



## Council of Governors meeting

**DATE:** Wednesday 31 January 2024  
**TIME:** 6.30pm – 8.50pm  
**VENUE:** Shaw House, Communities and Wellbeing, West Berkshire Council  
Shaw House, Newbury, RG14 2DR

<u>Item</u>	<u>Action</u>	<u>Time</u>
<b>OPENING BUSINESS</b>		
1	<b>Chair's Welcome and Apologies for Absence</b> Keith Willett	Verbal To Note
2	<b>Declaration of Interests</b> Keith Willett	Verbal To Note
3	<b>Minutes from Meeting on 4 October 2023</b> Keith Willett	Page 4 To Approve
4	<b>Action Log</b> Daryl Lutchmaya	Page 14 To Note
<b>ACCOUNTABILITY FOR BOARD PERFORMANCE</b>		
5	<b>Chief Executive's Report</b> David Eltringham	Page 16 To Note
6	<b>Improvement Plan Update</b> Mike Murphy	Verbal To Note
7	<b>Fit for the Future Programme</b> Paul Kempster	Verbal To Note
8	<b>Hampshire Together</b> ICB	To Follow To Note
9	<b>Questions from Governors</b> All	Verbal To Note
<b>COMMITTEE UPDATE</b>		
10	<b>Membership and Engagement update</b> Mark Davies, Margaret Eaglestone	Page 21 To Note
<b>ANNUAL BOARD COMMITTEE REPORT</b>		
11	<b>People and Culture Committee Report</b> Ian Green	Page 29 To Note
12	<b>Quality and Safety Committee Report</b> Anne Stebbing	Paper 34 To Note
<b>ITEMS FOR DISCUSSION &amp; NOTING</b>		

<u>Item</u>	<u>Action</u>	<u>Time</u>	
<b><i>These items will be taken as read. Executive Directors will provide any verbal updates as required. Questions from Governors should be submitted to the Company.Secretary@scas.nhs.uk mailbox 24 hours before the meeting.</i></b>			
<b>13</b>	<b>Executive Director Updates:</b>  a) <b>Financial Performance</b> Stuart Rees b) <b>Peoples Directorate</b> Melanie Saunders c) <b>Quality Directorate</b> Helen Young d) <b>Digital Directorate</b> Craig Ellis e) <b>Operations Update – 999,111 &amp; Other</b> Paul Kempster f) <b>Governance</b> Daryl Lutchmaya	<b>To Note</b>  <b>Page 41</b>  <b>Page 46</b>  <b>Page 48</b>  <b>Verbal</b>  <b>Page 58</b>  <b>Page 69</b>	<b>7.50</b>
<b>14</b>	<b>Urgent Care/111 Briefing</b> Ruth Page	<b>Page 73</b> <b>To Note</b>	<b>8.05</b>
<b>15</b>	<b>Patient Panel Update</b> Nikhyta Patel, Anna Clarkson	<b>Page 89</b> <b>To Note</b>	<b>8.15</b>
<b><i>Executive Directors to leave</i></b>			
<b>COG OPERATIONS</b>			
<b>16</b>	<b>Lead Governor’s Report</b> Helen Ramsay	<b>Page 101</b> <b>To Note</b>	<b>8.25</b>
<b>17</b>	<b>NED Report</b> Mike McEnaney	<b>Page 105</b> <b>To Note</b>	<b>8.30</b>
<b>CLOSING BUSINESS</b>			
<b>18</b>	<b>Any Other Business</b> Keith Willett	<b>Verbal</b> <b>To Note</b>	<b>8.35</b>
<b>19</b>	<b>Questions from Members/Observers</b> Keith Willett	<b>Verbal</b> <b>To Note</b>	<b>8.40</b>
<b>20</b>	<b>Review of Meeting</b> Keith Willett, All Governors	<b>Verbal</b> <b>To Note</b>	<b>8.45</b>
<b>21</b>	<b>Date and Time of Next Meeting</b> Keith Willett  <b>Wednesday 3 April 2024, Venue TBC</b>	<b>Verbal</b> <b>To Note</b>	<b>8.50</b>

*Please note that some of these agenda items were received by the Trust Board on 25 January 2024.*

# 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 Council of Governors Meeting

**Date:** Wednesday 4 October 2024

**Time:** 6.30pm - 9.00pm

**Venue:** MS Teams

### Governors present

Helen Ramsay (Lead Governor, Public- Oxfordshire); Andy Bartlett (Public Governor – Hampshire); Loren Bennett (Staff Governor); Rachael Cook (Staff Governor); Anne Crampton (Partner Governor - LA); Mark Davis (Deputy Lead Governor and Public Governor – Berkshire); Claire Dobbs (Partner Governor – Air Ambulance) Tim Ellison (CFR Governor, Romsey); Hilary Foley (Public Governor – Hampshire); Mike Charles (Governor-Buckinghamshire); Stephen Bromhall (Public Governor – Buckinghamshire); Charles McGill (Public Governor – Hampshire); David Lockett (Governor-Hampshire); Tony Nicholson (Public Governor – Hampshire); Alan Weir (Staff Governor) Cllr Barry Wood (Appointed Governor); David Wesson (Public Governor- Oxfordshire); Ian Sayer (Staff Governor); Loretta Light (Public Governor- Oxfordshire).

### Governors not in attendance

Mark Perryman (Public Governor – Hampshire); Graeme Hoskin (Appointed Governor); Andy Bartlett (Public Governor- Hampshire); Tariq Khan (Staff Governor).

### Executive Directors/Others in attendance

Professor Sir Keith Willett CBE (Chair); Sumit Biswas (NED and Deputy Chair); Nigel Chapman (NED); Les Broude (NED); Mike McEnaney (NED); David Eltringham (Chief Executive) item 1-5 only; Professor Helen Young (Chief Nurse Officer); Mike Murphy (Chief of Strategy); Daryl Lutchmaya (Chief Governance Officer); Melanie Saunders (Chief People Officer); Paul Kempster (Chief Operating Officer); Dr John Black (Chief Medical Director); Mark Ainsworth (Director of Operations); Stuart Rees (Interim Director of Finance); Steve Clarke (Senior IMT Business Manager); Nora Hussein (Interim Assistant Trust Secretary); Susan Wall (Corporate Governance & Compliance Officer); Margaret Eaglestone (Membership and Engagement Manager).

### Directors / Executives' apologies received.

Aneel Pattni (Chief Finance Officer); Dr Anne Stebbing (NED); Dhammika Perera (NED); Ian Green (NED).

### Observers

There were no observers at the meeting.

