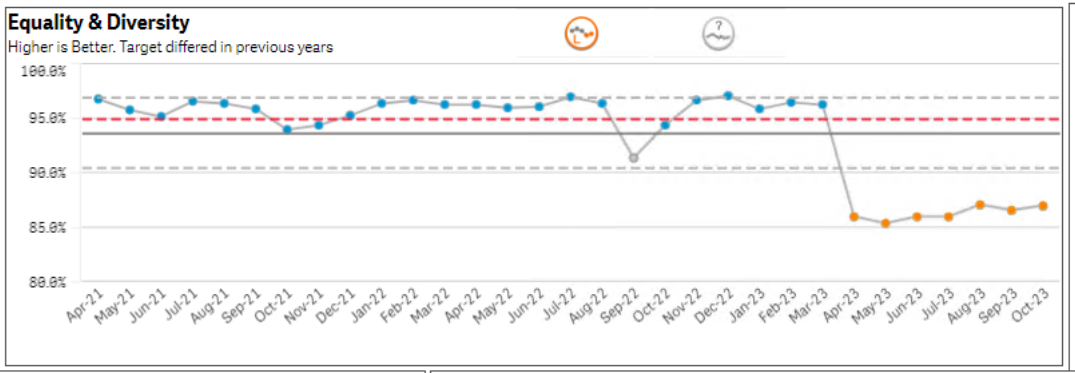
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Declined	Random	95.0%	86.9%

Equality & Diversity

Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Declined	Random	95.0%	87.0%

Understanding the Performance:

No improvement in PDR compliance figures and is in a declining state. Absence remains below projections but remains high in comparison with other health sectors, however, due to data issues there is a significant caveat regarding the statistics as the decision has been made to move to a 3 month moving average for sickness whilst the data concerns are resolved.

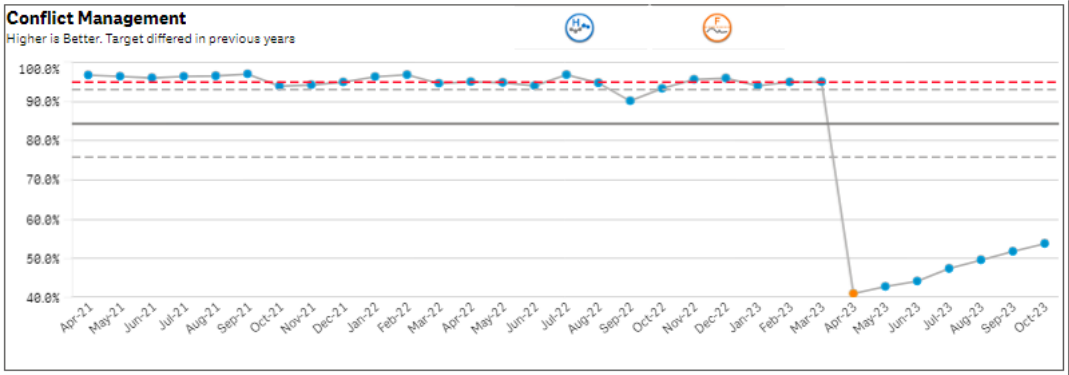
Actions (SMART):

The new Supporting Attendance policy is due for official ratification in December. Data issue to continue to be reviewed (interface between ESR and GRS). SCAS Leaders reminded about importance of PDRs. Discussions to be held about review of the PDR process given current operational pressures and inability to release staff to undertake them.

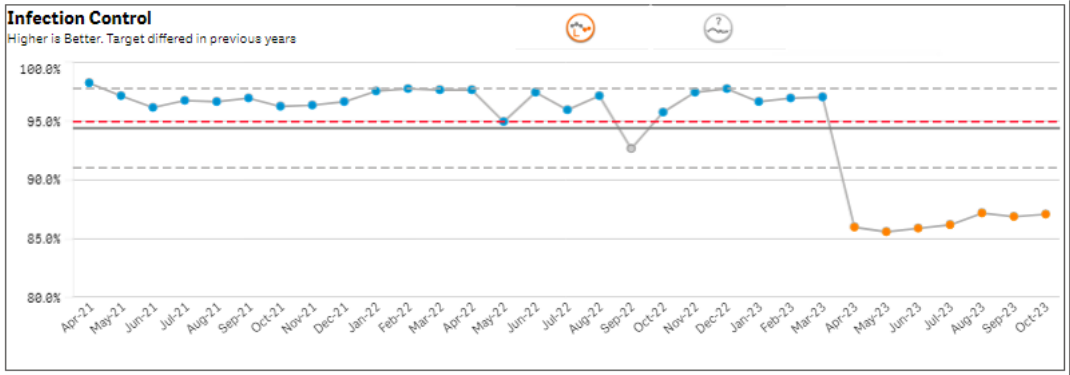
Risks:

Absence data concerns. Inability to increase PDR compliance over winter period.

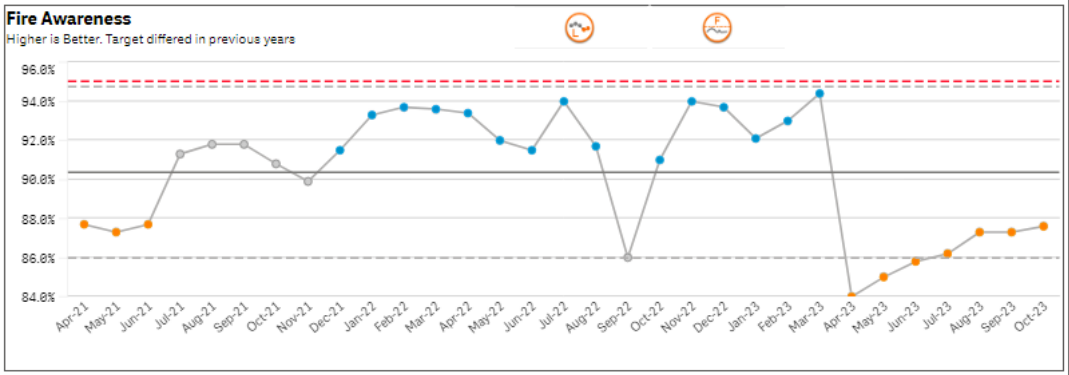
Workforce – Appraisal / Mandatory and Statutory Training (MAST)



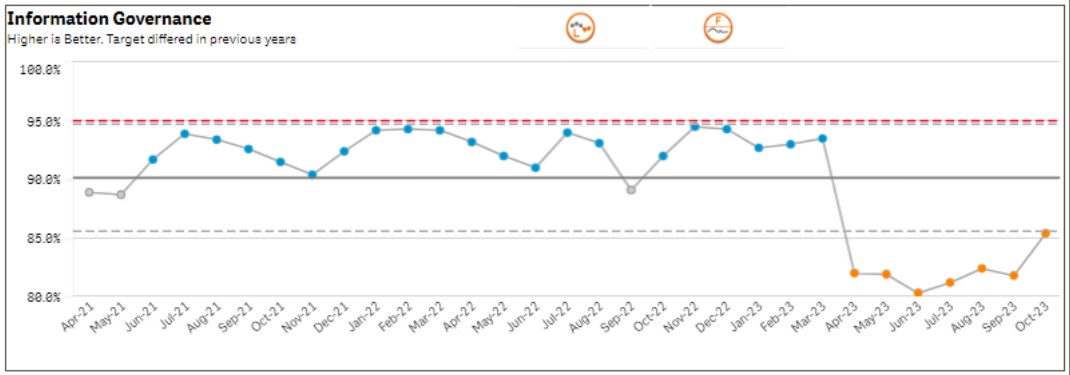
Variation	Changing
Assurance	Fail
Target	95.0%
Latest	53.8%



Variation	Declined
Assurance	Random
Target	95.0%
Latest	87.1%



Variation	Declined
Assurance	Fail
Target	95.0%
Latest	87.6%



Variation	Declined
Assurance	Fail
Target	95.0%
Latest	85.4%

Understanding the Performance:

There is a sudden dip in April 2023 for SGL1 and SGL2 which potentially coincided with agreement to include all cohorts of staff, thus demonstrating a lower compliance.

The Trust Training portal excludes honorary contract staff and UCS students demonstrating an increased training compliance at 95/96% in both levels.

The latter is used to provide assurance at Safeguarding Committee and other Oversight meetings.

SGL3 compliance appears to match the portal reporting

Actions (SMART):

A uniform method of data collection to be agreed for safeguarding and all mandatory training

Safeguarding training has an agreement target of 90% compliance. Agreement required if this applies to all mandatory training

Risks:

Reputation risk when reporting training compliance externally

NHS

NHS
South Central Ambulance Service
NHS Foundation Trust

Finance

October-23 Summary

Metrics:

Assurance →

Variance ↓

	Fail	Hit and Miss	Pass	No Target
H		Debtors > 90 days> 5% total balance		1
L				
L				1
H				
↗				
↘				

*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

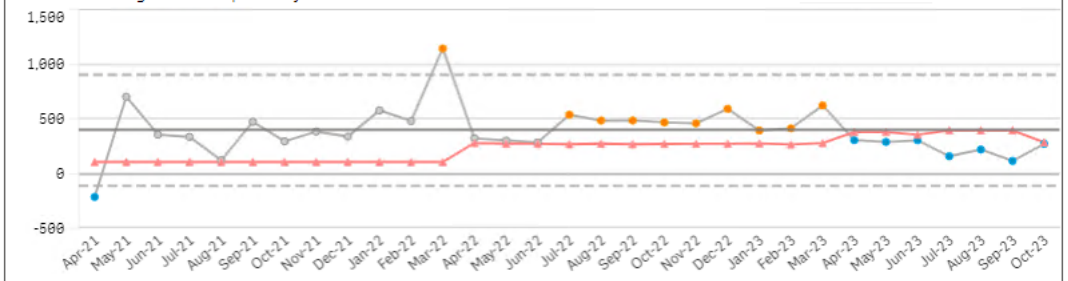
KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Debtors > 90 days> 5% total balance	Oct-23	41.8%	5%	H	?	9.8%	-3.0%	22.6%
Agency Spend	Oct-23	280	293	L	n/a	395.613	-112.181	903.407
Overall SOF Segment	Oct-23	4		H	n/a	2.64516	2.37916	2.91116
CIP's Total	Oct-23	916	3,173	-	-	1,410.14	519.93	2,300.36
Pay Spend	Oct-23	17,179	17,473	-	-	16,900.6	14,335	19,466.1

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Overall SOF Segment	Oct-23	4		H	n/a	2.645	2.379	2.911

Finance - Finance 1

Agency Spend

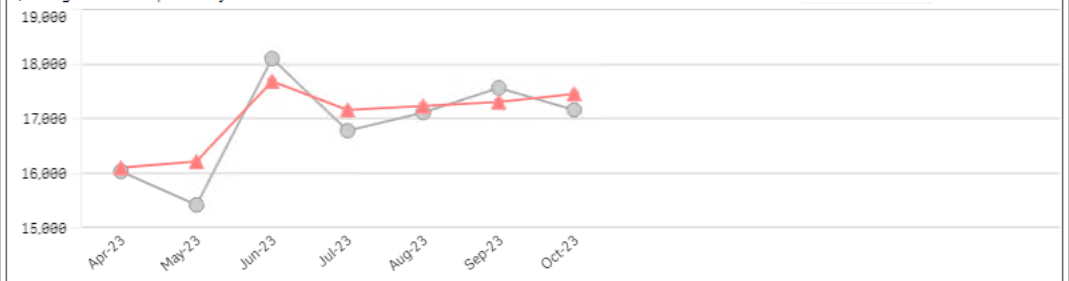
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Changing	-	293	280

Pay Spend

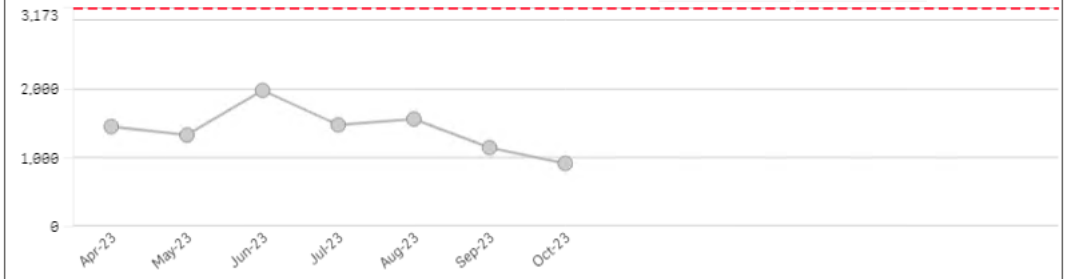
N/A. Target differed in previous years



Variation	Assurance	Target	Latest
	-	17,473	17,179

CIP's Total

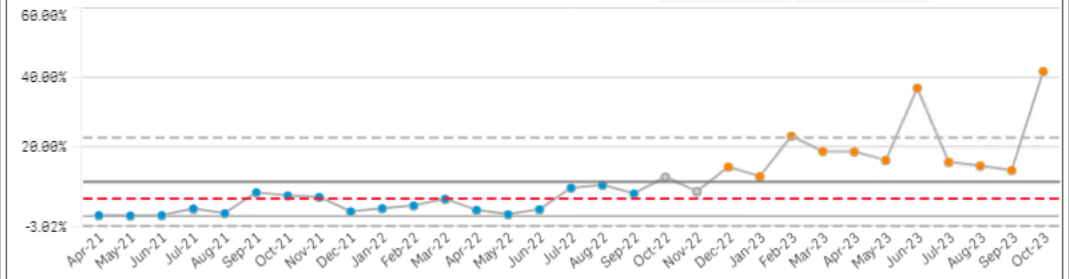
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	Fail	3,173	916

Debtors > 90 days> 5% total balance

Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Declined	Random	5%	41.8%

Understanding the Performance:

The Trusts financial position YTD at month 7 is £15.3m deficit with the in month position showing a £1.7m deficit. Aged debtors has increased significantly this month due to an NHS provider falling significantly behind on their payments for PTS services.

Actions (SMART):

The issue regarding the significant NHS contract debtor has been raised through formal contract meetings and escalated through the provider's host commissioner (Berks, Oxon and Bucks ICB).