Item No.	Agenda Item
1	<p><b>Chair's Introduction, including Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting and noted apologies for absence as above. He informed the Governors that the Chief Executive Officer had Covid-19 and so he would present his report and leave the meeting. He also informed the Governors that most of the meeting papers had been presented to the SCAS Trust Board meeting on 28 September 2023.</p>
2	<p><b>Declarations of Interests</b></p>

	No declarations of interest were received.
3	<p><b>Minutes of the meeting held on 31 July 2023</b></p> <p>The minutes of the meeting held on 31 July 2023 were <b>approved</b>, subject to minor editorial amendments which would be addressed following the meeting:</p> <ul style="list-style-type: none"> <li>6. Improvement Plan update- duplication in wording to be amended</li> </ul> <p><b>Action 1: Chair to raise at the Stakeholder Oversight Committee Governor involvement within the ICS and that exit criteria to have a strategic focus.</b></p>
4	<p><b>Action Log</b></p> <p>The Council of Governors Action Log was noted. It was agreed to close:</p> <ul style="list-style-type: none"> <li>Action 3 - A briefing session on urgent care pathways and on clinical assessments at 111 to be provided to the Governors. Scheduled to be presented at the Autumn Workshop 2023.</li> <li>Action 4 - Assistant Company Secretary to take forward the arrangements for patient stories be available to the Governors via their portal. Governor Portal now working and Board Patient Story content will be uploaded if received. It was noted that normally it was a verbal report).</li> <li>Action 5 - There was a request to share the external audit findings on value for money to be circulated to the Council of Governors. On the agenda item 8.</li> </ul>
5	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive Officer informed the Governors that he had spent considerable periods of time out and about working alongside staff and publishing a 10 Point Plan.</p> <p>The Chief Executive highlighted:</p> <p><b>Modernisation Programme:</b> SCAS had begun an ambitious programme of modernisation which is underpinned by a strategic requirement to ensure the services we provide are 'fit for purpose' and deliver the best possible, high quality and safe services for the communities SCAS cares for. Whilst recovering its financial position and ensuring optimal operational performance are certainly two of the key drivers for reforming the organisation, SCAS needs to take measures to future proof services, taking account of economic factors, sustainability and environmental responsibilities and changing societal needs.</p> <p><b>Electronic Patient Record outage:</b> SCAS clinical, educational, operational and digital teams have been continuing to work together over the last few weeks to test the Ortivus ePR functionality in advance of a decision to resume services. Operationally, the decision has been taken that all terminals within all Acutes must pass testing prior to the 'go-live'.</p> <p><b>Lucy Letby:</b> The Trust is complying with the many safeguards to prevent such patient harm occurring at SCAS including implementing the new Patient Safety Incident Response Framework representing a significant shift in the way SCAS responds to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients; the strengthened Fit and Proper Person Framework and the revised Freedom to Speak Up (FTSU) policy based upon new NHSE guidance.</p> <p><b>Operational Performance:</b> Following a challenging June performance, SCAS saw this continue into July with an category 2 performance at 33 minutes 10 seconds, however there has been a significant improvement in August delivering 27 minutes 33 seconds. This improvement has been achieved following the implementation of the Operational Performance Improvement plan at the start of August. There were a number of immediate actions taken to increase operational staffing levels and reduce our abstractions which were then supported</p>

with short and medium term actions to develop a more sustainable level of operational hours to meet the 999 response demand.

**Finance:** The Trust's forecast outturn is £38.5m deficit. The forecast deficit has 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 Trust's cash balance at the end of August at £36.1m. The Trust's cash balance has decreased by £13.9m since the start of the financial year. At the current expenditure run rate, the Trust will require cash support from July 2024 to support continuing operations.

**Quality and Safety:** All oversight and assurance meetings were held throughout the reporting period and progress against actions and assurance provided.

Level 3 face to face Safeguarding training was suspended for two weeks during the reporting period to release capacity and support operational performance.

There had been two Zoll incidents reported, which are currently under investigation and the devices are being forensically analysed by Zoll. An audit of vehicles is in progress to ensure a secondary device is on every vehicle. Secondary devices added to the critical check list for staff at the start of shift.

**People:** Following the launch of the Trusts People Strategy; progress against the objectives set for the first 6-18 months of the Strategy include:

- "People Voice" feedback channels have been agreed and a process for collating data, triangulating, acting on feedback and governance is in place. We now need to demonstrate action on feedback and impact.
- Leadership programmes continue, with new modules including the collation of facts investigation training.
- Wellbeing conversation workshops and education are in place.
- Winter wellness pack has been launched, including QR code sticker on vehicles to improve signposting to H&WB portal. A Financial wellbeing guide has also been launched.
- Additional mental health and physio support is available.

**Change to the South Central Ambulance Service NHS Foundation Trust (SCAS, the trust) planned exit date from the Recovery Support Programme (RSP):** The Trust received notification that the original planned exit date of the end of Quarter 2 2023/24 for SCAS from the RSP, was extended following approval, to the end of Quarter 4 2023/24 by NHS England. This recommendation for extension was also supported by the Hampshire and Isle of Wight Integrated Care Board (HloW ICB) and SCAS. NHS England national and regional teams and colleagues at HloW ICB recognised the hard work that has been taking place across the Trust and the progress made to date, especially around the CQC requirements, patient safety and safeguarding. By allowing this extension to the exit date given the recent change in leadership, it is to be expected that the Trust will have sufficient time to deliver on the improvements required across the range of exit criteria.

**Hampshire and Isle of Wight system entry into the Recovery Support Programme:** The system-wide governance and oversight arrangements to lead and oversee recovery progress have been developed with the regional team and shared with NHSE. This includes embedded regional involvement in the ICB's Executive Leadership Group, which will have Chief Executive-level oversight of system recovery. This will be complemented by monthly system oversight led by our NHSE regional team.

The entry meeting with NHSE National Executive Team met on Friday 29 September 2023. The exit criteria will include developing a system wide recovery plan, including a financial improvement trajectory, which aims to secure financial sustainability and recovery.

**Annual Members Meeting:** The Trust held its 2022/23 Annual Members Meeting on 13 September. It was well attended, and the Annual Report and Accounts and Annual Auditors Report were presented to the Council of Governors, members and the wider public.

**Council of Governors Elections:** The Trust will be holding Governor elections in 17 seats during November and December with the declaration of results due on Wednesday 13 December 2023.

A request was made by an Appointed Governor to receive further information of the Modernisation Programme and changes of the service model to present at the Hampshire and Isle of White Local Government Association. The Chief Executive Officer responded that headlines could be provided.

A question was received from an Appointed Governor regarding the £38.5m deficit forecast and what would happen when it becomes the likelihood. The Interim Director of Finance responded that the underlying position would roll over into the following year (2024/25), and that it would remain to be corrected. He further explained that if the position was at £0 cash, then money would be borrowed with the appropriate permissions paid back with £3.5% interest.

The Lead Governor thanked the Chief Executive Officer for the detailed report and questioned whether the modernisation work lent itself following on from the Governor Strategy Workshop earlier in the year. The Chief Executive Officer explained that in terms of the building blocks, listening exercises and numerous engagement events have been carried out around the strategy, attaining a “you said” and “we are doing...” roadmap. He explained that all feedback from voices of staff and Governor engagement work is being incorporated into the strategy.

**Action 2: The Chief Executive Officer requested that the Modernisation Programme be added as a standing item to the Council of Governors Agenda.**

The Council of Governors **noted** the report.

*The Chief Executive Officer left the meeting.*

6

**Improvement Plan update**

The Chief Strategy Officer welcomed questions from the Council of Governors.

In relation to the SCAS Improvement Programme Must do/Should do relating to governance a Public Governor requested assurance on what must be done and when referring to the red action against governance. The Chief Governance Officer responded that there are two aspects to this, firstly Regulation 17 that details managing the risks at the Trust, explaining that over the last few months work has commenced on this and that there is a new SharePoint system in place that flags internal risks on the risk register allowing consideration of risks at Committee and Executive Director level. Secondly, he explained that there is a Risk Management Framework and Risk Management Policy that will be presented next week at the Risk and Compliance Committee which once approved will be presented for approval at the Executive Management Committee and then submitted to Audit Committee as a live document.