Risks:

Data Quality Reference

Inaccuracies in Data Quality = Data is aggregated on a monthly average and therefore not accurate

	Accurate Data Quality	Inaccuracies in Data Quality
YTD	73	92
12 Months	73	92

NHS Quality Safety– Ambulance Quality Indicators (AQIs)

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
STEMI Call to angio Mean	Oct-23	02:15	02:04			02:12	01:41	02:43
STEMI Call to angio 90th	Oct-23	03:16	02:53			03:05	01:50	04:20
Stroke Call to hosp arr Mean	Oct-23	01:38	01:17			01:32	01:06	01:57
Stroke Call to hosp arr Median	Oct-23	01:25	01:07			01:18	01:03	01:32
Stroke Call to hosp arr 90th	Oct-23	02:26	01:57			02:23	01:27	03:20
ROSC on hospital arrival (All) %	Oct-23			-	n/a	23.8%	21.6%	25.9%
ROSC on hospital arrival (Utstein cohort) %	Oct-23			-	n/a	49.3%	30.3%	68.4%
CA survival at 30days (All) %	Oct-23			-	n/a	7.1%	3.9%	10.3%
CA survival at 30days - Utstein cohort%	Oct-23		26%			27.3%	4.5%	50.0%

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Quarter	Measure
STEMI Care bundle %	Q2-23-24	
Stroke Care bundle %	Q2-23-24	
ROSC Care bundle %	Q2-23-24	

Quality Safety– Complaints and Compliments

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Complaints	Oct-23	16			n/a	28	3.5	52
Complaints per 1000 completed patient contacts	Oct-23	18.0%		-	n/a	19.6%	16.9%	22.2%
Complaints within agreed timescales	Oct-23	97.0%	95%	-		97.3%	92.0%	102.6%
Compliments	Oct-23	0.2%	26%			0.2%	0.2%	0.3%

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of calls (111)	Oct-23	130,955	125,822		n/a	135,499	95,278.1	175,721
Call answer time mean(111)	Oct-23	00:01:48		L	n/a	00:04:46	-00:05:48	00:15:22
% Calls answered	Oct-23	70%	95%	H	F	46.0%	14.3%	77.7%
% Calls abandoned (111)	Oct-23	15%	3%	L	F	20.5%	4.5%	36.4%

Appendices

Appendix 1

Summary of SCAS recruitment into principle research trials

Study title/acronym/IRAS number	Current recruitment/ Participants type (data cut of 14 Nov 2023)	NIHR endorsement
Randomised controlled trial of the clinical and cost-effectiveness of cervical spine immobilisation following blunt trauma (SIS trial); IRAS 316755	19/patients	Non-commercial NIHR portfolio study
Early surveillance for autoimmune diabetes (ELSA); IRAS 309252	332/patients	Non-commercial NIHR portfolio study
Intramuscular tranexamic acid for the treatment of symptomatic mild traumatic brain injury in older adults: a randomised, double-blind, placebo-controlled trial (CRASH4); IRAS 283157	261/patients	Non-commercial NIHR portfolio study
Pre-hospital randomised trial of medication route in out-of-hospital cardiac arrest (PARAMEDIC3); IRAS 298182	557/patients	Non-commercial NIHR portfolio study
Paramedic delivery of end-of-life care: a mixed methods evaluation of service provision and professional practice (PARAID) IRAS:327727	47/ staff respondents	Non-commercial NIHR portfolio study

August/September 2023

CRASH-4 TRIAL RECRUITMENT UPDATE

CRASH 4
Clinical Randomisation of an Anti-Fibrinolytic in Significant Head Injury in Older Adults

Congratulation on recr iting 1206 patients to the trial!

as o 30th Sept mber 2 23

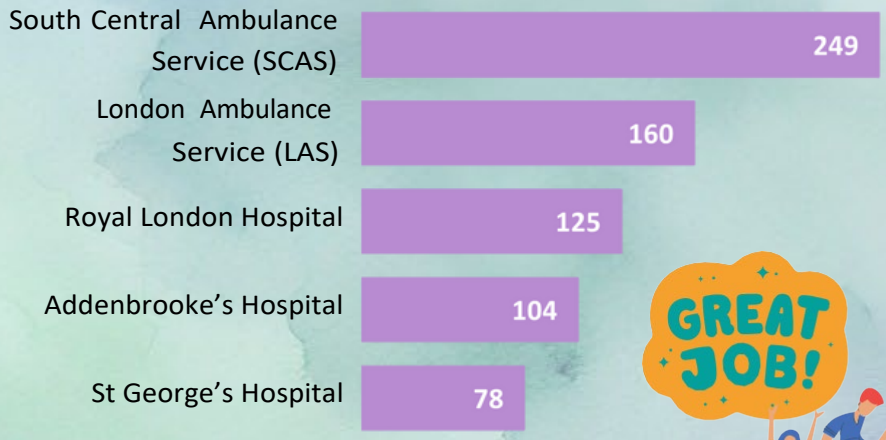
RECRUITMENT PROGRESS

well done!

1206

5000!

TOP RECRUITING SITES (TOTAL)



PLEASE SEND US YOUR LOGS!

DELEGATION LOG

If your paper delegation log has been updated recently for team members who have started or left the trial, please send us your latest copy by email so that we have our records up to date.

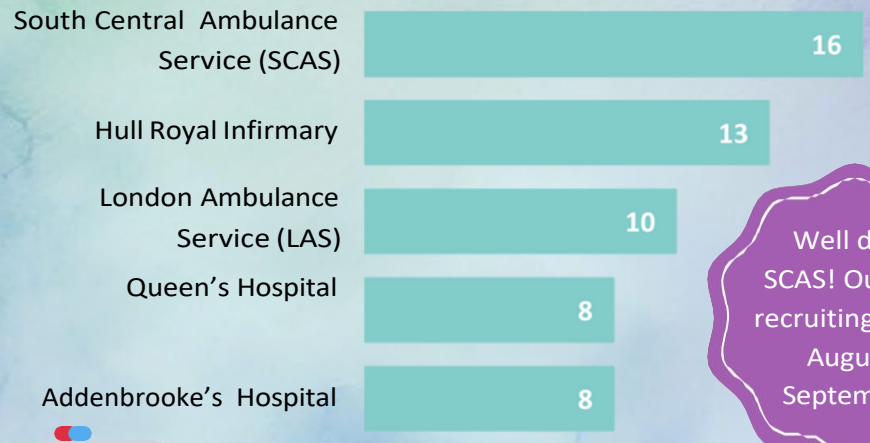
SCREENING LOG

Please also send us the latest copy of your screening log.

THANK YOU!

GREAT JOB!

TOP RECRUITING SITES (AUGUST/SEPTEMBER)



Well done SCAS! Our top recruiting site in August/ September!

Thank you

A huge thank you to all of our recruiting and follow-up sites - keep up the amazing work!

CLINICAL TRIALS UNIT, LSHTM, KEPPEL STREET, LONDON WC1E 7HT, UK
TEL: +44(0)20 7299 4684 | EMAIL: CRASH4@LSHTM.AC.UK
WWW.CRASH4.LSHTM.AC.UK

South Central Ambulance Service
NHS Foundation Trust

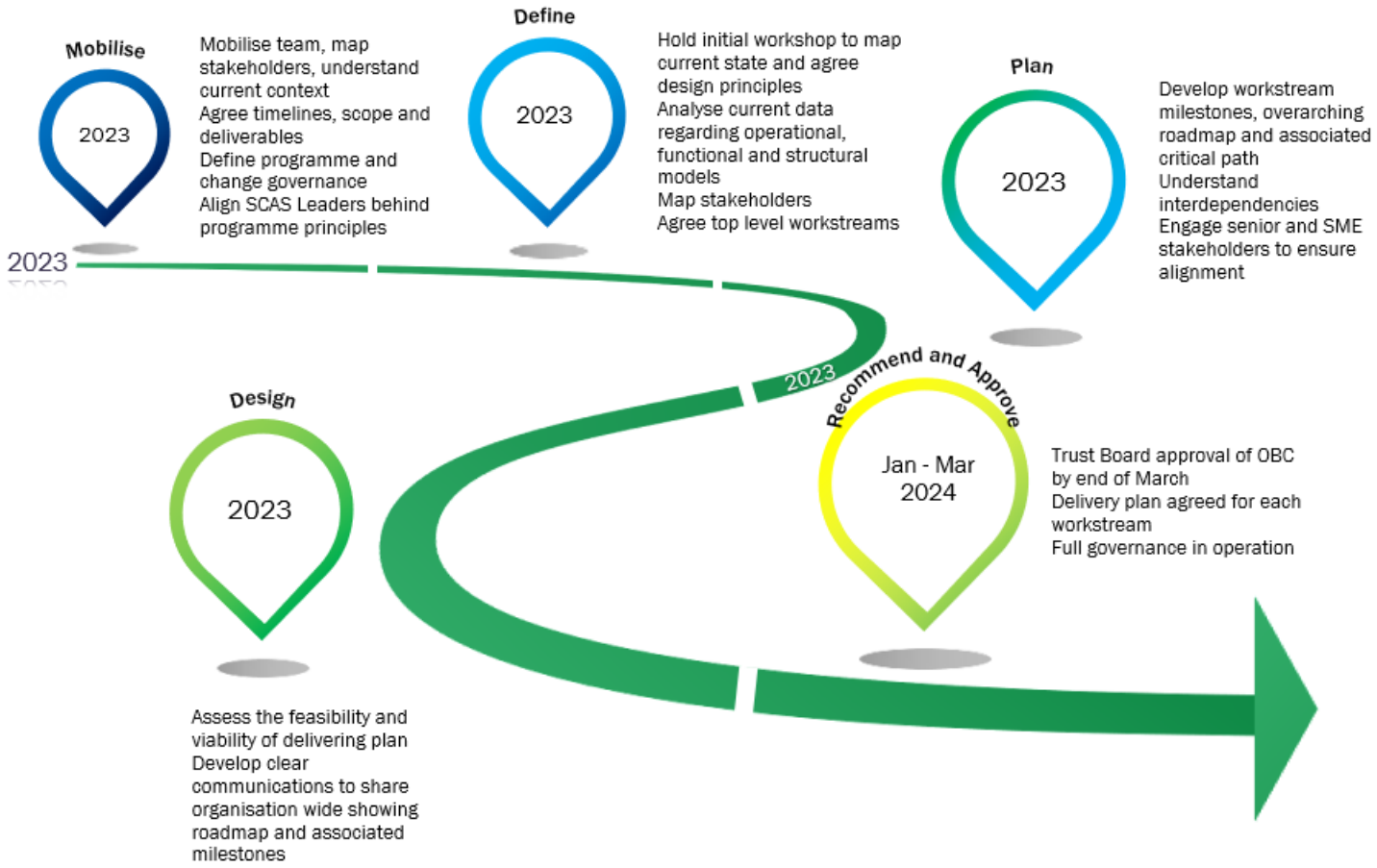
Operational Modernisation Programme

November 2023

Paul Kempster

Refresh

In October we summarised the short-term timeline and the scope of the programme to date.



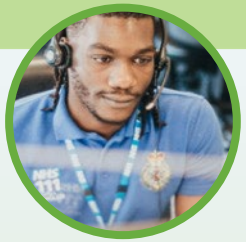
The seven pillars for making SCAS fit for the future

U&E Operations Service Model

- Delivery of the new U&E Operations Model
- Redesign leadership model to reduce layers of hierarchy between CEO and patient
- Increase clinicians to **60-65%** of patient facing teams
- Reduce single clinician dispatches

Contact Centres Service Model

- Design and delivery of the new Contact Centres Operations Model
- Alignment of Contact Centre operating models
- Review of Contact Centres locations
- Redesign of workforce model



Estates/Fleet Redesign

- Design and delivery of the new Estates masterplan focussing on county led hub model
- Operate a **'One SCAS'** model of fleet services delivery based around county led hub model

People and Culture

- Ensure delivery of the Workforce Model through well planned recruitment and retention approach
- Provide support to the programme for all structural design, consultation and delivery of restructures
- Develop the organisational culture to be **'customer and future focussed'**

Digital

- Design and delivery of systems and data that support the organisation to deliver a modernised service
- Redesign Organisational Data and Intelligence to support measurement for improvement
- Consider alignment of systems with other providers to support operational resilience

Support Services

- Align and redesign support services to patient facing operations model
- Develop a partnership approach aligned to county and ICB models
- Operate a **'One SCAS'** model of support services delivery

Comms

- Proactively plan and deliver all internal and external stakeholder engagement for the modernisation programme
- Deliver a robust engagement programme ensuring that stakeholders are aware of improvements and how they can engage in improvement

Progress Update

- **Mobilisation** stage largely complete, with highlights being:
  - Mobilisation team recruited, with Programme Director and Estates roles to fill
  - Programme and change governance drafted supporting design phase
  - Engagement of SCAS Leaders & staff via multiple media (next slide)
  - Key Stakeholders identified
  - Workshop held to identify scope and vision

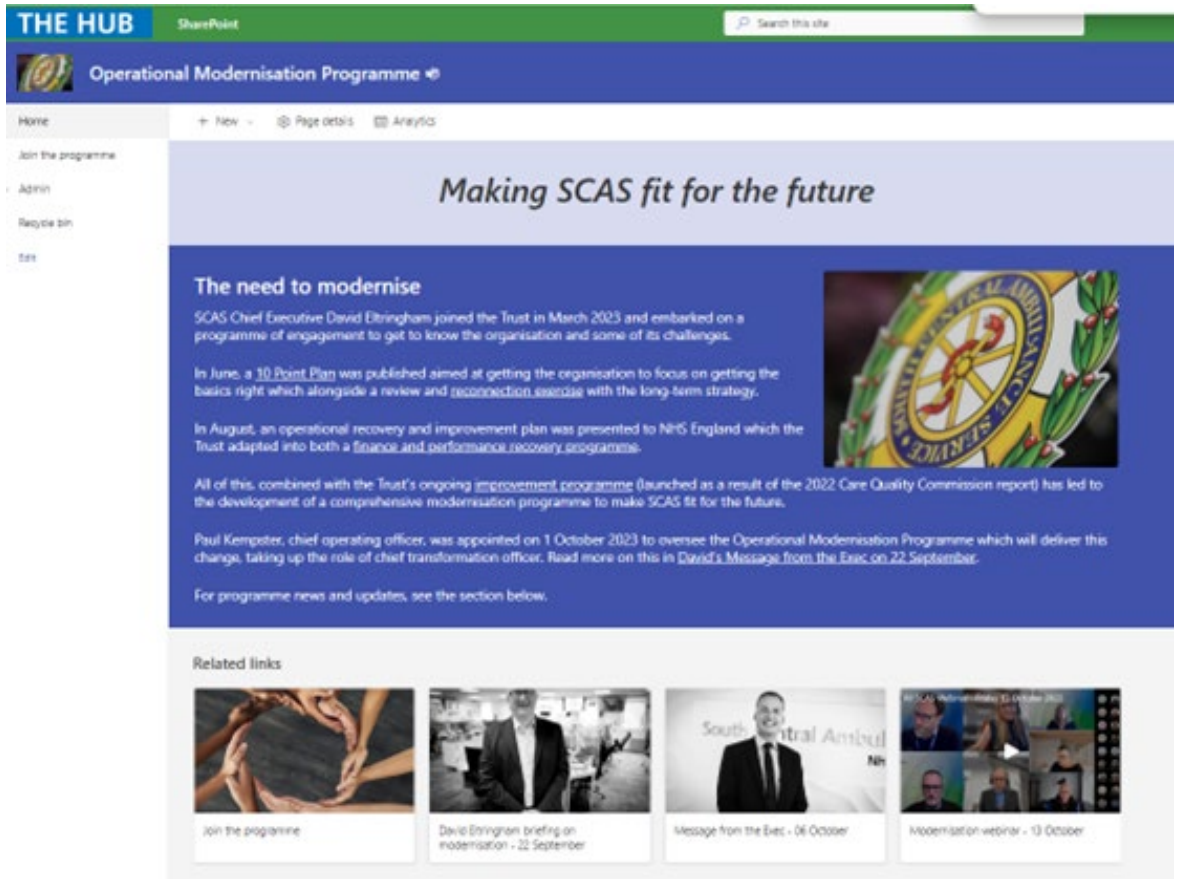
- **Define & Plan** stages started:
  - Initial set of risks, issues & assumptions for define, plan and design phase identified
  - Top level workstreams agreed
  - Progress on associated milestones to support the development of roadmap
  - Initial modelling of an 8-hub county model commenced
  - Current estates status understood
  - Benchmarking visit to Coventry