The Chief Governance Officer informed the Council of Governors that he envisaged that the time frame on delivering this is approximately 6 – 8 weeks and that there is a new refreshed

	<p>Board Assurance Framework (BAF) that is more robust and considered at all the Committees with Executive ownership.</p> <p>He also informed the Council of Governors that flow of information is flowing up through the correct channels via Committees and Board. He explained that as the Governance Team expands further work will accelerate.</p> <p>The Council of Governors <b>noted</b> the update.</p>
7	<p><b>ICB Update</b></p> <p>The Chief Strategy Officer informed the Council of Governors that work alongside ICB partners continues and that there is currently the Modernizing Our Hampshire Hospitals Programme of activity, which relates to looking at the new hospital build in the Basingstoke area.</p> <p>He informed all that work continues with the developments of the Isle of Wight and Healthcare that is provided and work continues to move forward in partnership with Isle of Wight Ambulance Trust.</p> <p>He went to explain that from a system perspective SCAS is very heavily engaged with all of the systems that are involved with winter planning and contract discussions and negotiations that are ongoing and but also with Hampshire and Isle of Wight.</p> <p>He also informed them that SCAS continues to build all on relationships across the ICB and that it is also working very closely with some of its other partners within those as well e.g developing an Adult Critical Care Transfer service with South East Coast Ambulance Service (SECamb).</p> <p>He also updated that SCAS is also looking at other partnership opportunities and in discussion with local acutes with regard to Patient Transport Services and how to operate the service in a more efficient and more effective manner. He explained that there is a risk with these things and that it is reflected on the BAF which is that SCAS might not have the time or the capacity to engage appropriately with systems due to a very large footprint and have 4 ICB's that it needs to engage with.</p> <p>He reflected that there is still a significant challenge, but a lot of good work is happening going on, that SCAS is engaged in.</p> <p>An Appointed Governor questioned who the possible partnership opportunities are with. The Chief Strategy Officer responded that there are opportunities within acutes and the Community Trust.</p> <p>The Chair added that there is a lot of stakeholder opportunities available, and a lot of the acute trusts are getting into partnerships, and that the ICB's are working across them to share resources in financing, HR in logistic supplies starting to merge and making joint appointments, merge sectors, and merge directorates across different organisations.</p> <p>A Public Governor commented that it was good to see the good work and not so good work in partnership working.</p> <p>The Council of Governors <b>noted</b> the update.</p>
8	<p><b>Follow up on External Audit Findings</b></p> <p>The Interim Director of Finance informed all that following the sign off of the financial statements a qualified opinion from the External Auditors was received on the Remuneration and Staff Report. He explained that Value for Money had received a satisfactory opinion</p>



	<p>however the auditors had provided commentary that identified significant weaknesses on arrangements for securing economic and efficient use of money. He explained that it had been agreed to go through the plan which would include the accounts and annual report in detail at Audit Committee, identify owners and produce a checklist.</p> <p>The Chief Governance Officer added that in relation to governance weakness BAF version 9 is being developed that will address the risks pertinent to the improvement programme. He explained that by internalising the risks relevant to the improvement programme into BAF addresses the significant weakness. He also added that there is oversight by the Executive for the Improvement Programme Oversight Board, which feeds into the Executive Management Committee and up to the Board.</p> <p>An Appointed Governor commented that some of the comments within the External Audit Report were not expected and not assuring particularly around there being no medium-term financial plan. The Director of Finance responded that the Council of Governors should be assured that this is being taken seriously by Executive Directors and Non- Executive Directors and that actions are being followed up at Committees. He also informed them that there is a planned Extraordinary Audit Committee to review the financial plan and that a three-year financial recovery plan will be presented to the Board, which is very much based on recurrent underlying savings, not non recurrent savings.</p> <p>He informed all that work on the medium-term financial plan has started but it not yet complete, he explained that the underlying position and service levels of costs have been identified however the work will not be completed until all of the financial plans have been completed.</p> <p>Regarding the comment on no ownership of the Annual Report he informed all that a plan will be put in place of areas of work breaking it down to owners. The Chief Governance Officer responded that the Chair of Audit Committee have requested a plan going forward that enables a high level of control and assurance.</p> <p>The Chair of the Audit Committee informed the Council of Governors that the comments of the External Auditors are being included within the Audit Committee workplan, and that the issues raised are being addressed and assured that they won't happen again.</p> <p>The Chair of the Finance and Performance Committee informed all that the Committee is discssuing how to get SCAS to a break-even position with the support of the Interim Director of Finance. He reflected that the position is not good and that SCAS cannot continue this way.</p> <p>A Non- Executive Director commented that if there is no robust plan, then SCAS can not expect support from NHS England.</p> <p>The Council of Governors <b>noted</b> the update.</p>
<p><b>9</b></p>	<p><b>Questions from Governors</b> It was agreed that the Council of Governors would ask questions during each agenda item.</p>
<p><b>10</b></p>	<p><b>Membership and Engagement update</b> The Deputy Chair of the Membership and Engagement Committee (MEC) informed all the Terms of Reference had been updated and highlighted that it will now be two terms of three years for a Governor to sit on the MEC. She welcomed expressions of interest to be sent to the Membership and Engagement Manager for those wishing to sit on the MEC.</p> <p>She also encouraged all Governors to support SCAS Public and Staff Elections 2023, and also to submit suggestions for Your Health Matters public talks.</p>

	The Council of Governors <b>noted</b> the update.
<b>11</b>	<p><b>Finance and Performance Committee Report</b></p> <p>The Chair of the Finance Performance Committee highlighted the Committee formed in March 2023 and informed all that it had been focused on looking at the one- and three-year financial plan to reach a break-even number. He also informed all that a considerable amount of time had been spent on the Integrated Performance Report which will be presented at the next SCAS Trust Board meeting.</p> <p>He also highlighted that it is a broad Committee covering many areas such as digital and estates.</p> <p>The Council of Governors <b>noted</b> the report.</p>
<b>12</b>	<p><b>Financial Performance Report</b></p> <p>The Interim Director of Finance welcomed questions from the Council of Governors.</p> <p>A Public Governor questioned how SCAS had reached its financial position. The Interim Director of Finance responded that an analysis was carried out up to 2019/20 to 2022/23 to understand the movement each year and in between them to where SCAS is now. He explained that three services 1st, 999111 and PTS income did work across their areas over the years, but costs went up in excess of those income received at the funding. He also explained that Corporate Services costs rose by 46% over that period, this could not be seen as there were non-recurrent items.</p> <p>The Chair thanked the Interim Director of Finance for his diagnostic work and reflected how the figures were not identified by External Auditors.</p> <p>The Lead Governor questioned whether there was any best practice or learning to share with other Trusts to decrease the chance of this happening elsewhere. The Chair responded that there is a Recovery Support Programme that meet with the national team and open frank conversations are held. He also commented that the Health Service Journal (HSJ) had published an article on SCAS, and that the SCAS Trust Board has been transparent at all Public Board meetings.</p> <p>The Chair of the Finance and Performance Committee are working to ensure that the improvements made are recurring as much as possible.</p> <p>The Council of Governors <b>noted</b> the report.</p>
<b>13</b>	<p><b>People Directorate Report</b></p> <p>The Chief People Officer presented an overview of the People Strategy and provided an update on where SCAS are against delivery of the People Strategy.</p> <p>A Non-Executive Director commented that there is huge activity within the culture work and felt assured that staff voices are being heard. He also informed the Council of Governors that the People and Culture Committee scrutinised the head count at its last Committee and spent some time discussing Equality Diversity and Inclusion.</p> <p>A Non- Executive Director also commented that he felt assured as a Non-Executive Director of the People Strategy delivery and the sensible KPI's. he commented that SCAS should be realistic about what it can achieve and what can done about attrition as attrition.</p> <p>A Public Governor questioned whether the sexual harassment cases were picked up by freedom to speak up. The Chief People Officer responded that following the new allegation</p>