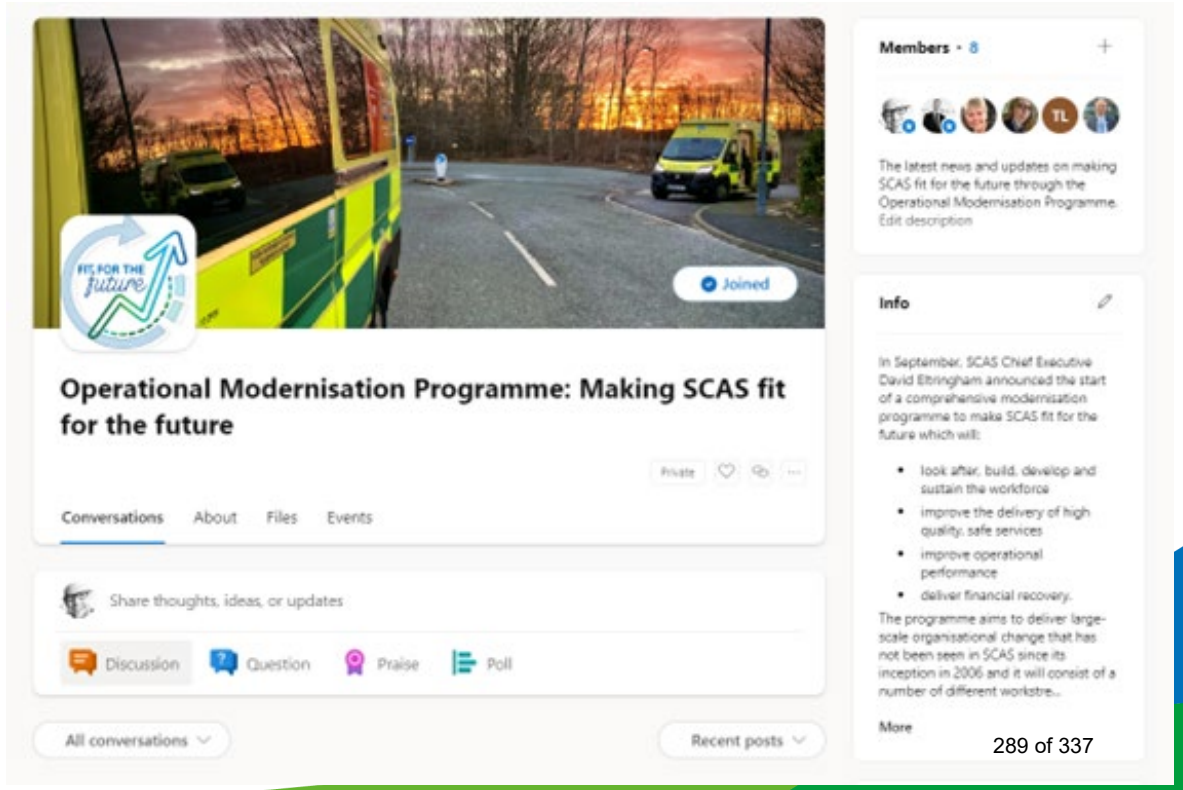
Focus on Engagement

Introduction & Launch (October)

- Introductory text outlining modernisation programme developed
- Initial session for SCAS Leaders with Paul Kempster
- Team Brief headline article for dissemination through managers
- Message from the Exec summarising SCAS Leaders presentation
- All SCAS webinar to set out background trust-wide
- Creation of dedicated Hub site and launch article

- **Strapline, logo and progress update (1 to 10 November)**
- Addition of strapline: Making SCAS fit for the future
- Logo designed
- Further update issued
- First staff engagement session booked Level 1 NS node Theale Fire Station 28 November
- Community group established on Viva Engage for sharing all updates and engaging
- Bi-monthly webinar update plan to be implemented starting end of November (provisional)
- Key stakeholder groups and initial comms methods identified

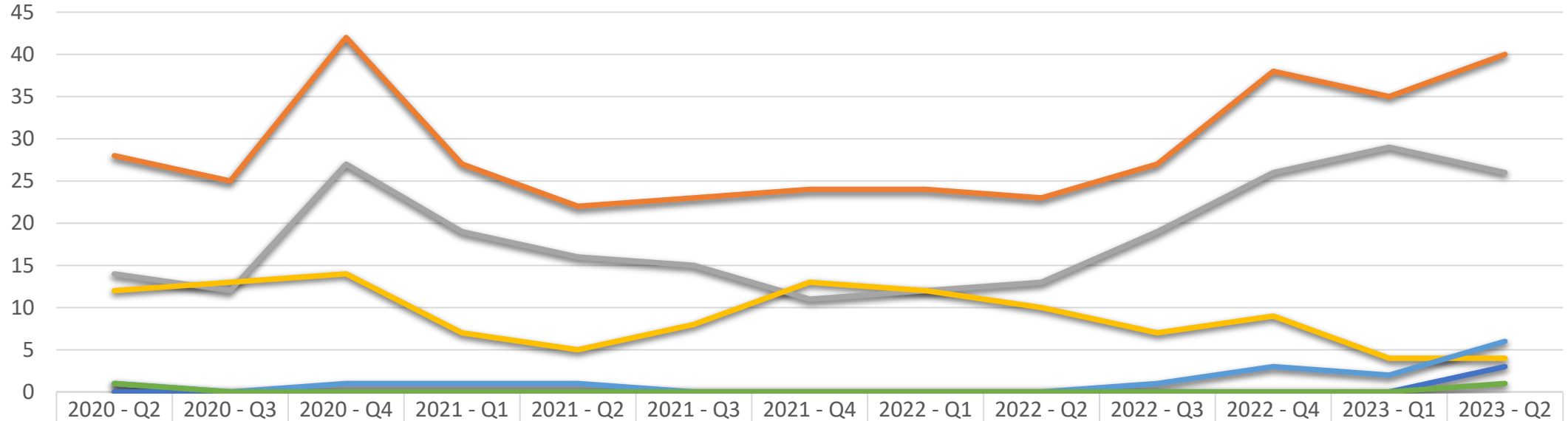

THE HUB
SharePoint
Search this site
Operational Modernisation Programme
Home
Join the programme
Admin
Recycle bin
Edit
New
Page details
Analytics
Making SCAS fit for the future
The need to modernise
SCAS Chief Executive David Eltringham joined the Trust in March 2023 and embarked on a programme of engagement to get to know the organisation and some of its challenges.
In June, a 10 Point Plan was published aimed at getting the organisation to focus on getting the basics right which alongside a review and reconnection exercise with the long-term strategy.
In August, an operational recovery and improvement plan was presented to NHS England which the Trust adapted into both a finance and performance recovery programme.
All of this, combined with the Trust's ongoing improvement programme (launched as a result of the 2022 Care Quality Commission report) has led to the development of a comprehensive modernisation programme to make SCAS fit for the future.
Paul Kempster, chief operating officer, was appointed on 1 October 2023 to oversee the Operational Modernisation Programme which will deliver this change, taking up the role of chief transformation officer. Read more on this in David's Message from the Exec on 22 September.
For programme news and updates, see the section below.
Related links
Join the programme
David Eltringham briefing on modernisation - 22 September
Message from the Exec - 06 October
Modernisation webinar - 13 October


Joined
Operational Modernisation Programme: Making SCAS fit for the future
Private
Conversations
About
Files
Events
Share thoughts, ideas, or updates
Discussion
Question
Praise
Poll
All conversations
Recent posts
Members · 8
The latest news and updates on making SCAS fit for the future through the Operational Modernisation Programme.
Edit description
Info
In September, SCAS Chief Executive David Eltringham announced the start of a comprehensive modernisation programme to make SCAS fit for the future which will:
look after, build, develop and sustain the workforce
improve the delivery of high quality, safe services
improve operational performance
deliver financial recovery.
The programme aims to deliver large-scale organisational change that has not been seen in SCAS since its inception in 2006 and it will consist of a number of different workstre...
More

Activities for next month

- Finalise content and design of top-level roadmap with defined key milestones for each workstream
- Continue developing top level briefing document to include:
  - High level programme plan and recommendations
  - Scope, boundaries, dependencies and measures of success
  - Benefits and potential dis-benefits
  - Additional resource requirements
  - Budget, constraints & Tolerances
- Start drafting the Outline Business Case (OBC)
- Continue with recruitment to outstanding Programme Director and Estates role
- Undertake Stakeholder briefing, plan webinars and develop face to face engagement session plan
- Commence “meet the team” interviews
- Develop FAQ’s
- Progress gap analysis between current position and target – initially within the U&E model & implication to organisational structure
- Continue modelling of county hub model and implications on resourcing, estate and performance

Open Disciplinary, Resolution and Dignity at Work Cases



	2020 - Q2	2020 - Q3	2020 - Q4	2021 - Q1	2021 - Q2	2021 - Q3	2021 - Q4	2022 - Q1	2022 - Q2	2022 - Q3	2022 - Q4	2023 - Q1	2023 - Q2
Total	28	25	42	27	22	23	24	24	23	27	38	35	40
Operations	14	12	27	19	16	15	11	12	13	19	26	29	26
PTS	12	13	14	7	5	8	13	12	10	7	9	4	4
Corporate	1	0	1	1	1	0	0	0	0	1	3	2	6
Clinical	0	0	0	0	0	0	0	0	0	0	0	0	3
SCFS	1	0	0	0	0	0	0	0	0	0	0	0	1

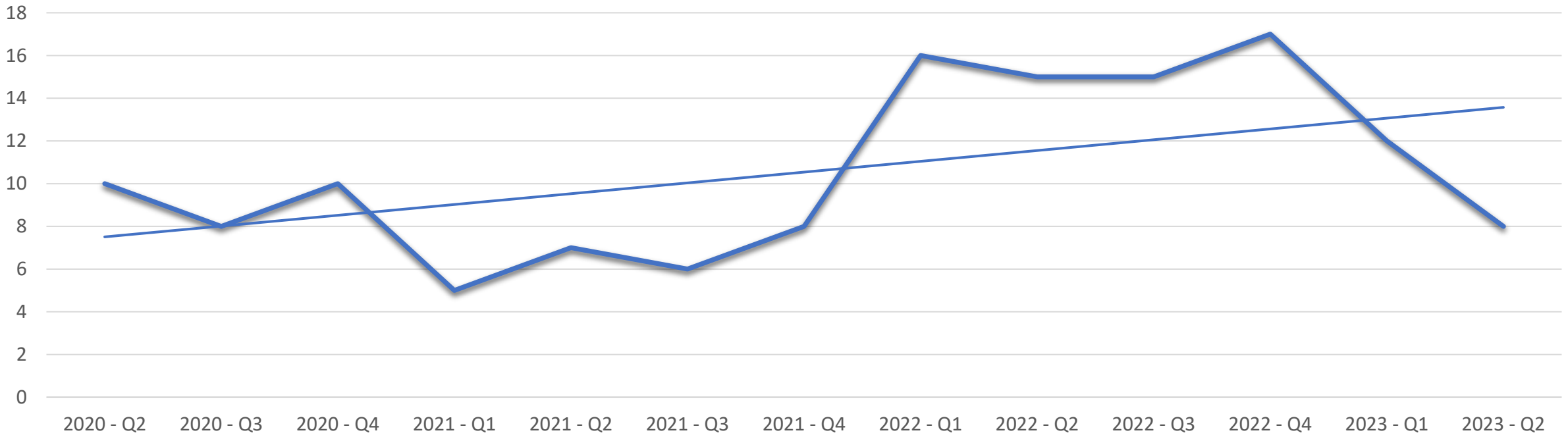
Summary

Open cases have increased over the last 12 months. This has coincided with closer working with safeguarding and more cases emerging with a safeguarding aspect. The additional complexity of external agency involvement in these cases means they are taking longer to close and therefore more cases remain open.

Action/Assurance

The introduction of a just and learning culture approach has seen a reduction in new formal cases over the last few years.
Simpler issues which may previously have been dealt with formally are now being managed informally leaving more complex, difficult cases being measured and generally remaining open for longer.
Closer working and better understanding between HR Operations and Safeguarding is leading to better management of such cases.

Open Capability Cases

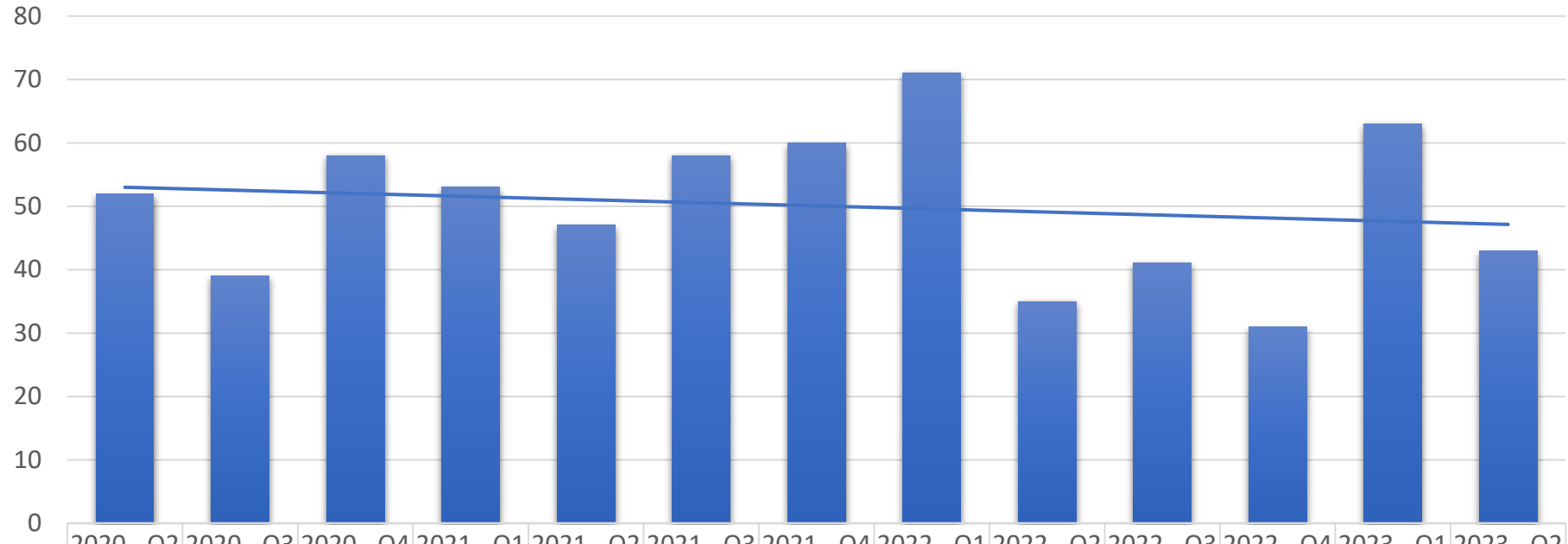


Summary

We have seen a small decrease in open live capability cases taking us to 8 open issues. It is worth noting that this is only 0.17% of Trust staff which is very much in the range you would expect to see in any organisation. The cases are spread across a number of working locations without any clusters in particular bases.

Action/Assurance

Average length of collation of facts stage - closed cases



	2020 - Q2	2020 - Q3	2020 - Q4	2021 - Q1	2021 - Q2	2021 - Q3	2021 - Q4	2022 - Q1	2022 - Q2	2022 - Q3	2022 - Q4	2023 - Q1	2023 - Q2
Average length of investigation - closed cases	52	39	58	53	47	58	60	71	35	41	31	63	43

Summary

Collation of Facts durations for closed cases has reduced again this quarter to an average of 43 days in the last quarter. The decrease has been driven by a number of cases being admitted to by the members of staff involved and therefore a shortened process being possible.

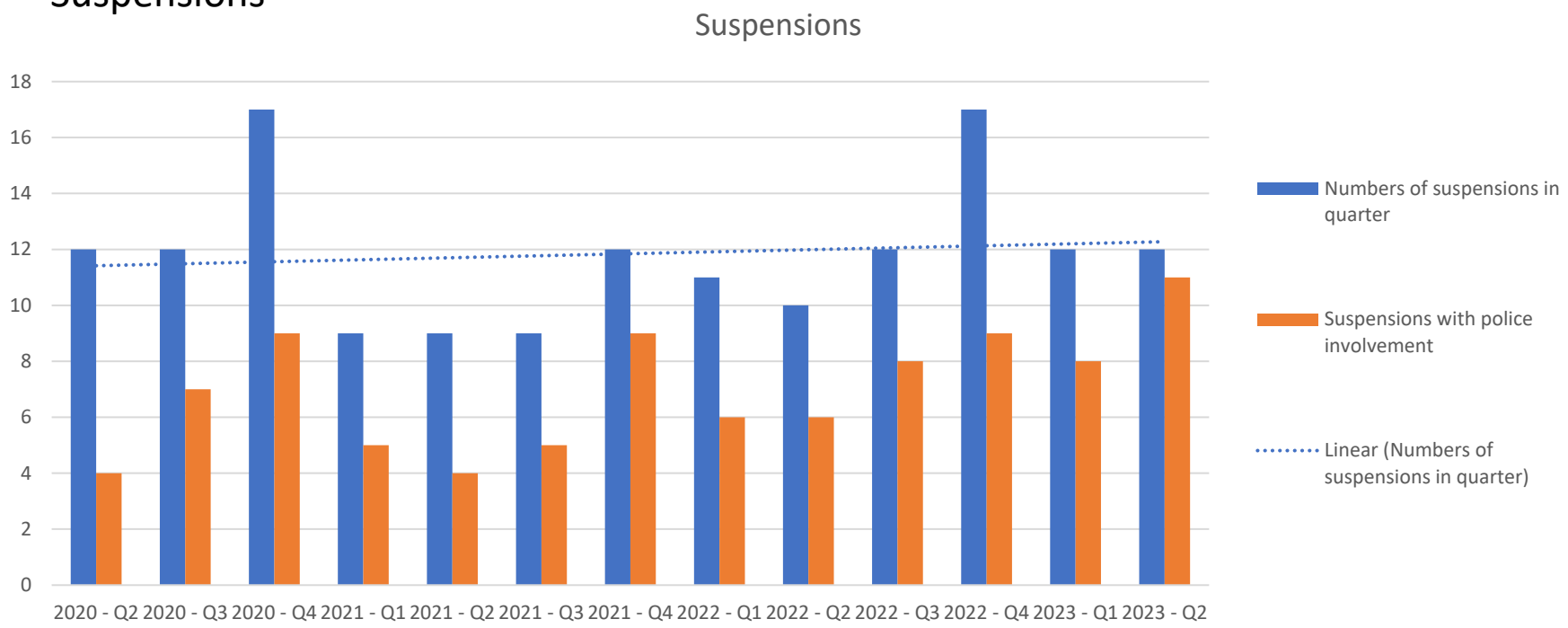
The trend line shows a marginal reduction in completion times.

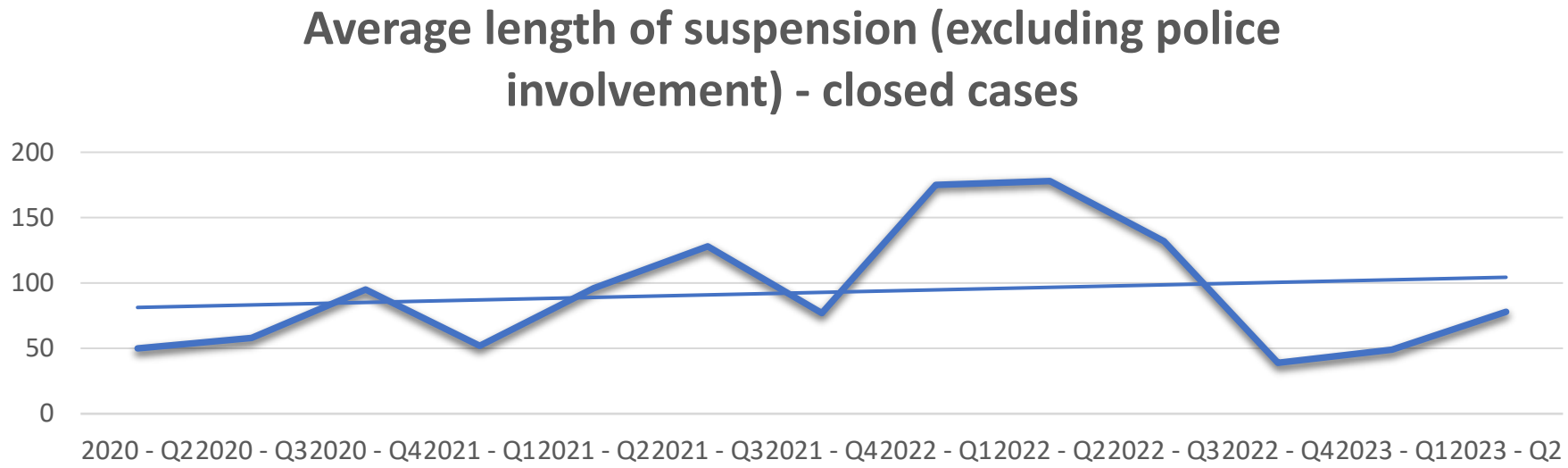
Action/Assurance

Given the number of cases currently open with a safeguarding and police aspect to them, along with our work promoting sexual safety, we could well see this figure increase in future due to the complexity of the cases.

We may also see an increase as we become more familiar with the application of the Just and Learning Culture approach meaning fewer of the less serious, more straightforward cases do not enter into the formal disciplinary process. This will likely leave the cases which do require investigation as being the more complex, serious matters which often take longer to work through and resolve.

Suspensions





Summary

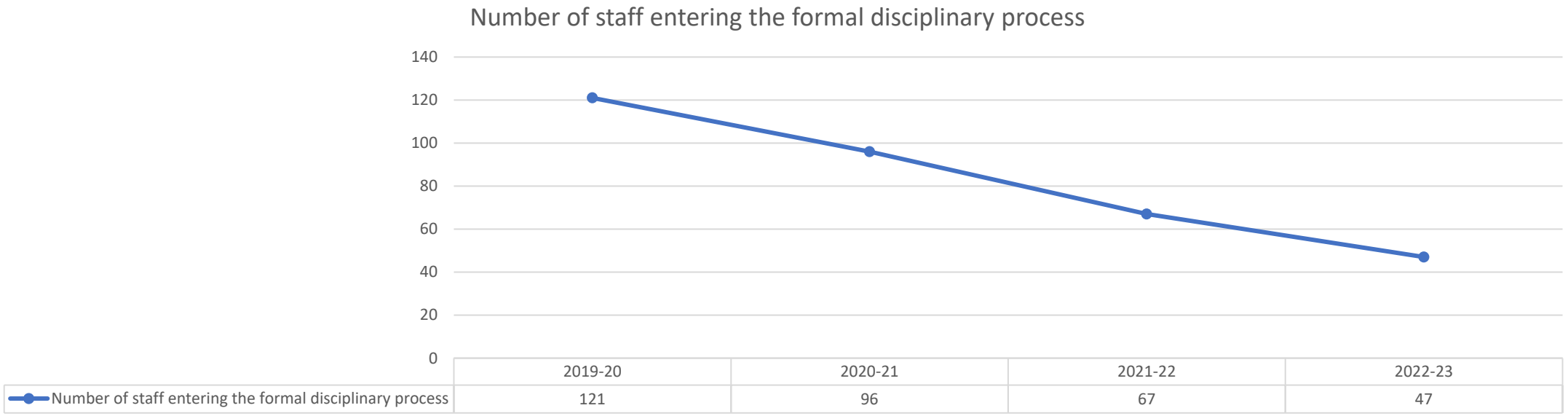
The numbers of suspensions have remained quite constant across the last 2 years with a slight upwards trend in the figures.
Many of these cases leading to suspension have a police element to the issue. Due to the nature of these issues, although full risk assessments are carried out, in most cases full suspension from all duties is appropriate.

Action/Assurance

The trend over the last 2 years is that suspensions are taking longer to resolve. We retain the focus on this with regular discussions within the HR Operations team and regular updates with senior management teams where suspensions are in place.

Having updated our suspension risk assessment process to ensure this is fully fit for purpose we work hard to ensure suspensions only occur where there is genuinely no other option available.

Annual disciplinary case numbers



Summary

Since we began our journey to introduce a just and learning culture approach to managing formal processes we have seen a significant decline in the number of cases being taken forwards on a formal basis.

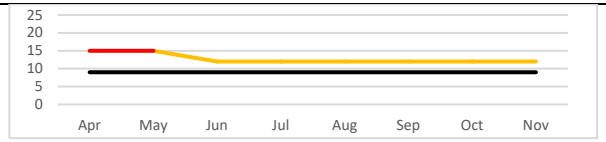
Action/Assurance

Whilst we look to manage cases informally where it is appropriate to do so sadly there will always be a need for more formal management of some cases.

So far for 23/24 the numbers are broadly comparable at this stage to 22/23 so we are not anticipating seeing this reduction continue as significantly in future years.

Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.		Risk score **12**
Strategic Risk No. 1:	Update: November 2023	
If we have insufficient clinical workforce capability or ineffective equipment and vehicles	***Then*** we will fail to provide safe and effective care	***Leading to*** poor clinical outcomes.

	Impact	Likelihood	Score
Inherent	5	4	20
Current	**4**	**3**	**12**
Target	3	3	9



Risk Lead	Assurance Committee
Helen Young, Chief Nurse, John Black, Chief Medical Officer	Quality & Safety Committee

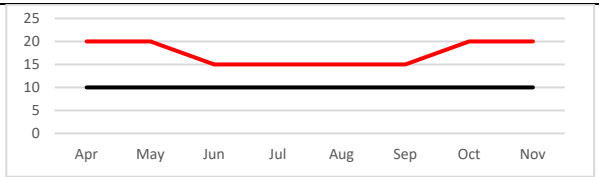
Controls	Gaps in Controls	Actions	Owner / Due Date
• Clinical workforce recruitment programme • Equipment audits and concern reporting process in place • Adverse Incident Reporting Process • Clinical Standard Operating Procedures • Private Provider strategy and governance framework • Continuous Professional Development training • Safeguarding Improvement Plan • National clinical practice guidelines (JRCALC) • National ambulance standards • PTS contracted standards • Make ready contract and effective contracting • Fleet and make ready KPIs • Operational escalation procedures (e.g., OPEL, REAP) • Internal training for new paramedics • Equipment training logs • Chief Medical Officer link to local and national forums • Patient Safety Improvement Workstream	• Workforce shortages • Process for developing rotas/review of rotas • Delayed operational responses • Variability in pathways • Developing clear strategy for learning from incidents and data which then feeds into education programmes in the workforce.	Implementation of the Patient Safety Strategy from NHSE and the associated Patient Safety Incident Response Framework (PSIRF) to replace the existing Serious Incident policy and process.	Carol Rogers / April 2024
		New centralised logistics hub being set-up including medicines management	Helen Young / Awaiting date from contractors due to cable installation outstanding.
		Development of CPs in remaining acutes and systems	Mark Ainsworth / Ongoing
		Rota review	Mark Ainsworth / Q4
		Explore/review Paramedic Rotation schemes.	Melanie Saunders / Q4 2023/24
		Development of improvement plan to increase employee retention rates	Natasha Dymond / 999 at WFB – Approved CCC & PTS - Approved

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances Reports to: • Quality & Safety Committee • Patient Safety & Experience Group • Clinical Review Group • Medicines Optimisation and Governance Group • Workforce Development Board • Integrated Workforce Planning groups	**Third line (external) assurances** • Internal Audits • CQC Inspections • Clinical Governance Audits • Commissioner contract review meetings	• Real-time tracking of clinical equipment and medicines	Procure system for managing safe deployment and maintenance of medical equipment	Barry Thurston / Updated BC at ETB in Oct

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.		Risk score **20**
Strategic Risk No. 2:	Update: November 2023	
If we do not have or use effective operational delivery systems	***Then*** we may not be able to meet demand and provide a responsive service to patients in need of emergency care	***Leading to*** delays in treatment and increased morbidity and mortality.