	<p>management process within the safeguarding team cases are now managed jointly between HR and Safeguarding. She explained that once an allegation is received there is a tripartite review of that allegation and it is determined how best to move forward. The Chief People Officer informed the Council of Governors that allegations are received by freedom to speak up, safeguarding and grievance, and stated that they would all be treated the same way.</p> <p>The Chair of the People and Culture Committee assured the Council of Governors that succession planning is on the workplan of the Committee.</p> <p>The Council of Governors <b>noted</b> the report.</p>
14	<p><b>Quality Directorate Update</b></p> <p>The Chief Nurse informed the Council of Governors that there is an ongoing issue in relation to safeguarding referrals that have occurred because of the EPR outage. She also informed the Governors that there were 50 cases where there was potential harm to have a client could have occurred because of the delay, but that there were effective mitigations around that.</p> <p>A Public Governor questioned if it has been identified how to avoid potential harm occurring again in the future. The Chief Nurse responded that in the interim, staff make the referrals directly through their Team Leader when they get back to base or approved approach that they have in their team.</p> <p>The Council of Governors <b>noted</b> the report.</p>
15	<p><b>Digital Directorate Update</b></p> <p>The Senior IMT Business Manager informed the Council of Governors that the date for reinstalling EPR is 10 October 2023, and explained that it is currently being tested with an acute trust. He explained that a submission is required to NHS Digital before going live.</p> <p><b>The Lead Governor requested that Data Security Protection Toolkit could be made available to Governors. Action 3.</b></p> <p>The Lead Governor questioned whether there are any KPI's for the digital piece that could provide assurance to the Governors. The Senior IMT Business Manager responded that currently there is very limited if any KPI's. he informed the Governors that this would change within Digital planning.</p> <p>A Non- Executive Director informed the Council of Governors that a Digital Report is being reported to the Finance and Performance Committee, which has provided assurance to the Non-Executive Directors.</p> <p>A Public Governor and Chair of the National Ambulance Digital Group requested to be sighted on the accreditation of the Data Security Protection Toolkit.</p> <p>The Council of Governors <b>noted</b> the update.</p>
16	<p><b>Operations Update - 999, 111 &amp; Other</b></p> <p>The Chief Operating Officer welcomed questions from the Council of Governors.</p> <p>The Chair commented that the operational plans that were put together and all the work that has been done leading into the year were based on what was required to do, which was to assume a very limited or no growth in demand and the hospital handovers would occur at a certain rate. He reflected that both of those have turned out to be on the wrong side, and that it was going to be a challenging winter.</p>

	The Council of Governors <b>noted</b> the report.
<b>17</b>	<p><b>Governance Directorate Update</b> The Chief Governance Officer gave a brief update on the Governor Elections 2023 and the implementation of the Fit and Proper Person Framework.</p> <p>A Public Governor requested regular briefings on SCAS news. The Chief Governance Officer responded that all news and updates will be made available on the Governor Portal that is now working. Governors were informed to contact the Governance Team if they were unable to access the Governor Portal.</p> <p>The Council of Governors <b>noted</b> the update.</p> <p><i>Executive Directors left the meeting at this point, the Chief Governance Officer remained in the meeting.</i></p>
-	<p>A question was received from a Public Governor regarding the historic International Partnership Agreements. A Non-Executive Director responded that the partnerships had now ceased whilst SCAS works to improve its own service.</p> <p>The Chair shared that there was a Young Ambulance Citizens Programme, and that further information could be obtained via the Communications Team.</p>
<b>18</b>	<p><b>Lead Governor's Report</b> The Lead Governor presented an update highlighting the activities carried out within the past three months.</p> <p>The Council of Governors <b>noted</b> the report.</p>
<b>19</b>	<p><b>NED Report</b> Non-Executive Director Les Broude provided an update that detailed his role at SCAS, and meetings attended as well as activities that he had participated in. Within his presentation he highlighted his views of areas of opportunity and challenges within SCAS.</p> <p>The Council of Governors <b>noted</b> the report.</p>
<b>20</b>	<p><b>Council of Governor's Development Action Plan</b> The Chief Governance Officer informed the Governors that a new Council of Governor's Development Action Plan is being developed and will be shared with the Lead Governor for comment. <b>Action 4.</b></p>
<b>21</b>	<p><b>Any Other Business</b> A Public Governor requested that the Non-Executive Directors look into format of findings/reporting and align.</p> <p>He also commented that the Council of Governors papers were the same as the SCAS Public Trust Board Papers. Comments were received that given the current pressures of the Executive Directors and the close time frame between SCAS Public Trust Board and Council of Governors meeting it was reasonable to use the Board papers for Council of Governors meeting, allowing opportunity of questioning Non- Executive Directors and Executive Directors.</p>

	<p>A comment was received that the papers contained too much detail and that Council of Governor papers should be more succinct. The Chief Governance Officer responded that he would look to reduce the size of the meeting papers.</p> <p>The Chair informed the Governors that the Executive Directors must be supported and not expected to prepare separate reports in order to allow them to deliver their improvement work.</p>
<b>22</b>	<p><b>Questions from Members/Observers</b> There were no questions.</p>
<b>23</b>	<p><b>Review of Meeting</b> There was no review.</p>
<b>24</b>	<p><b>CoG Forward Planner</b> The Council <b>noted</b> the CoG Forward Planner.</p>
<b>25</b>	<p><b>Date and Time of next meeting</b> Wednesday 31 January 2024.</p>
-	<p>The meeting closed at 8.50pm.</p>

# Council of Governors Meeting 31 January 2024

Key for Status  Open  Propose to Close

Action No.	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
1	5.Chief Executive's Report	Chair to raise at the Stakeholder Oversight Committee, Governor involvement within the ICS and that exit criteria to have a strategic focus.	KW	31/01/24	Propose to close	Raised at ICS level in BOB and HIOW.
2	5.Chief Executive's Report	The Chief Executive Officer requested that the Modernisation Programme be added as a standing item to the Council of Governors Agenda.	NH	31/01/24	Propose to close	Added to Forward Plan
3	15. Digital Directorate Update	The Lead Governor requested that Data Security Protection Toolkit could be made available to Governors.	SC/BT CE	31/01/24	Propose to close	Sent on 26 January 24.
4		KPI's and milestones for the enabling plans to be shared with the CoG.	MM	3/04/24	Open	KPI's and milestones will be available at the end of the financial year and the conclusion of the budget cycle.  4/10/23 Board Seminar on strategy/annual cycle of business and annual work plan training in March/April 24 to plan KPI's and milestones.
5	20. Council of Governor's Development Action Plan	The Chief Governance Officer informed the Governors that a new Council of Governor's Development Action Plan is being developed and will be shared with the Lead Governor for comment.	DL	3/04/24	Open	The new action plan will be presented at the April meeting.