	Impact	Likelihood	Score
Inherent	5	4	20
Current	**5**	**4**	**20**
Target	5	2	10



Risk Lead	Assurance Committee
Mark Ainsworth, Chief Operating Officer, Helen Young, Chief Nurse, John Black, Chief Medical Officer	Finance and Performance Committee Quality & Safety Committee

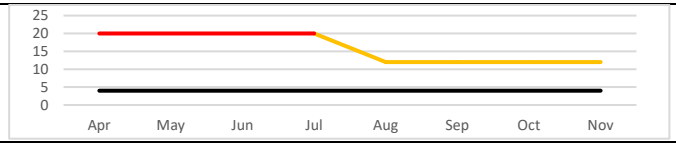
Controls	Gaps in Controls	Actions	Owner / Due Date
• Demand forecasting and profiling using models which are adjusted based on experience • Daily Operational MI reports detailing performance against set metrics • Mutual aid process exists and works • Collaborative operational management • Cat. 2 response segmentation • Effective local and regional escalation • National REAP process and actions • OPEL escalation plans • Enhanced Patient Safety Procedure • Clinical Pathways • Working with systems and UEC Boards • Performance Cell • Private Providers • Category 3 GP reviews in 999 • Performance Recovery Workstream	• Insufficient clinical advisory support (e.g., 111, 999, IUC) • Quality Improvement Process and Culture • Clinical Pathways are not in place for all acutes and systems. • Hospital Handover Delays • Delayed Fleet Replenishment with aging fleet and increased VOR impacting vehicle availability for any increase in frontline resourcing.	Rota review	Mark Ainsworth / Q4
		Explore/review Paramedic Rotation schemes.	Melanie Saunders / Q4 2023/24
		Development of improvement plan to increase employee retention rates	Natasha Dymond / 999 at WFB – Approved CCC - Approved PTS - Approved
		Development of Clinical Pathways in remaining acutes and systems	Mark Ainsworth / Ongoing
		Improving Pathways & patient flow at Queen Alexandra Hospital	Mark Ainsworth / Ongoing
		Review of Performance Cell	Rob Ellery / December 2023
		Project to increase fleet size temporarily: • Renting of 10 vehicles • Purchase / renting of further vehicles. • Contractual management of Convertors • Review of potential new convertors	Lemuel Freezer / December 2023

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances Reports to: • Emergency & Urgent Care Boards • Quality & Safety Committee • Integrated performance report • Service Delivery Board • Operational management improvement board	**Third line (external) assurances** • ICS system management across region • National performance standards • PTS contractual standards • TPAM • Performance Insight Improvement Group • NHSE Performance Reviews	•		

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 2: Partnership & Stakeholder Engagement: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans		Risk score **12**
Strategic Risk No 3:	Update: November 2023	
If the organisation fails to engage or influence within systems	***Then*** there may be a disproportionate focus in one system over the others and capacity provided may not align with expectations	***Leading to*** performance that is not achievable or credible and possible poor outcomes for patients and the communities we serve.

	Impact	Likelihood	Score
Inherent	5	5	25
Current	**4**	**3**	**12**
Target	2	2	4



Risk Lead	Assurance Committee
Mike Murphy, Chief Strategy Officer	Finance and Performance Committee

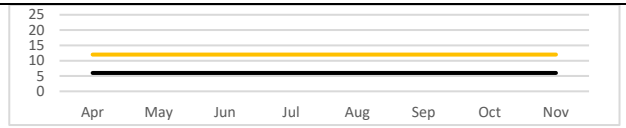
Controls	Gaps in Controls	Actions	Owner / Due Date
• Attendance at Integrated Care Systems boards • Attendance at local resilience forums • Attendance at relevant Multi Agency Safeguarding Hub • Urgent & Emergency Care Boards • SCAS membership on Hampshire & IOW ICB committee • SCAS are included in the development of ICB processes, including how risks and issues are escalated across the systems • Attendance at system contract negotiations • System development • Attendance at ICB/Region director meetings • Governance and Well Led Workstream	• No SCAS membership on any ICB boards • ICB coordination for contracts • Capacity to attend director meetings	HIOW to establish coordinated ambulance commissioning group to include other ICS stakeholders	Mike Murphy / ICB to set up group. Expected to be completed by Q3 23-24
		Role to be advertised pending review and prioritisation during budget process. Would increase capacity for meetings	Mike Murphy / Feb 24 ~~On hold pending review of prioritisation~~
		Review system stakeholder engagement to identify alternative approaches	Volker Kellerman / Q3 23-24

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances Reports to: • Finance and Performance Committee • System development board • Monthly report to Board on system activity	**Third line (external) assurances** • Monthly tripartite meetings which provides oversight and assurance regarding the Trust's position and performance and includes representation at the provider, ICB, CQC and NHSE/I level	•	Establish reporting mechanisms from system groups	Mike Murphy / Q3 23-24

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 2: Partnership & Stakeholder Engagement: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans		Risk score **12**
Strategic Risk No. 4:	Update: November 2023	
If we fail to engage with stakeholders and partners	***Then*** partners will fail to understand who we are and what we do	***Leading to*** failure to innovate, influence and an inability to identify opportunities within systems resulting in an inability to deliver on our long-term strategy.

	Impact	Likelihood	Score
Inherent	4	4	16
Current	**3**	**4**	**12**
Target	2	3	6



Risk Lead	Assurance Committee
Mike Murphy, Chief Strategy Officer	Finance and Performance Committee, Trust Board

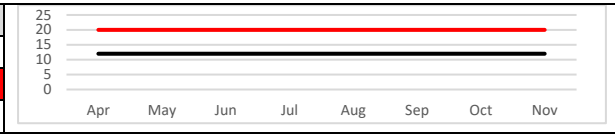
Controls	Gaps in Controls	Actions	Due Date
• Stakeholder management plan • Attendance at Integrated Care Systems boards • Attendance at local resilience forums • Attendance at relevant Multi Agency Safeguarding Hub • Emergency & Urgent Care Boards • Attendance at system strategy groups • System strategy initiatives • Involvement in Joint Forward Plans for each ICB SCAS work with. • Governance and Well Led Workstream	• Provision of senior executive expertise • Capacity to engage – impacted by clashes and meeting overlap across systems	SCAS-led strategy workshop in Hampshire and the Isle of Wight	Mike Murphy / Q2 2023 – Postponed due to pressures in the system – looking for alternative options
		Consider actions for other systems as above	TBC once above action complete
		Role to be advertised pending review and prioritisation during budget process. Would increase capacity for meetings	Mike Murphy / Feb 24 ~~On hold pending review of prioritisation~~
		Review system stakeholder engagement to identify alternative approaches	Volker Kellerman / Q3 23-24

Assurances		Gaps in Assurances	Actions	Due Date
First and second line (internal) assurances Reports to: • Finance and Performance Committee • Trust board	**Third line (external) assurances** • Monthly tripartite meetings which provide oversight and assurance regarding the Trust's position and performance and includes representation at the provider, ICB, CQC and NHSE/I level	•		

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score

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 our system partners.		Risk score **20**
Strategic Risk No. 5:	Update: November 2023	
If demand, operational standards and external factors (such as inflation, interest rates, taxation and cost of living) continue to increase	***Then*** the total costs to deliver our services will increase and result in a deficit	***Leading to*** additional pressures on our ability to deliver a sustainable financial plan and safe services.

	Impact	Likelihood	Score
Inherent	4	5	20
Current	**4**	**5**	**20**
Target	4	3	12



Risk Lead	Assurance Committee
Stuart Rees, Interim Director of Finance	Finance and Performance Committee

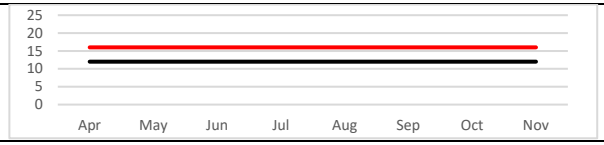
Controls	Gaps in Controls	Actions	Owner / Due Date
• Standing financial instructions and standing orders • Planning and approval process for the Trust's budget • Budgetary management and regular reporting process – act vs plan process • Access to national funding for emergency related activity • Budget holders have agreed budgets, including cost improvement programme targets to deliver efficiencies • Alignment with ICB financial plans • Quality Impact Assessment process • Cost Improvement Programme • Cash monitoring • Weekly proxy data used for run rate • Financial Recovery Group spend reviews and monitoring • Spend validation against peers • The annual planning process begins in the autumn and both "top down" and "bottom-up" including consultation with internal and external stakeholders, working with Directorates, aligning priorities with the strategy and developing a Trust-wide Business Plan and Priorities. • Working capital support will be arranged through agreed loan arrangements. • Monitoring cash report now part of FPC	• ~~Unidentified gaps in cost improvement programme targets~~ • Lack of agreement on key supplier and commissioning contracts • ~~Lack of benchmarking data~~ • Lack of a medium-term financial plan • Lack of costing, productivity and efficiency across the Trust • Lack of a contract register • Business Planning process and objectives not sufficiently aligned with organization requirements including liquidity / cash support requirements. And cash/liquidity are reported are included as part of normal reporting cycles.	Negotiation and dialogue with key commissioners	Stuart Rees / Ongoing
		Consider greater delegation of budgets	Stuart Rees / On hold due to additional control measures (SOF4)
		Develop multi-year Financial Recovery Plan	Stuart Rees / ~~Oct 2023~~ Complete
		Develop medium-term financial plan	Stuart Rees / Feb 24
		Interim Director of Finance working with Chief Strategy Officer to align processes and plans to ensure cash and liquidity are part of planning process.	Stuart Rees / Mike Murphy Feb 24
		Cash/Liquidity Plans along with the Memorandum of Understanding (MOU) and Utilisation form will be completed and taken through Finance and Performance Committee and Board.	Stuart Rees / Dates as Required.
		Implementation of a contract register	Julie Robins / Draft October 2023 - Complete Final January 2024

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Finance and Performance Committee • Audit Committee • Executive Management Team meeting • Finance reports • Integrated Performance Report • CIP Quality and staff Impact Assessments • Financial Recovery Group	**Third line (external) assurances** • External audit • Internal audit • Counter fraud • Commissioners • HIOW ICB • System Recovery Group (ICB level group) • Recovery Support Programme meetings (System)	•		

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 4: People & Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.		Risk score 16
Strategic Risk No.6:	Update: September 2023	
If we fail to implement resilient and sustainable workforce plans	***Then*** we will have insufficient skills and resources to deliver our services	***Leading to*** ineffective and unsafe patient care and exhausted workforce.

	Impact	Likelihood	Score
Inherent	5	4	20
Current	**4**	**4**	**16**
Target	4	3	12



Risk Lead	Assurance Committee
Melanie Saunders, Chief People Officer	People and Culture Committee

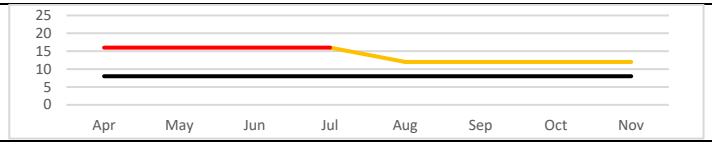
Controls	Gaps in Controls	Actions	Due Date
• Integrated Workforce Plans for the Trust, including the delivery of a 5-year workforce plan • Workforce reporting (e.g., sickness absence, staff survey, turnover) • Recruitment & attraction plan and retention plan health and wellbeing plan and flexible working • Apprenticeship programmes • International recruitment programmes • Return to practice programme • Use of private providers to help deliver services, private provider workforce strategy • Quality Impact Assessments • Culture and Staff Wellbeing Workstream	• Paramedic rotation • Rota reviews designed to improve work life balance and aid retention and personal development • Design of clear career development pathways • Talent management programme • Systematic use of NED and Exec feedback after visits and staff interaction	Rota review	Mark Ainsworth / Q4
		Develop/review existing career development pathways	Melanie Saunders / Q4 2023/24
		Development of talent management and development programme	Nicky Howells / implementation by Q4 23/24 depending on budget approval
		Explore/review Paramedic Rotation schemes.	Melanie Saunders / Q4 2023/24
		Development of improvement plan to increase employee retention rates (currently draft)	Natasha Dymond / 999 at WFB – Approved. CCC & PTS - Approved

Assurances		Gaps in Assurances	Actions	Due Date
First and second line (internal) assurances • People and Culture committee • Integrated Performance Report • Workforce Development Board • Integrated Workforce Planning Groups	**Third line (external) assurances** • Commissioner reporting (to ICBs) • Internal audit (BDO) • OFSTED • NHSE/HEE quality assurance visits	• Staff wellbeing metrics via IPR	Culture and Staff Wellbeing Workstream	Melanie Saunders
			Governance and Well Led Workstream (IPR updates)	Simon Mortimer
			Embed IPR into Trust Board and Sub-Committees	Mike Murphy / Ongoing

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 4: People & Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.		Risk score **12**
Strategic Risk No. 7:	Update: November 2023	
If we fail to foster an inclusive and compassionate culture	***Then*** our staff may feel unsafe, undervalued, and unsupported	***Leading to*** poor staff morale, disengagement, low retention and impacts on patient safety and care.

	Impact	Likelihood	Score
Inherent	4	5	20
Current	**4**	**3**	**12**
Target	4	2	8



Risk Lead	Assurance Committee
Melanie Saunders, Chief People Officer	People and Culture Committee

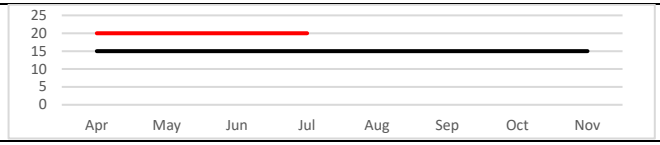
Controls	Gaps in Controls	Actions	Owner / Due Date
• People strategy, EDI strategy and associated enabling plans • Freedom to Speak Up (FTSU) guardian and supporting programme in place • 'Supporting our people' website, including EAP and Occupational Health • SCAS leader and ESPM leadership training • Sexual safety charter • Allegations management process and associated Employment policies. • Staff forums and TLL relationships • Appraisal process • Communications strategy • Culture and Staff Wellbeing Workstream	• Support for disabled workforce and other protected characteristics • Lack of peer reviews • Consistent approach to QI/service improvement/transformation • Active bystander programme	WRES/WDES Improvement Plans	Dipen Rajyaguru / Nov 2023
		Delivery of our Sexual safety charter and associated plan	Dipen Rajyaguru / Launched with embedding during 2023/24
		Delivery and embedding Freedom to speak up improvement plan	Simon Holbrook / Launched with embedding during 2023/24
		Delivery and embedding Culture improvement plan	Nicky Howells / Approval September 2023 Embedding - ongoing
		Embed Support of Staff Networks	Dipen Rajyaguru / ongoing
		QI innovation and culture relaunch	Helen Young / TBC

Assurance		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • People and Culture committee • JNCC • Workforce Development Board • Staff networks • People Voice feedback • Equality & Diversity Steering Group • Student placement feedback	**Third line (external) assurances** • Workforce Race Equality Standard & Workforce Disability Equality Standard results • NHS National Staff Survey and Quarterly Pulse Survey • CQC inspections & reports • Internal audits (BDO) • Peer reviews	•		

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 5: Technology transformation: We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.		Risk score **20**
Strategic Risk No. 8:	Update: June 2023	
If we are unable to prioritise and fund digital opportunities	***Then*** we will have insufficient capacity and capability to deliver the digital strategy	***Leading to*** system failures, patient harm and increased cost.