## Report Cover Sheet

<b>Report Title:</b>	Chief Executive Officer's Report
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	5
<b>Executive Summary:</b>	<p>The purpose of the CEO report is to keep the Council of Governors updated on key events and messages not covered elsewhere on the agenda</p> <p>The CEO report contains the following:</p> <ul style="list-style-type: none"> <li>▪ Site visits and engagements undertaken</li> <li>▪ Fit for the Future</li> <li>▪ Operational performance and handover delays</li> <li>▪ SCAS Charity</li> <li>▪ Council of Governors elections</li> </ul>
<b>Recommendations:</b>	The Council of Governors are asked to note the report.
<b>Accountable Director:</b>	David Eltringham, Chief Executive Officer
<b>Author:</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Previously considered at:</b>	n/a
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable



<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	n/a
<b>List of Appendices</b>	



## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Chief Executive Officer's update
<b>Authors</b>	Daryl Lutchmaya & Gillian Hodgetts
<b>Accountable Director</b>	David Eltringham, Chief Executive Officer
<b>Date</b>	31 January 2024

### 1. Purpose

The purpose of this CEO Report is to keep the Council of Governors abreast of key issues and developments

### 2. Background and Links to Previous Papers

This update is based on information relating to December 2023.

### 3. Executive Summary

The CEO Report includes the following:

- Site visits and engagements undertaken
- Fit for the Future
- Operational performance and handover delays
- SCAS Charity
- Council of Governors elections

#### Site visits and engagements

During the period I have undertaken the following visits:

5th December: Strategy Refresh Day: Adderbury / Northern House

6th December: Ride out from Milton Keynes Blue Light Hub

20th December: Reading Resource Centre

21st December: Queen Alexandra Hospital

28th December: John Radcliffe / Northern House

29th December: Queen Alexandra Hospital / Winchester and Eastleigh Resource Centre / Southern House

31st December / 1st January: Ride out/night shift from Oxford City

4th January: Queen Alexandra Hospital

11th January: Reading Resource Centre

### **SCAS Strategy relaunch: 'Fit for the future'**

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 sat 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 operational modernisation programme to make SCAS 'fit for the future'. Paul Kempster, Chief Operating Officer, was appointed on 1 October 2023 to oversee this programme which will deliver this change, taking up the newly created role of Chief Transformation Officer. Mark Ainsworth joined the Executive Team as Executive Director of Operations and brings a wealth of experience into the team to lead on day-to-day operations.

Strategy relaunch sessions were held on Tuesday, 5 December which were supported by our bi-monthly webinars on the 'Fit for the Future' Programme. Keith Willett SCAS Chair, Executive Directors and I were supported by the Communications Team and visited sites across SCAS and engaged with staff to relaunch the SCAS vision and strategy 2024-2029. This followed on from a number of engagement events that were held over the summer, when I talked to staff across the Trust, identifying challenges as well as areas of good practice.

### **Operational Performance and Hospital Handover Delays**

The HIOW CEOs meet frequently to discuss operational performance that can have an impact on patient safety and ambulance response times. Delayed handovers are recognised as being a system-wide issue and each organisation in the system is required to contribute to helping solve the problem. In future, the system will aim to become better at managing the issues that are contributing to flow and discharge of patients. System leaders are also becoming more involved in the system wide problem.

We are now also engaging with partners to assist with system transformation and partner development which includes participation in:

- HIOW Urgent Care Board and transformation programme
- Local and Place based discussions
- Providing tactical and strategic command training to system leaders

SCAS has regular meetings with the Acute Trusts to understand the causes of handover delays and provides a weekly report to the Integrated Care Boards. The Trust has written to hospitals stating that it will leave patients with the hospital once an ambulance has been waiting for longer than 30 minutes. Hospitals have responded by seeking to make more capacity available at their emergency centres in order to accommodate this as best as possible.

Hospital Liaison Officers have been embedded at various hospital sites to help patient

flow and enabling more efficient patient handovers. They will undertake front door audits to assess the situation as it develops and manage handover delays. Some Hospital Liaison Officers have become embedded within the hospitals' senior management team in order to assist with finding non-emergency department pathways to assist with flow. Through discussion with Queen Alexandra Hospital, we have now placed a paramedic at the hospital who is in embedded to focused on pathways and patient flow.

The Executive team is focused on working to improve ambulance response performance by managing its resources to best effect and anticipating and managing blockages to flow. This is achieved through daily Executive Huddles to review the previous evening's performance and to analyse the performance data to best clinical and operational effect. Whilst these meetings focus on the approach to the day given the previous days' activity, discussion also focusses on the approach and risk for the rest of the week and how the team engages with partners to communicate this. The Executive team also meets on a weekly basis to take decisions relevant to the Trust's current and future operational, clinical and financial position.

The Trust is developing a scorecard of operational Business Intelligence data, drawn from our existing data repositories to allow performance data to more effectively inform decision making and to capitalise on opportunities to drive improvements.

### **Charity**

South Central Ambulance Charity has been shortlisted in the Charity of the Year category for the Thames Valley Business & Community Awards. Our Charity is one of seven shortlisted. These awards celebrate the achievements of businesses, charities and inspirational individuals throughout the region. The awards ceremony will take place on Thursday 25 January at the Hilton Hotel in Reading. The SCAS Charity will be represented at the awards by Volunteer Manager Sarah Callaghan and Community First Responder Nikki Holt. Being shortlisted for this award is a credit to our Charity team but also to the many staff and volunteers who enable the Charity to support patient care.

### **Elections**

I'm pleased to announce that we have had a successful outcome for the Council of Governor elections. 13 constituency seats were elected unopposed, and two seats were successfully filled for the Berkshire constituency. Only three seats are currently unfilled, one in Oxfordshire and two in the staff constituency. The Chief Governance Officer is currently exploring options to fill the vacant seats.

### **Recommendation**

The Council of Governors are invited to **note** this report.



## Report Cover Sheet

<b>Report Title:</b>	Membership and Engagement Committee (MEC) Update
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	10
<b>Executive Summary:</b>	To provide an update on the activities of the MEC.
<b>Recommendations:</b>	The Council of Governors (COG) are asked to: <ul style="list-style-type: none"> <li>• Give expressions of interest to join the MEC</li> <li>• Give suggestions on topics for public talks</li> </ul>
<b>Accountable Director:</b>	n/a
<b>Author:</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Previously considered at:</b>	n/a
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives

<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Please contact <a href="mailto:Margaret.Eaglestone@scas.nhs.uk">Margaret.Eaglestone@scas.nhs.uk</a> with expressions of interest
<b>List of Appendices</b>	Membership and Engagement Update Presentation.



# MEC update

Mark Davis

MEC Chair and Public Governor

# Terms of reference update

- A governor can sit on the MEC for 2 x terms (excluding appointed and CFR governor)
- 1 x term is 3 x years in line with Governor term of office
- In light of this, many of our long serving and very committed MEC member governors are at the end of their eligible term which gives the opportunity to other current or new governors to join.
- We would strongly encourage anyone interested in doing so to find out more. Being an active member of MEC is an excellent way to help governors to fulfil their engagement obligations
- **We request expressions of interest from any governor who would like to sit on the MEC.**