	Impact	Likelihood	Score
Inherent	5	5	25
Current	**5**	**4**	**20**
Target	5	3	15



Risk Lead	Assurance Committee
Barry Thurston, Chief Digital Officer	Finance & Performance Committee

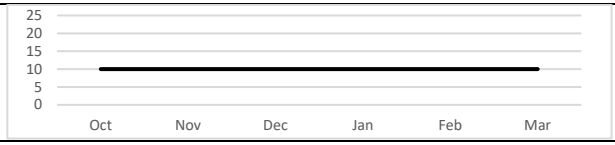
Controls	Gaps in Controls	Actions	Owner / Due Date
• Digital strategy • Project prioritisation process through Executive Transformation Board reporting to EMT • Regular digital programme portfolio reporting to executive transformation board • Project management structures in place • Fixed assets/capital committee reporting to EMT • Compliance with cyber security standards	• Annual planning cycle • No asset management software in place to alert on hardware and software which is reaching end of life • Information Technology Infrastructure Library (ITIL) processes • Service desk software which no longer meets organizational needs • Costing strategy	Develop annual planning cycle to map resources and plan capacity for digital resource	Barry Thurston / Ongoing
		Review service desk software and adoption of ITIL within existing budgets	Barry Thurston / Dec 23
		Clarify governance structure for digital, including steering groups, resulting from the introduction of Finance and Performance Committee and addition of CDO to the Executive team	Barry Thurston / July 23

Assurances		Gaps in Assurances	Actions	Owner /Due Date
First and second line (internal) assurances • Reports to Finance and Performance Committee • Annual report on digital strategy to Trust board • Quality assurance process in PMO	**Third line (external) assurances** Internal audit • External audit • DSP toolkit • Digital maturity assessments	• No KPIs in place • Regular reporting on digital strategy at board level • Fixed Asset Management Steering Group reporting	Develop regular reporting into Finance and Performance committee	Barry Thurston / July 23
			Develop KPIs	Barry Thurston / Ongoing

Associated Risks on the Organisations Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

Objective 6: Well Led: We will become an organisation that is well led and achieves all its regulatory requirements by being rated Good or Outstanding and being at least NOF2.		Risk score **20 (TBD)**
Strategic Risk No. 9:	Update: September 2023	
If we fail to deliver the Trusts improvement programme	***Then*** we will not move out of NOF4 or achieve an improved CQC rating	***Leading to*** a deterioration of the Trust's reputation, additional regulatory oversight and possible further regulatory action.

	Impact	Likelihood	Score
Inherent	5	5	25
Current	**5**	**4**	**20**
Target	5	2	10



Risk Lead	Assurance Committee
Mike Murphy, Chief Strategy Officer	Trust Board

Controls	Gaps in Controls	Actions	Owner / Due Date

• Improvement Programme
  ○ Patient Safety Workstream
  ○ Governance and Well Led Workstream
  ○ Culture and Staff Wellbeing Workstream
  ○ Performance Recovery Workstream
• Financial recovery process
• Category 2 Improvement Plan
• People Strategy
• Clinical Strategy
	• Governance Assurance Framework
	• ~~Risk Management and Policy Management~~
	• Effective recruitment and retainment plans
	• Talent management programme
	• Operational development plan
	• Embedded Safeguarding systems / provisions
	• PSIRF
	• Medical Devices
		Development and Approval of Governance Framework	Daryl Lutchmaya / November 2023

		Approval of Risk Management Policy and Framework	Steven Dando / Complete
		Delivery of People Strategy	Melanie Saunders / Ongoing
		Development of improvement plan to increase employee retention rates (currently draft)	Natasha Dymond / 999 at WFB – Approved. CCC & PTS - Approved
		Develop and approval of Operational Development Plan	Paul Kempster / TBC
		Safeguarding Assurance & Accountability Framework compliance	Sarah Thompson / Ongoing
		Implementation of the Patient Safety Strategy from NHSE and the associated Patient Safety Incident Response Framework (PSIRF) to replace the existing Serious Incident policy and process.	Carol Rogers / April 2024
		Procure system for managing safe deployment and maintenance of equipment	Barry Thurston / Updated BC at ETB in Oct
		Development of talent management and development programme	Nicky Howells / implementation by Q4 23/24 depending on budget approval

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Board / Committees • EMC • Improvement Programme Oversight Board • Workstream Delivery Groups • Daily Executive meetings	**Third line (external) assurances** • TPAM • CQC • Peer reviews / benchmarking • ICBs • NHSE (Regional / National) • NHSE Intensive Support Team	• Effective IPR • Information flow in accordance with Governance Framework	Development and embedding of IPR	Mike Murphy / Q4
			Development and Approval of Governance Framework	Daryl Lutchmaya / November 2023

Associated Risks on the Improvement Programmes Risk Register		
Risk No.	Description	Current Score
TBC	TBC	TBC

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Tripartite Provider Assurance Meeting (TPAM)

SCAS Improvement Programme Report Pack

17th November 2023

Contents

South Central Ambulance Service NHS Foundation Trust

Executive Summary

The Improvement Programme continues to develop and remain a focus while we also respond and develop plans for operational and financial performance improvement. Of note:

- We continue to work on our financial recovery programme and trajectory, incorporating the need to respond to the national requirement to revise plans at provider and system level, as outlined in the NHSE letter received by systems and providers on the 8th November. Our response to which is endorsed by the Trust Board
- The Trust is in the process of refreshing the SCAS strategy following a series of stakeholder engagement events and will relaunch it in early December. The Vision for the organisation remains unchanged but calls for modernisation in order to address a broad range of issues
- This Modernisation Programme incorporates 7 key principals, and is currently in mobilisation. The programme will encompass the future operational model for Urgent & Emergency Care and our Contact Centres as well as the associated Estate, Fleet and Support Services required to deliver this. Work to develop the scope continues.

Key highlights this month:

- The 2nd draft of the Governance Framework was presented to our EMC on the 24th October where feedback was given, and discussion took place. A revised version will be completed in November
- The full calendar of events for FTSU speak up month has been very well received, involving over 800 staff visiting the “Speakupulance” and engaging with the FTSU team and senior leadership team. Important feedback around sexual safety has highlighted the need to do more in this area and a full review and refresh of the sexual safety campaign is now underway. Further FTSU events are now being planned.
- User testing of the technical solution for users of SCAS Connect has commenced from 30th October 2023 in the MK urgent care footprint. Full roll-out of the solution is planned by end of November 2023 (subject to voluntary opt-in by urgent care providers). This will satisfy the requirements of the outstanding Should Do action in Performance Improvement
- Despite the challenges/pressures on the SCAS Service due to the Op AVOCET (EPR Outage), SAAF compliance has now increased to 96.7% following a review of policies and the implementation of Group Supervision (with dates booked out to year-end). The SG Quality Review by ICB peers took place on 6th November 2023. Early feedback has been positive with a full read-out to be made available to a future TPAM

SCAS IMPROVEMENT PROGRAMME

Programme Overview

October 2023

	Actions	Embedding		Actions	Embedding
Governance & Well Led:			Culture & Staff Wellbeing:		
Performance Improvement:			Patient Safety:		

Improvement Programme Summary:

Key Progress:

- The 2nd draft of the Governance Framework was presented at EMC on the 24th October where feedback was given, and discussion took place. 3rd version expected in November
- Training for the Risk Management Platform has commenced with risk owners with 89% of sessions booked and 17% of those completed, with positive feedback being received
- People Voice SharePoint is in the final stages of development and will continue to develop iteratively. Patient Safety themes added as an input channel and collaboration with the PSIRF team to include examples for the you said, we did section on SharePoint
- Speak Up month events have been well received, with the FTSU team engaging with over 800 staff and further events planned into Nov, and with good involvement from executive management team. Informal feedback to the FTSU team indicates that inappropriate sexual behaviours still exist, and a review & refresh of the Sexual Safety Campaign is taking place to agree next steps
- User testing of the technical solution for users of SCAS Connect has commenced from 30th October 2023 in the MK UCR footprint. Full roll-out of the solution is planned by end of November 2023 (subject to voluntary opt-in by urgent care providers). This will satisfy the requirements of the outstanding Should Do action in Performance Improvement
- Despite the challenges/pressures on the SCAS SG Service due to Op AVOCET, SAAF compliance has increased to 96.7% following review of policies and implementation of Group Supervision (with dates booked out to year-end)
- Reintroduction of ePR has facilitated the reengagement for User Acceptance Testing (UAT) of the new SG server. Subject to successful testing, transition to the new server is expected by 30 Nov 2023. Whilst Business Continuity measures remain in place for SG referrals submitted during the outage, automated processes have now been reintroduced

Key Risks/Issues:

- BAU capacity. Operational pressures and other external factors continue to place BAU resources under significant pressure
- DocWorks Safeguarding server. The system remains unstable with regular server downtime. UAT in early stages with transition to new server expected by 30th November 2023

RAG Assessment:

No change to previous period reporting. Next Improvement Programme metric reporting at end of Q3.

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

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Update on CQC Must and Should Dos

Overview

Change this period:

- Performance Improvement Should Dos:
  - Monitoring of outcomes for patients returns to Amber: User testing of the technical solution for users of SCAS Connect has commenced from 30th October 2023 in the MK UCR footprint. Full roll-out of the solution is planned by end of November 2023 (subject to voluntary opt-in by urgent care providers)
- No assessed changes to embedding statuses for MD/SD in this period

SCAS Improvement Programme: Must Do / Should Do Update

October 2023

Governance & Well Led [Daryl Lutchmaya]:		Actions	Embedding
Must	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b)		
Should	The trust should consider how to improve communication and relationships between staff and senior leaders		
Should	The trust should review methods of communication between senior executives and call takers in the EOC to ensure important information is received and understood		
Should	The trust should consider asking staff and patients with less positive experiences to present to the board to allow more opportunities for learning		

Culture & Staff Wellbeing [Melanie Saunders]:		Actions	Embedding
Must	The trust must ensure it takes staff's concerns seriously and takes demonstrable action to address their concerns. This to include where staff have raised concerns relating to bullying, harassment and sexually inappropriate behaviours. Regulation 17 (2) (b)		
Must	The trust must ensure that it listens and responds to staff who raise concerns in line with their own policy and the Public Interest Disclosure Act (1998)		
Should	The trust should ensure it provides appraisals and continuous professional development to all staff		
Should	The trust should ensure that staff complete mandatory training appropriate to their roles and responsibilities		
Should	The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale		
Should	The trust should ensure all staff receive a timely appraisal to assure leaders that competency is maintained		
Should	The trust should review the arrangements for the role of the Freedom to Speak Up Guardian to improve the speak up culture		

Performance Improvement [Paul Kempster]:		Actions	Embedding
Should	The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times		
Should	The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest		
Should	The trust should consider revising their diversion policy to ensure they are transferred to hospital care in a timely way		
Should	The trust should ensure ambulances are staffed by appropriately skilled crews		

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

SCAS Improvement Programme: Must Do / Should Do Update

October 2023

Performance Improvement [Paul Kempster]:		Actions	Embedding
Should	The trust should ensure that staff have enough time to report adverse incidents		
Should	The trust should ensure that staff, particularly newly qualified staff, receive appropriate clinical support and supervision to enable them to provide safe patient care		
Should	The trust should continue to identify ways to recruit staff according to their current strategy in order to improve the call handling times		
Should	The trust should improve response times in line with the Ambulance Response Programme		
Should	The trust should act to ensure the clinical welfare calls are completed within the targeted timeframes		
Should	The trust should optimise information systems to make less labour intensive for staff and improve efficiency in reporting		
Patient Safety [Helen Young]:		**Actions**	**Embedding**
Must	The trust must ensure all staff complete safeguarding training at the role appropriate level and any additional role specific training in line with the trust target. Regulation 18 (2) (a)		
Must	The trust must ensure that incidents are identified, reported and investigated in line with the NHS Serious Incident Reporting Framework, that action is taken to mitigate risks and that learning is shared across the organisation. Regulation 17 (2) (b) (e)		
Must	The board must be sighted on accurate information about serious incidents occurring at the trust to enable strategic oversight and planning. Regulation 17 (2) (b) (e)		
Must	The trust must ensure that where trends in adverse incidents are known that these are fully investigated, and action is taken to reduce future risks. 17 (2) (b) (e)		
Must	The trust must ensure that it meets the statutory requirements of the duty of candour. Regulation 20		
Must	The trust must provide a separate Mental Capacity Act (2005) Policy and ensure that staff understand the principles and application of the Mental Capacity Act (2005) Regulation 17 (1)		
Must	The trust must ensure medicines are managed in accordance with the national guidance and that only authorised persons have access to controlled drugs. Regulation 12 (2) (7)		
Must	The provider must ensure that systems and processes for managing safeguarding within the trust are adequately resourced, effective and monitored by the board. Regulation 13 (1) (2) (3)		
Should	The trust should ensure that medicines are always kept safely, whether in stations or on vehicles		
Should	The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed		

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

Update on MD/SD Actions Rated RED

Governance & Well Led [Daryl Lutchmaya]:			Delivery	Embedding
Must	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b)			
Explanation: While the Regulation 17 gap analysis has now been completed and recorded the overall governance and risk processes of the Trust are not fit for purpose. Limited resource capacity within the teams has meant action completion has been delayed.		Mitigation: Recruitment is in progress for additional resource for the Governance and Risk Team. Additional budget has also been provided from the NHS Intensive Support Team to support resource for this action.		

Performance Improvement [Mark Ainsworth]:			Delivery	Embedding
Should	The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest			
Explanation: Technical solution delivery has been delayed due complexity of challenge/systems involved. Further delay experienced due to ePR outage affecting the conduct of end user testing.		Mitigation: Monitoring of outcomes for patients returns to Amber: User testing of the technical solution for users of SCAS Connect has commenced from 30th October 2023 in the MK UCR footprint. Full roll-out of the solution is planned by end of November 2023 (subject to voluntary opt-in by urgent care providers).		

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Update on Exit Criteria

SCAS Improvement Programme: Exit Criteria Update

		October 2023
Governance & Well Led:	*Substantive improvement in governance and leadership with evidence of improved assurance and accountability*	**Daryl Lutchmaya**
1	Improved board effectiveness; use of Board Assurance Framework and significant progress in embedding recommendations from the governance review	
2	Improved assurance through effective corporate governance structures and information flows between committees and board	
3	Board development programme in place including senior leadership review completed with plan signed off and progressing	
4	Evidence of strengthened partnership working	
Culture & Staff Wellbeing:	*Board approved culture improvement programme in place, with evidence of improved engagement and experience from all staff including volunteers*	**Melanie Saunders**
1	Revised and approved People and OD Strategy to ensure SCAS has the necessary infrastructure to meet future need	
2	Culture Improvement Programme in place, including evidence of improved engagement	
3	Clear recruitment and retention plan, with agreed timeline and evidence of delivery to support the revised operating model (see below)	
4	Approved FTSU plan (strategy, process and function) with evidence of delivery against plan and impact	
Performance Improvement:	*Board approved plan for performance recovery and future operating model*	**Paul Kempster**
1	A clear plan for performance recovery which includes representation from quality, finance, contracting and human resources / workforce	
2	Demonstration of improvement against performance recovery plans	
3	Demonstration of continued and sustained improvement in operational performance to be in line with the agreed trajectories in hear & treat and see & treat rates	
Patient Safety:	*Improvements in patient safety and experience, with evidence of effective systems and process in place around safeguarding and adverse incidents*	**Helen Young**
1	Embedded section 4.2.1 and the 11 core arrangements within the Safeguarding Accountability and Assurance Framework	
2	PSIRF plan developed, approved and published in partnership with the ICB with evidence of delivery against plan	
3	Evidence of improvement in Patient Safety and Just Culture	
4	Demonstrable improvement in learning from SIs (individual, organisation and system wide)	
5	Evidenced improved management of SIs	

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

NHS
South Central Ambulance Service
NHS Foundation Trust

Improvement Programme
Highlight Reports and Scorecards

Improvement Programme Highlight Report:	Governance & Well Led	October 2023	RAG:

Executive Lead: Daryl Lutchmaya ***Senior Responsible Officer: Daryl Lutchmaya*** ***Programme Manager: Amy Carden***

Workstream Summary (Incl. RAG Assessment):

Work has commenced to gather forward planners for all Committees for the flow of information to be aligned to the Board. 24/25 calendars are being worked on. Board NED reviewers are now in place, with Exec reviewers starting in November. Monthly sessions between each Executive and the Governance Team will be implemented from January 24 to discuss BAF risks, policies and other key governance items. New BAF focused Public Board agenda is being socialised. CoG observations of Board Committees starting in November.