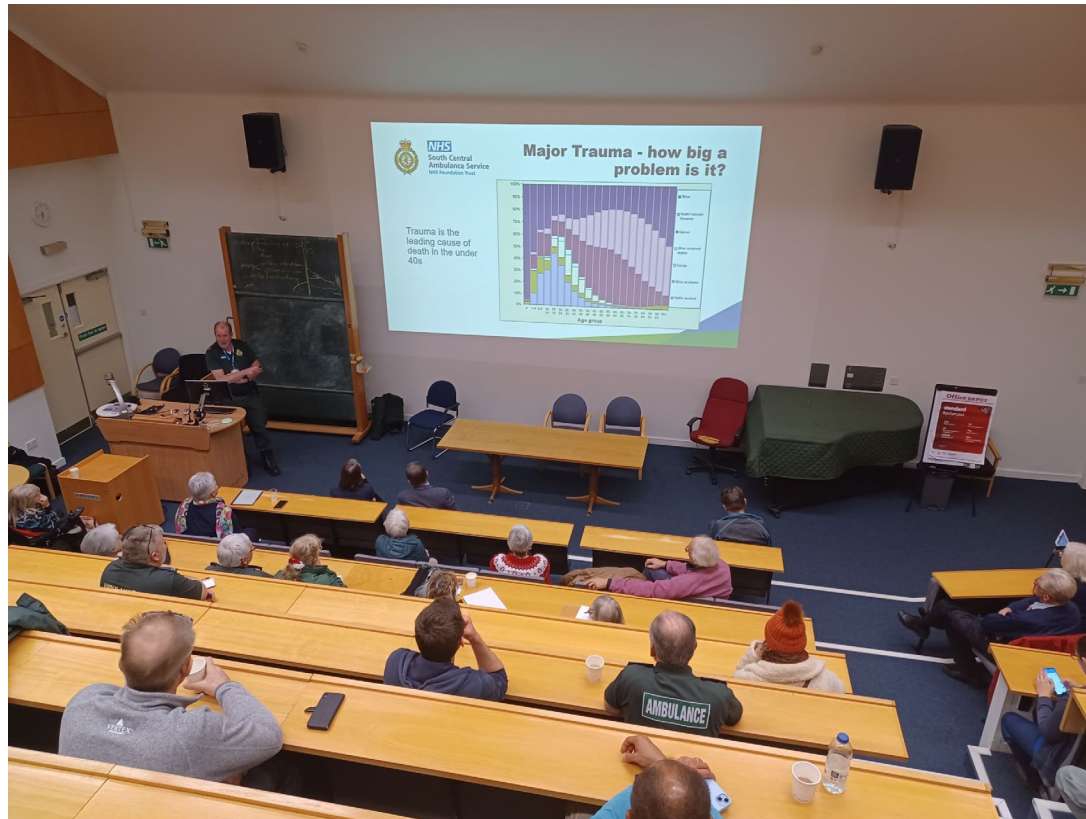
# Governor election campaign

- The last MEC was held on October 24 on Teams
- Simon Clarke, Civica Election Services, presented on the election process and the single transferable vote (STV). Simon has provided a paper on the STV on request of the MEC and will present again on the STV at the next MEC in February...
- SCAS elections 2023 communication and engagement campaign ran from September to December 2023, reaching out to staff and public to recruit new Governors across a mix of channels
- **Please see campaign update attached**

# SCAS events

Event	Location	Governor
Over 55 information event	MK	Ian Sayer
Diwali	Southampton	Hilary Foley
Remembrance Sunday	Banbury	NA
St Mary's Mosque	Southampton	Hilary Foley
Carers listening event	Southampton	Tim Ellison
Barton Community Larder	Barton	Helen Ramsay
Asylum seeker SCAS information event	Witney	Helen Ramsay Ian Sayer

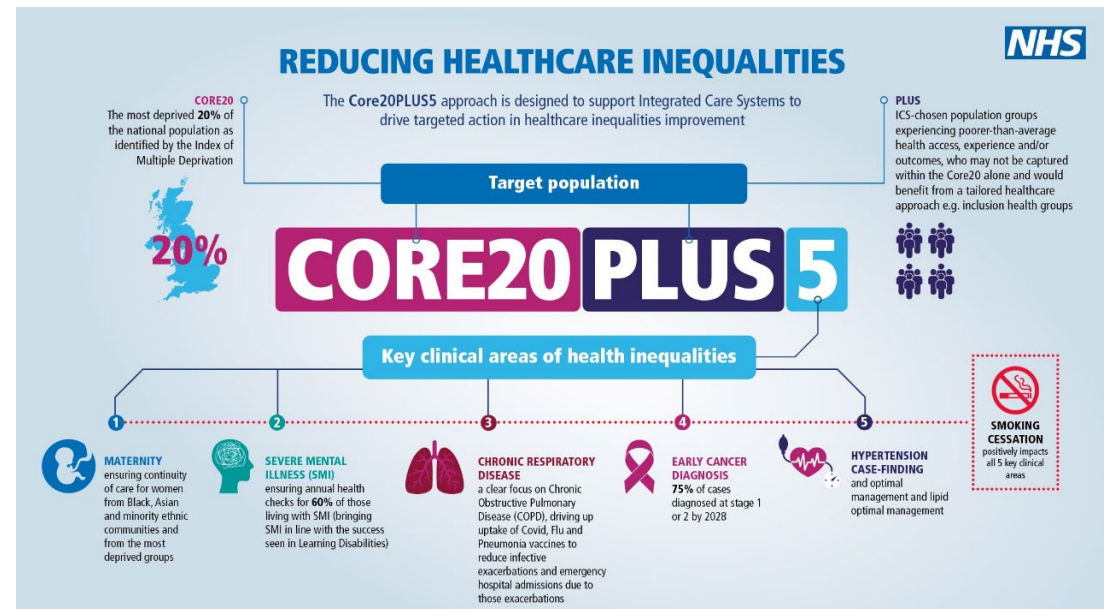
# Your health matters – public talk



- The challenge of trauma was part of a series of public talks which feature our expert health professionals
- The talk was delivered in collaboration with Oxford University Hospitals NHS Foundation Trust (OUH) to our members and the public and was held on 13 December from 6:30 pm at the John Radcliffe Hospital in Oxford.
- Helen Ramsay chaired the public talk and coordinated Q&A
- John Black and MaS talked about the challenge of trauma alongside Bob Handley, Consultant Orthopaedic Trauma Surgeon, Oxford University Hospitals NHS Foundation Trust
- Alan Weir, Staff Governor, went over and above to provide CPR demonstrations and answer questions from members and public attending

# Health inequalities

- Helen Ramsay and Tim Ellison have set up a working group to explore further opportunities for engagement and determine the most effective approach.
- The working group will align NHSE core 20 plus and AACE priorities <https://aace.org.uk/reducing-health-inequalities/> with SCAS population data
- Please contact Helen Ramsay if you want to join the working group





## Report Cover Sheet

<b>Report Title:</b>	People and Culture Committee Annual Report
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	11
<b>Executive Summary:</b>	To provide an update of the Committees work within the past 6 months.
<b>Recommendations:</b>	The Council of Governors are asked to note the report.
<b>Accountable Director:</b>	Melanie Saunders, Chief People Officer Ian Green, Non-Executive Director, and Chair of People and Culture Committee.
<b>Author:</b>	Ian Green, Non-Executive Director, and Chair of People and Culture Committee
<b>Previously considered at:</b>	Not applicable
<b>Purpose of Report:</b>	To note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives
<b>Justification of Assurance Rating:</b>	
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	





## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	People and Culture Committee Annual Report
<b>Author</b>	Ian Green, Non-Executive Director, Chair of People and Culture Committee
<b>Accountable Director</b>	Melanie Saunders, Chief People Officer
<b>Date</b>	31 January 2024

### Purpose

The Board of Directors established the Committee of the Board to be known as the People and Culture Committee (PCC) just over 12 months ago. This is the first report of PCC to the Council of Governors. The Committee has no executive powers other than those specifically delegated in these Terms of Reference (ToR).

The main purpose of the People and Culture Committee is to provide the Board with assurance on a range of issues with a people and culture focus including - the Trust's leadership arrangements; behaviours and culture; training, education and development, equality, diversity and inclusion, recruitment and retention, Freedom to Speak up etc

The Committee is chaired by Ian Green with two additional NED members – Sumit Biswas and Dr Anne Stebbing.

The Chief People Officer Melanie Saunders is the lead Executive Director reporting the committee.

### Agenda items covered at the most recent meeting

- Review of the relevant sections of the corporate risk Register and BAF
- Consideration of the revised Freedom to Speak up Policy
- Six-month review of our Freedom to Speak up self-assessment
- Equality Delivery System assessment
- Approval of a new placement agreement between SCAS and University of Portsmouth
- Review of month 8 and month 9 metrics including absence, PDRs, sickness, recruitment and retention

- Assurance of updated work force policies
- Review of People and Culture committee elements to the draft Governance Assurance and Accountability Framework
- Presentation on high level embargoed national staff survey results
- Retention exemplar programme update

### **Matters to highlight**

The committee splits its agenda into three key areas – items for approval, assurance and information. The bulk of our time is spent on items for agreement and assurance.

To provide you with a snapshot of how the committee operates I have set out below and overview of the most recent meeting.

At the last meeting we sought assurance in the following areas: -

- Are the actions outlined in the relevant areas of the BAF being progressed in accordance with the set timescales. If not why not and how will the key risks be mitigated?
- Whilst acknowledging the revised FTSU policy is in line with national guidelines some of the language in the appendices are difficult to follow and feedback should be provided to the national guardian's office.
- How are we communicating the revised FTSU policy to staff to encourage people to speak up?
- We noted there had been improvements in our FTSU self-assessment since our last review but were concerned that one area had deteriorated, relating to funding for staffing. We sought and obtained assurance that progress was being made in securing funding through the current budget setting process
- We noted our “Developing” internal assessment as part of the national equality delivery system assessment. In doing so we expressed concern regarding the language and approach outlined in the national document. This would be fed back. We sought assurance on why the section on safeguarding and serious incidents were regarded as “underdeveloped” and feedback was provided outside of the meeting.
- We questioned why the placement agreement with the University of Portsmouth was coming to us as this would appear to be outside of our ToR. It was agreed that a SCAS wide approach to approving SLAs should be considered
- We spent considerable time reviewing the staffing metrics and it was pleasing to note some sustained improvement in both recruitment and retention across the organisation. We were concerned at the dip in appraisal and sought further assurance as to why the reduction had occurred (due to sustained



REAP levels) and what action was being taken to recover this. A report would be brought back to our next meeting.

- The committee receive some assurance on progress in updating the suite of people related policies and asked that further detail is provided in where policies should be approved and that only policies should be included in the spreadsheet
- We considered the P&C elements of the draft Governance and Accountability Framework, highlighting where there were duplicate responsibilities listed and making some suggested changes
- The committee reflected on the early cut of data from the recent national staff survey. A full report would be brought to the March meeting once the data is published.

At every meeting we reflect on how the meeting has gone, what could be improved, and how we might seek further and better assurance.



## Report Cover Sheet

<b>Report Title:</b>	Quality and Safety Committee 2022/2023 Annual Report
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Thursday, 30 November 2023
<b>Agenda Item:</b>	122
<b>Executive Summary:</b>	<p>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.</p> <p>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.</p>
<b>Recommendations:</b>	The Council of Governors are asked to note the Quality and Safety Committee 2022/2023 Annual Report.
<b>Accountable Director:</b>	Professor Helen Young, Chief Nurse / Executive Director of Patient Care and Service Transformation
<b>Author:</b>	Dr Anne Stebbing, Non-Executive Director and Chair, Quality and Safety Committee.
<b>Previously considered at:</b>	Quality and Safety Committee
<b>Purpose of Report:</b>	Assure
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options</b></p> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>

<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	(What actions will be taken following agreement of the recommendations)
<b>List of Appendices</b>	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)



## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Quality and Safety Committee 2022/2023 Annual Report
<b>Author</b>	Mr. [Name] Executive Director and Chair Quality and Safety Committee
<b>Accountable Director</b>	Professor [Name] Chief Nurse Officer
<b>Date</b>	1 January 2022

### 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 Council of Governors 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

#### Membership

3. The Quality and Safety Committee membership for the 2022/2023 financial year has

- 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 Council of Governors are asked to note the contents of the Annual Report.





## Report Cover Sheet

<b>Report Title:</b>	Month 9 2023/24 Financial Position
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	13.a
<b>Executive Summary:</b>	<p><b><u>I&amp;E Position</u></b></p> <p>In December, the Trust recorded an in-month deficit of £1.4m against an in-month forecast deficit of £1.5m. (The Trust YTD deficit is £16.8m). Expenditure is slightly behind expectations due to:</p> <ul style="list-style-type: none"> <li>• Reduced availability of private provider ambulance capacity than expected.</li> <li>• Slippage in delivery of radio replacement programme. This slippage is a benefit within this financial year but expenditure will slip into 2024/25.</li> </ul> <p>The Trust’s current run rate forecast remains £22.3m deficit.</p> <p><b><u>Cash</u></b></p> <p>The Trust’s cash balance at the end of December is £32.0m. The Trust’s cash balance has decreased by £18m since the start of the financial year.</p> <p>The cash forecast has improved due to the planned receipt of additional income and delays to planned capital expenditure on vehicles. At the current expenditure run rate, the Trust will require cash support from Quarter 4 2024/25 to support continuing operations.</p> <p>The cash forecast is sensitive to the timing of receipt of new vehicles and completion of related sale and leaseback transactions.</p> <p>The level of aged debtors over 90 days has remained high in the month due to unpaid invoices with another NHS provider for PTS services. This has been subject to escalation through formal contract meetings.</p>

	<p><b><u>Capital</u></b></p> <p>Capital spend YTD is £6.8m. The Trust is currently reviewing the capital forecast. Due to the delivery of both the 22/23 and 23/24 DCA cohorts' delays, due to commercial issues affecting the vehicle converters. Of the 53 vehicles expected to be delivered from the 22-23 cohort, only 23 are currently expected to be delivered within this financial year (noting that risk of further slippage exists). The Trust does not expect any of the 23/24 cohort to be delivered this financial year.</p> <p>The overall impact is that £12.8m of capital expenditure requires slipping into 2024/25. Discussions regarding the impact on both this financial year and next continue with NHS England South East Region and the HIOW ICS.</p>
<b>Recommendations:</b>	The Council of Governors are asked to note the contents of this report.
<b>Accountable Director:</b>	Stuart Rees, Interim Director of Finance
<b>Author:</b>	Sam Dukes, Deputy Chief Financial Officer
<b>Previously considered at:</b>	Finance and Performance Committee
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	Finance & Sustainability
<b>Links to BAF Risks or Significant Risk Register:</b>	SR5 - Increasing Cost to Deliver Services
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A



## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Month 9 2023/24 Financial Position
<b>Author</b>	Sam Dukes, Deputy Chief Financial Officer
<b>Accountable Director</b>	Stuart Rees, Interim Director of Finance
<b>Date</b>	Wednesday, 31 January 2024

### 1. Purpose

This paper is being presented to update the Council of Governors on the Financial Position of the Trust at Month 9 (up to the end of December 2023).