Progress Against Key Outcomes / Success Criteria:

- The Risk Policy and Framework and the Policy on Policies were approved at EMC on the 24th October, subject to minor amendments.
- The 2nd draft of the Governance Assurance Framework was presented at EMC on the 24th October where feedback was given, and discussion took place. 3rd version expected in November.
- The SCAS internal Stakeholder Oversight Committee has now been fully set up with a wide-ranging membership across all departments and the first draft of the Terms of Reference will be discussed on the 23rd October.

Key Activity, Month Ahead:

- A complete suite of Governance templates to be used from November 23. Work has taken place to finalise a standard house style and a set of guides to accompany the templates, which will provide hints and tips to ensure consistency.
- A SOP is to be produced to support the Governance Framework. This will support the embedding of the Governance Framework and ensure a culture of governance is in place across the Trust.
- A workshop to inform the Trust's stakeholder engagement strategy is planned for mid to late November'23. The engagement strategy will form part of the wider strategy reset as outlined by our CEO.

What's Gone Well:

- Training for the Risk Management Platform has commenced with risk owners with 89% of sessions booked and 17% of those completed, with positive feedback being received.
- The interviews for the backfilling of staff in the OD team to support the delivery of the Talent and Succession Planning piece were scheduled for the 27th October.

What's Not Gone So Well:

- The skill set of the person hired to undertake the completion of the Independent Governance Review recommendations was not compatible with the requirements. A new resource will be recruited to.
- The interviews that took place in November for the Corporate Governance and Compliance Manager role were not successful and a candidate was not appointed.

Workstream Key Risks:

- Although recruitment to the Governance Team is underway and will support achieving accelerated progress towards implementation of key governance actions, notice periods are required and a period of embedding will be needed.

Workstream Issues:

- The completion of the Governance Assurance Framework is in progress, but its completion depends upon the final internal assurance structure that is put in place.

Delivered/Complete | Planned, on track | Off plan, recovery actions in place | Overdue (>1 month)

SCAS Improvement Plan Scorecard: Governance & Well Led — October 2023

No	Metric/s	Baseline (Date)	End Target (Date)	Aim/ Actual	Quarterly Trajectories								Comments
					2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Average timeliness of papers received by the Board and Committees per month (5 working days before meeting)	50% Q4 22/23	90% Q1 24/23	*Aim*	*N/A*	*N/A*	*50%*	*80%*	*80%*	*80%*	*90%*	*100%*	Q2 data collated from both manual and QR code feedback (Board, Audit, Q&S, F&P, P&C, Rem Com) 6 meetings of 11 met the target.
				Actual	N/A	N/A	50%	55%					
2	Quality of papers for Board and Committees (as above) ('P' – Poor; 'A' – Average; 'G' – Good; 'E' – Excellent)	Average Q4 22/23	Excellent Q2 24/25	*Aim*	*N/A*	*N/A*	*A*	*A*	*A*	*G*	*G*	*E*	Based on QR code feedback as follows: • August Board Seminar – A/G (9 responses) • September Audit Committee – G (4 responses) • September Remuneration Committee – E (2 responses)
				Actual	N/A	N/A	-	G					
3	Board Effectiveness review by survey Quality of papers for Board and Committees (as above) ('P' – Poor; 'A' – Average; 'G' – Good; 'E' – Excellent)	Average Q4 22/23	Excellent Q3 23/24	*Aim*	*N/A*	*N/A*	*N/A*	*N/A*	*A*	*N/A*	*N/A*	*N/A*	Well-led review in Q4 - Focus: Strengths of the board/ Composition of the Board/Ability to resolve conflicts/ Regular reviews and reflections/vision, goals and focus of the Board/ Clear definition of roles & responsibilities / Level of constructive challenge.
				Actual	N/A	N/A	N/A	N/A					
4	Partners' satisfaction with joint working from SCAS (from 6 monthly survey) (Dissatisfied – 'D', Satisfied – 'S', Very Satisfied – 'V')	Satisfied Q4 22/23	Very Satisfied Q3 23/24	*Aim*	*N/A*	*N/A*	*S*	*N/A*	*VS*	*N/A*	*VS*	*N/A*	This metric will be reviewed following the decision on the approach the Trust will take to measure partnership working. Initial plans are currently being reviewed.
				Actual	N/A	3%	-	-					
5	Internal audit activities are being completed to plan No (<50%) Minimal (50% - 74%) Partial (75% -89%) Substantial (90% - 99%) Yes (100%)	Minimal Q3 22/23	Yes	*Aim*	*N/A*	*N/A*	*95%*	*95%*	*95%*	*95%*	*100%*	*100%*	Measured by the percentage of completed audit actions. Only 1 of 12 actions reported in Audit Committee has been completed. The way this metric is measured is under review.
				Actual	Minimal	Minimal	Partial 76%	No 8%					

SCAS Improvement Plan Scorecard:				Governance & Well Led									October 2023
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									
				Aim/ Actual	2022/23		2023/2024				2024/25		Comments
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
6	Effectiveness of committees ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Average Q4 22/23	Excellent	*Aim*	*N/A*	*N/A*	*A*	*A*	*A*	*G*	*G*	*E*	Based on QR code feedback as follows: • August Board Seminar – G (9 responses) • September Audit Committee – G/E (4 responses) • September Remuneration Committee – E (2 responses)
				Actual	N/A	N/A	-	G/E					
7	Effective accountability structures through organisation (link to performance improvement) ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Poor Q4 22/23	Excellent Q2 24/25	*Aim*	*N/A*	*N/A*	*A*	*A*	*A*	*G*	*G*	*E*	Chief Governance Officer's view based on progression of Governance Framework implementation.
				Actual	N/A	N/A	P	P					
8	Governance modules completed as part of leadership development	40% Q4 22/23	95% Q1 24/25	*Aim*	*N/A*	*N/A*	*50%*	*65%*	*75%*	*80%*	*95%*	*100%*	There is appetite for some Governance modules to be added to various development courses. These are not likely to be put into place until next year.
				Actual	N/A	N/A	-	-					
9	Monthly updating of the BAF ensuring links to extreme risks ('Y' -Yes, 'N' - No)	Poor Q1 23/24	Excellent Q3 23/24	*Aim*	*N/A*	*N/A*	*Y*	*Y*	*Y*	*Y*	*Y*	*Y*	Monthly updating of the BAF has been completed, with an additional BAF risk created in relation to the overall Improvement Programme.
				Actual	N/A	N/A	Y	Y					
10	Board development attendance	60% Q4 22/23	100% Q1 23/24	*Aim*	*N/A*	*N/A*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	Percentage of eligible colleagues that attend Board Development sessions. On average 17 of 18 members attended.
				Actual	N/A	N/A	71%	94%					

SCAS Improvement Plan Scorecard:				Governance & Well Led									October 2023
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									
				Aim/ Actual	2022/23		2023/2024				2024/25		Comments
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
11	Number of attendees at Leadership Development sessions?	80% Q4 22/23	95%	*Aim*	*N/A*	*N/A*	*60%*	*75%*	*75%*	*75%*	*95%*	*95%*	Percentage of eligible colleagues that have completed or are in the process of completing SCAS Leader and Essential Skills for People Managers.
				Actual – SCAS Leader	N/A	N/A	47%	48.5%					
				Actual - ESPM	N/A	N/A	61%	65%					
12	Feedback from Leadership Development sessions (Feedback score marked out of 5)	Average Q4 22/23	Excellent Q1 24/25	*Aim*	*N/A*	*N/A*	*3*	*3*	*4*	*4*	*5*	*5*	Data provided is feedback from ESPM only. It is currently being reviewed how feedback from both SCAS Leader and ESPM can be collated collectively, and this will be added when available.
				Actual	N/A	N/A	-	4.64					
13	Numbers of Executive visits to sites/ride outs per month (expectation is one visit per month by each) (9 Executives)	50% Q4 22/23	95% Q1 24/25	*Aim*	*N/A*	*N/A*	*50%*	*65%*	*75%*	*80%*	*95%*	*100%*	Tracked through completion of online feedback forms and EAs calendar feedback. 23 of 27 expected visits were completed.
				Actual	N/A	N/A	63%	85%					
14	Number of NED visits to sites/ride outs (8 NEDs – expectation is one visit per month by each)	Poor Q1 23/24	Excellent Q3 23/24	*Aim*	*N/A*	*N/A*	*50%*	*65%*	*75%*	*80%*	*95%*	*95%*	Tracked through reports provided to Marie Gittings. 3 of 24 visits were completed.
				Actual	N/A	N/A	42%	13%					

Improvement Programme Highlight Report:	Culture & Staff Wellbeing	October 2023	RAG:

Executive Lead: Melanie Saunders | *Senior Responsible Officer: Nicola Howells* | *Programme Manager: Emma Manaton*

Workstream Summary (Incl. RAG Assessment):

Speak Up month events have been well received, with the FTSU team engaging with over 800 staff and further events planned into Nov, and with good involvement from executive management team. Informal feedback to the FTSU team indicates that inappropriate sexual behaviours still exist, and a review & refresh of the Sexual Safety Campaign is taking place to agree next steps. People Voice continues to progress with collaboration with the Patient Safety team and final edits to the new SharePoint, improving visibility to staff on action taken which will start to address the frustration seen by staff as lack of action on feedback. Workstream is tracking Amber overall with 70% of exit criteria complete and actions in place to progress the red & amber items.

Progress Against Key Outcomes / Success Criteria:

- People Voice SharePoint is in the final stages of development and will continue to develop iteratively. Patient Safety themes added as an input channel and collaboration with the PSIRF team to include you said, we did examples on SharePoint. First People Voice Steering Group on 31st Oct.
- FTSU policy refreshed and now in line NHSE policy fully. Added best practice guide for responding to detriment as FTSU policy appendix. First sexual safety focus group held to discuss next steps.
- Staff Networks attended 2 sessions with Cherron Inko-Tariah, well received by network participants.
- EQIA toolkit & presentation delivered to HR & Service Development teams to incorporate into their processes, further embedding EQIA.

Key Activity, Month Ahead:

- Collate and distribute actions from the People Voice Steering Group, deliver report to PACC on 23 November. Engage further with PSIRF on shared practices and demonstrating improvement actions from feedback.
- Sexual Safety Campaign to be reviewed and refreshed with further focus group meetings. Output to include next steps for the campaign to drive engagement & encourage speaking up / out.
- Completion of business case for implementation of ESR Manager Self-Serve (MSS). Scoping of project plan to facilitate improvement and documentation of 1:1 conversations and appraisals
- Finalise the WRES, WDES and Gender Pay Gap report with EDI Steering group feedback in mind. Publish final report.

What's Gone Well:

- Talent and Succession 8a role now out for advert
- Great collaboration and feedback from various teams, such as recruitment, FTSU, HR and patient safety, on the creation of the People Voice, 'you said, we did' section of the new SharePoint page.
- Scorecard for M6 shows attrition is significantly better than plan for EOC (7 better than plan), 111 (15 better than plan) & Ops (20 better than plan).

What's Not Gone So Well:

- 5 yr plan being redeveloped in-light of ongoing demand/performance challenges.
- National Staff Survey participation not going as well as planned, managers continue to encourage staff to engage.
- Sexual Safety Posters to help further high-light the campaign and provide assurance to our teams, have not materialised, the opportunity to hand these out during Speak Up Month has been missed.

Workstream Key Risks:

- Capacity of existing People Services Directorate resources increasingly a challenge, increasing competing priorities both within BAU and organisational change. Capacity currently hindering progress with delivery of retention plans and commencement of talent management programme.
- Upcoming change in the organisation may affect staff morale / wellbeing / engagement which may in turn impact attrition, the staff survey results, increase in FTSU cases. Careful management of staff communications and engagement over the changes.

Issues for Escalation (Incl. Scope / Milestone Change Requests):

- Sexual Safety Posters to help further high-light the campaign and provide assurance to our teams have been delayed in production. Alternative internal team option being explored.

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

SCAS Improvement Programme Scorecard: Culture & Staff Wellbeing — October 2023

No	Metric/s	Baseline (30/08/22)	End Target	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Reported cases of bullying and harassment	1	2	*Aim*	*N/A*	*N/A*	*3*	*3*	*3*	*3*	*2*	*2*	Q2. We continue to place emphasis on mediation (where appropriate) and have seen an increase in cases dealt with under mediation, Q1 – 5, Q2 – 5. Comparably mediation cases for Q4 -3 and Q3 – 2. We can conclude from this that more cases are being resolved under mediation rather than proceeding to a formal process.
				Actual	3	2	1	3					
2	Reported cases of sexual harassment	5	2	*Aim*	*N/A*	*N/A*	*5*	*7*	*8*	*8*	*7*	*7*	Q2. Reported numbers lower than forecast, production of posters has been delayed, new supplier being sought. Q3 renewed focus of the campaign.
				Actual	4	4	4	3					
3	Casework (investigation) completion timeline completion against policy	35	35	*Aim*	*N/A*	*N/A*	*60*	*58*	*50*	*45*	*40*	*35*	Q2. Decreased timescales due to a number of cases being resolved following a shorted collation of facts, where individuals have taken accountability for their actions.
				Actual	41	31	63	43					
4	FTSU: case numbers (overall and across service areas)	36	N/A	*Aim*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	Q2- overall quarter similar to previous quarters', however during Q2 saw significant spike in July and Aug, numbers bucking previous trends, likely due to national FTSU exposure due to Countess of Chester coverage and other instabilities from change programmes, financial pressures and focus on increasing performance. As agreed, speak up sub score will be used to measure speak up culture, therefore no trajectory on this metric.
				Actual	29	38	27	34					
5	FTSU: Freedom to Speak Up Sub Score	5.9 (Oct 22)	6.4	*Aim*	*N/A*	*N/A*	*N/A*	*5.9*	*5.9*	*6.0*	*6.0*	*6.1*	Q2 sees a drop in sub score, questionable if this reflects the true view of organisation as initial response rate was 35. Surveys not collected over the full quarter due to delays. Will monitor during Q3, encouraging engagement during F2F interactions but without diluting the NSS message. Sub score is nationally recognised as not exclusively FTSU, ie EPR outages and issues with safeguarding referrals may have impacted the scores. Baseline is NSS from Oct 22 (5.9). Forecast Q2 24/25 (6.1) is best in sector, end target (6.4) is national average. We are already ahead of sector average (5.8).
				Actual	N/A	N/A	N/A	5.2					

SCAS Improvement Programme Scorecard: Culture & Staff Wellbeing — October 2023

No	Metric/s	Baseline (30/08/22)	End Target	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
6	FTSU: audit of time taken to complete initial investigation (% within guidelines)	93 (Q1 23 figures)	93	*Aim*	*N/A*	*N/A*	*N/A*	*93*	*86*	*86*	*93*	*93*	Q2 – drop to 80%. The expected drop to 86% in Q3 has, in practice, been brought forward by the spike in cases because of national Countess of Chester coverage as well as environmental impact to managers such as performance pressures and finance sustainability. Baseline figures are Q1 23 (not measured previously). No guideline for this figure, suggest we maintain at this level while we build data. Forecast: drop to 86% is potential combination of winter pressures on managers & possible increase in FTSU cases during / after speak up month in Oct (86% is 2 cases breaching).
				Actual	N/A	N/A	93	80					
7	Appraisal and PDR: completion (%)	89	95	*Aim*	*95*	*95*	*95*	*95*	*95*	*95*	*95*	*95*	Q2 – decrease and below trajectory; PDRs paused during September due to demand/performance pressure, have now recommenced from October. Reviewing trajectory to recover back to 90 and to 95%.
				Actual	88	89	84	75					
8	Q21c – would recommend the organisation as a place to work (%)	36.5 (July 22)	59.4	*Aim*	*37*	*38*	39	40	41	42	43	44	Q2- uncertainty around financial constraints may be impacting this quarters figures. Forecast: Q2 24/25 is sector average (44%), end target is best in sector (59.4%). 46% in Q3 due to higher survey completion rate as NSS - suggesting NQPS may not be a true reflection of staff view & to treat as indicative only.
				Actual	46	36	41	35					
9	Staff feeling able to make suggestions to improve the work of their team/department (%)	47.7 (July 22)	61.7	*Aim*	*48*	*48*	*50*	*50*	*50*	*52*	*52*	*54*	Q2 – continue to recover towards trajectory, introduced Bright Ideas initiative and ongoing work on speak up culture. Forecast: Q2 24/25 is sector average (54%), end target is the best in sector (61.7%). 53% in Q3 due to higher survey completion rate as NSS, suggesting NQPS may not be a true reflection of staff view & treat as indicative only.
				Actual	53	44	46	46					
10	Retention / Stability Index Rate (%)	82	82	*Aim*	*82*	*82*	*82*	*82*	*83*	*83*	*84*	*84*	Q1 Improved by 2%, staff turnover has seen a steady improvement, rising to 85% in month Q2.
				Actual	82	82	84	85					
11	Vacancy Rate (%)	15	10	*Aim*	*13*	*14*	*14*	*13.5*	*12*	*11*	*10*	*10*	Q2 – is on-track with workforce plan and controlled improvement since Q1
				Actual	13	13	12	12					

Improvement Programme Highlight Report:	Performance Improvement	October 2023	RAG:

Executive Lead: Paul Kempster/Mark Ainsworth ***Senior Responsible Officers: Luci Papworth, Mark Ainsworth*** ***Programme Manager: TBC***

Workstream Summary (Incl. RAG Assessment):

The work to develop the Operational Development Plan (ODP) has been incorporated into the Operational Modernisation (OM) programme, which has seven key principles which encompass the future operational model for Urgent & Emergency care and contact centres as well as the associated Estate, Fleet and support services required to deliver this. This programme is in the progress of mobilisation.

Following the reintroduction of the Ortivus Mobimed ePR on 10th October 2023, end user testing has recommenced to satisfy the remaining Should Do action (from 30th October 2023). Testing of the patient feedback loop has begun within the MK UCR footprint, with expansion to all remaining areas of the SCAS U&E geography anticipated by 30th November 2023 (to be noted that this is based on a voluntary opt-in basis by providers).

Progress Against Key Outcomes / Success Criteria:

- The focus continues to be Operations' current Performance Improvement Plan (PIP) actions and closely monitoring the Cat 2 response and EOC call answer times
- Initial workshops to develop the vision and scope of the OM programme have been held, with Expression of Interest for key roles advertised and interviews planned

Key Activity, Month Ahead:

- Continue to monitor PIP actions for timely delivery and increase PP hours in line with new contracted hours
- Develop roadmap for OM programme, appoint key roles and commence the strategic business case
- Monitoring the progress of the ePR outage recovery work to allow the completion of the Should Do, CQC_39, technical solution (SCAS Connect)

What's Gone Well:

- The Performance Improvement Plan is reviewed weekly for progress against each action. Positive feedback from NHSE on the PIP and actions included
- Cat 2 Segmentation and GP triaging of Cat 3/4 continue and are being monitored as further recruitment is undertaken
- The move into Partis House has been completed with 111 services now being operated in an improved environment (official opening on 6th November 2023)

What's Not Gone So Well:

- Due to capacity constraints, there is no dedicated programme / project support

Workstream Key Risks:

- New private provider contracts commenced 2nd October. Currently fulfilling 65-70% of contract requirements
- Clinical capacity for Cat 2 Segmentation, as well as delivering BAU Clinical Support Desk requirements

Workstream Issues:

- Progress with the Operational Development Plan has been limited due to the focus required on developing the Performance Improvement Plan (PIP). The structural changes that have now been announced and came into effect on 1 October will enable the development of a modernisation programme which will address Exit Criteria 1. Short term elements of the ODP will be included in the PIP, with the longer-term actions being built into the modernisation programme
- ePR Outage: This has delayed the implementation of the final Should Do , CQC_39. Replanning of testing SCAS Connect solution required following operational go-live on 10th October 2023

SCAS Improvement Programme Scorecard: Performance Improvement — October 2023

No	Metric/s	Baseline H2 – 22/23	End Target	Aim/ Actual	Quarterly Trajectories								Comments
					2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Improved category 2 ambulance response times	00:34:08	00:18:00	*Aim*	00:18:00	00:18:00	00:27:59	00:26:43	00:28:56	00:29:37	00:25:00	00:20:00	Assumptions behind these trajectories include no demand growth and hospital delays at agreed levels. Revised trajectory has been shared with Exec and board and being presented to NHSE on 5th October prior to submission
				Actual	00:40:33	00:26:53	00:29:42	00:33:09					
2	Increase in Hear and Treat rates	12.20%	14%	*Aim*	13.5%	12.5%	10.5%	11.5%	12.0%	12.5%	14.0%	14.0%	Cat 2 Segment now live (as per NHSE directive) with the 9s GP CAS also live from 28th Sept. Review of H&T improvement plan following AACE review
				Actual	13.4%	10.8%	10.6%	11.1%					
3	Increased See and Treat rates	34.8%	35%	*Aim*	34.0%	34.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	Higher acuity in 999 calls is affecting the ability to S&T higher number of patients. 63% of demand C1 and C2 in Sept an increase of 5% from August
				Actual	34.9%	34.7%	34.3%	33.7%					
4	Improved Mean 999 call answer time	00:00:51	00:00:10	*Aim*	00:00:10	00:00:10	00:00:24	00:00:11	00:00:20	00:00:11	00:00:10	00:00:10	Q2 performance behind plan. WMAS support commenced 11.08.23. Review of IOW staffing levels as below agreed levels.
				Actual	00:01:06	00:00:32	00:00:25	00:00:22					

SCAS Improvement Programme Scorecard: Performance Improvement — October 2023

No	Metric/s	Baseline H2 – 22/23	End Target	Aim/ Actual	Quarterly Trajectories								Comments
					2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
5	Improvement in % of staff having meal breaks	54.9%	85%	*Aim*	85.0%	85.0%	63.0%	64.0%	65.0%	66.0%	75.0%	80.0%	Changes are being planned to re-design of seven SCAS operational nodes, to implement new work patterns during Q3/Q4 2023-24, that will support improving meal break "windows" built into the rosters.
				Actual	48.1%	61.5%	58.7%	53.8%					
6	Improvement in % of staff shifts finishing no later than 30 minutes past finish time.	71.8%	90%	*Aim*	66.0%	66.0%	85.0%	85.0%	87.0%	88.0%	89%	90%	Project to design new rosters to incorporate 'overlapping shifts patterns' across all 23 resource centres is underway, this will support improved resource cover throughout the 24/7 period, so that 'oncoming shifts' will aid staff finishing on time at the end of their shift in Q3/Q4 - 2023/24. Review of EOC process for night shifts with unions has failed to reach agreement for change. QIA also rejected due to staff impact. Negotiations with unions to continue
				Actual	69.0%	83.0%	84.0%	82.3%					
7.	Progress against infrastructure development programme			*Aim*	N/A	N/A	Programme Brief	Programme Plan	Initial Board Approval of Plan	Final Board Approval of Plan			An operational development plan for SCAS 999 Ops Services is now in development with project workstreams, as part of the Trust improvement programme.
				Actual	*N/A*	*N/A*	Complete						Performance Improvement Plan 2023-24 actions approved by Exec.

Improvement Programme Highlight Report:	Patient Safety	October 2023	RAG:

Executive Lead: Helen Young ***Senior Responsible Officer: Sue Heyes*** ***Programme Manager: Dai Tamplin***

Workstream Summary (Incl. RAG Assessment):

Although the impacts of Op AVOCET (ePR outage) are still being felt, system reintroduction on 10 Oct 2023 has allowed for the recommencement of automated SG referral processes and unblocked testing of key systems (e.g. User Acceptance Testing (UAT) of SG server). SI declared relating to delayed SG referrals – still a live issue but cross-System working has been very effective with exceptional support from System SG professionals. Despite these challenges, compliance against SAAF has increased this period to 96.7% as outlined below. Other key activity has included the approval of the Asset Management System at ETB and advancement of the Patient Panel agenda, with significant interest in participation (incl. at Panel Chair level).

Progress Against Key Outcomes / Success Criteria:

- SAAF compliance has increased to 96.7% following review of policies and implementation of Group Supervision (with dates booked out to year-end)
- Safeguarding server transition delayed by Op AVOCET (ability to conduct User Acceptance Testing (UAT)). UAT now scheduled to be complete early Nov 2023
- Positive peer-to-peer feedback received from BOB PSS Network around quality of SCAS investigation reports
- Patient Experience target met in accordance with IPR, relating to response to complainants (acknowledgement and closure) – 98%
- Medical Devices Asset Management System – approved at Oct 2023 ETB

Key Activity, Month Ahead:

- External Quality Review of SCAS Safeguarding Service (Completed – 6 Nov 2023)
- Completion of UAT for new SG server and server transition by 30 Nov 2023
- Audit of No/Low Harm incident investigation reports
- Chief Pharmacist recruitment (requirement for CD dispensing licensing)

What's Gone Well:

- Patient panel recruitment continues with applicants selected for Chair and sub-group chairs
- PSIRF PM support secured to project end (31 May 2024)
- Joint approach to International IPC Week with successful comms campaign to support initiatives (incl. professional standards focus)

What's Not Gone So Well:

- Continued impact of Op AVOCET. Manual processes still in play albeit will reduce in line with reintroduction of ePR
- Operational pressures continue to impact on training and audit compliance levels (e.g. SG training and IPC audit compliance). Teams monitoring to minimise impacts

Workstream Key Risks:

- Reputation risk as server/user testing delays affect reputation with MASH (Multi Agency Safeguarding Hubs). Meetings held to provide regular updates
- Trust IPC Lead has given notice – gap anticipated before new starter (appointed) arrives in post

Workstream Issues:

- SG Team capacity and resilience due to Op AVOCET

SCAS Improvement Programme Scorecard: Patient Safety October 2023

No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Increased number of Safeguarding referrals indicative of +ve reporting	12153 (30/09/22)	17956 (30/09/24)	*Aim*	*12761*	*13399*	*14069*	*14772*	*15511*	*16287*	*17101*	*17956*	Baseline Q2 2022 figures. 5% target increase per Qtr. Q2. Above trajectory (^25.4%)
				Actual	13728	14221	16311	20458					
2	Compliance against trajectory of Level 3 Safeguarding training	6% (30/09/22)	90% (31/03/24)	*Aim*	*20%*	*30%*	*46%*	*60%*	*70%*	*90%*	*>90%*	*>90%*	Trust-wide compliance figure (Clinician + ECA) Q2. Above trajectory (+0.75%)
				Actual	18%	31%	49%	60.75%					
3	Self-assessed compliance against SAAF to safeguard children, young people & adults	20% (30/09/22)	100% (Q4 23/24)	*Aim*	*30%*	*60%*	*70%*	*80%*	*90%*	*95%*	*>70%*	*>80%*	Calculated percentage against tasks aligned to SAAF Q2. Remains above trajectory (+14.5%)
				Actual	30%	64%	94.5%	94.5%					
4	Improvement in Patient Safety Culture Survey (MaPSaF) response rates	3% (28/02/23)	7.5% (30/09/24)	*Aim*	*N/A*	*3%*	*N/A*	*N/A*	*5%*	*N/A*	*N/A*	*7.5%*	Repeated every 6/12 Next report in Q3
				Actual	N/A	3%	N/A	N/A		N/A	N/A		
5	Incident report audit using a Quality & Maturity tool to evidence Well Led and cultural change	0 (31/03/23)	40 (31/03/24)	*Aim*	*N/A*	*N/A*	*10*	*10*	*10*	*10*	*10*	*10*	Audits to assess quality of SIs, DIs and Low/No Harm reporting Q2. 10 x DI reports audited
				Actual	N/A	N/A	10	10					
6	Medical Device Audit – % compliance against schedule (Zoll X-Series)	Not Known (30/09/22)	>95% (Q1 24/25)	*Aim*	*>80%*	*>90%*	*>90%*	*>90%*	*>90%*	*>90%*	*>95%*	*>95%*	Increase dependent on intro of enhanced Asset Management system Q2. Above trajectory (+3.4%)
				Actual	80%	90%	93%	93.4%					
7	Decrease in number of medicines unaccounted for/loss	New for 23/24 IPR	TBC (Post Q3)	*Aim*	*N/A*	*N/A*	*N/A*	*N/A*	*TBC*	*TBC*	*TBC*	*TBC*	IPR compliance data (new for 23/24) Q2. Data reflects no. of reported CD incidents, unaccounted losses. Trajectory to be evaluated after Q3 data. Q2 outlier due to ongoing inv.
				Actual	N/A	N/A	34	82					
8a.	IPC audit: % compliance against buildings cleanliness target	80% (30/09/22)	95%	*Aim*	*N/A*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	IPR compliance data Q2. IPR data finalised. Below trajectory.
				Actual	N/A	74%	80%	79.3%					
8b.	IPC audit: % compliance against vehicles cleanliness target	91% (30/09/22)	95%	*Aim*	*N/A*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	IPR compliance data Q2. IPR data finalised. Below trajectory.
				Actual	N/A	91%	96.5%	94.7%					