### 2. Executive Summary

#### I&E: 2023/24 In-Year Position

In December (M9) the Trust recorded an in-month deficit of £1.4m. The underlying run rate remains consistent with previous months. The Trust Year to Date (YTD) deficit is £16.8m.

£m	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
Plan	(1.0)	(1.0)	(1.0)	(1.0)	0.0	0.0	0.0	0.0	0.0	(4.0)
Actual	(1.8)	(2.4)	(2.5)	(3.0)	(2.3)	(1.7)	(1.7)	(0.1)	(1.4)	(16.8)
Variance	(0.8)	(1.4)	(1.5)	(2.0)	(2.3)	(1.7)	(1.7)	(0.1)	(1.4)	(12.8)

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.

#### I&E: 2023/24 Forecast

The run rate forecast for the financial year is a deficit of £22.3m.

The current forecast does not yet include any costs of organisational structure changes that may be required as part of the Financial Recovery Plan. As plans are developed and implemented to support change, the forecast will be amended.

## Financial Sustainability Plans

The Trust continues to forecast £9.9m of savings from the Financial Sustainability Programme, of which £4.8m (48%) is recurrent.

In addition to the £9.9m of savings generated through the Financial Sustainability Programme, the Trust is also showing £6.3m of other benefits to deliver the external plan of £16.2m of cost savings (note: mostly non-recurrent):

- £1.1m South Central Fleet Services Ltd (SCFS) historic accounting review
- £1.2m national funding
- £1.0m other confirmed funding/movements
- £0.6m in-year slippage against radio replacement project
- £2.4m impact of enhanced financial controls on the expenditure run rate

## Cash

The Trust's cash balance at the end of December stood at £32.0m. The Trusts cash balance has decreased by £18m since the start of the financial year, an average monthly net cash outflow of £2m.

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 £5.5m cash support would be required in 2024/25. As with the current financial year, balances are sensitive to decisions on buy/lease and plans for 2024/25 Double-crewed ambulance (DCA) Cohort.

The cash forecast is particularly sensitive to the timings of capital transactions, including income from sale and leaseback transactions. The uncertainty has been exacerbated due to recent supply chain issues for conversion providers. The cash forecast currently includes costs of the DCA chassis, conversion, and equipment. The likelihood of divergence from the current plan is high. The latest update suggests that we are unlikely to incur costs for the conversions on the 2023/24 cohort until 2024/25, and of the 2022/23 cohort we are expecting 20 in 2023/24 and 33 in 2024/25.

The 90-day debtor total stood at £1.4853m at the end of December (up from £1.265m in November) representing 55.58% of total sales debt (up from 40.18% in November).

Of the £1.485m 90-day debtors, £1.2m relates to NHS Non-Emergency Patient Transport Services (PTS) debts including unpaid PTS contract invoices with an NHS provider (£0.9m) and other PTS activity charges. Feedback from Bucks Healthcare indicates that Board approval of spend has been given but internal processes for payment have not been completed. Payment will continue to be chased.

## Capital

Total capital spend YTD is £6.8m. 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.

The Trust is still formally forecasting to utilise its available capital allocation of £22.8m in full, although this is subject to agreement of reforecasting nationally.

The current assumptions assume delivery from Venari of 20 vehicles from the 2022/23 cohort with the balance of 33 DCAs to be delivered in the new financial year, however, there is a risk that none of the DCA's will be received in 2023/2024 as there are 50 issues with the prototype. The 2023/2024 cohort of 72 is now expected to be received from Wilker after June 2024.

The capital forecast now also includes send of £1.0m on Zolls and consideration of a further £1.4m this financial year.

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 International Financial Reporting Standard 16 (IFRS16)).

The overall impact is that £12.8m of capital expenditure requires slipping into 2024/25. Discussions regarding the impact on both this financial year and next continue with NHS England South East Region and the HIOW ICS.

### **3. Link to Trust Objectives and Corporate/Board Assurance Framework Risks**

The risk of not achieving the Trust's financial objectives is routinely monitored as part of the Board Assurance Framework.

### **4. Recommendations**

The Council of Governors are invited to **note** the contents of this paper.



## Report Cover Sheet

<b>Report Title:</b>	People Directorate Update
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	13.b
<b>Executive Summary:</b>	<p>During the 25<sup>th</sup> January Board (public &amp; private sessions) the Board received and approved the following:</p> <ul style="list-style-type: none"> <li>• Equality Delivery System assessment (EDS)</li> <li>• Gender Pay Gap report for year ending 31<sup>st</sup> March 2023</li> <li>• Freedom to Speak Up refreshed policy</li> </ul> <p>Each of the above (all available within the public board pack) will be published over the coming weeks.</p> <p>In addition, during private Board session the Board received an overview of the National Staff Survey results for 2022. The results demonstrated some improvements in many of the indicators, full details remain under NHS embargo and will be publicly released during March 2023.</p>
<b>Recommendations:</b>	The Council of Governors *(delete as applicable) are asked to note the update.
<b>Accountable Director:</b>	Melanie Saunders, Chief People Officer
<b>Author:</b>	Melanie Saunders, Chief People Officer

<b>Previously considered at:</b>	Publications outlined above have been considered through: ED&I Steering Group (EDS and Gender Pay Gap only) Executive Management Committee (all) People & Culture Committee (all) Remuneration Committee (Gender Pay Gap only) Public Trust Board (all) Private Trust Board (National Staff Survey results under NHS England Embargo)
<b>Purpose of Report:</b>	Assure
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<ul style="list-style-type: none"> <li>• <b>Significant</b> – High level of confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	(What actions will be taken following agreement of the recommendations)
<b>List of Appendices</b>	



## Report Cover Sheet

<b>Report Title:</b>	Quality and Patient Safety Report
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	13.c
<b>Executive Summary:</b>	<p>The purpose of the report is to provide the Board of Directors with a summary against the statutory quality and safety processes necessary to deliver safe, effective clinical care to our patients and our people.</p> <p>Progress continues to be made against the objectives outlined in The <i>Patient Safety Improvement Plan</i>. All oversight and assurance meetings continued during the reporting period.</p> <p>The top risks for the Trust continue to be Handover Delays (25) and Safeguarding System Outage (25).</p> <p><b>Compliance</b>          Two pilot sites for accreditation have been identified and visits are planned to be completed by the first week of March 2024.</p> <p>Bespoke Quality improvement training to commence February 2024. Two senior staff are also completing train the trainer courses in (Quarter 3 - Quarter 4).</p> <p><b>Infection Prevention and Control (IPC)</b>          The number of audits (building &amp; vehicles) remains under trajectory, but compliance percentages are within control limits which is being monitored.          through IPC Committee.</p> <p><b>Medical Devices</b>          There have been no Zoll related incidents recorded during the reporting period.          The Zoll System software upgrade is going live W/C 15 January 2024, training has been rolled out.          The Asset Management System has approval and plans progressing for procurement of appropriate system.</p>



### **Safeguarding**

The Safeguarding Improvement metrics all remain above trajectory.

**Level 3 training compliance is** has increased against trajectory by 12% to **83%**.

**The Safeguarding Peer review** was received and main points positive describing clear leadership and accountability with strong senior leader oversight.

**The most significant risk remains the ongoing challenges with the Doc-Works** referral system with a further Serious Incident declared on 28 December 2023 This correlated with a report of a serious domestic abuse case where harm/death was associated with the delay. This is now subject to a statutory multi- agency review. A systematic review of the system and associated processes is in progress.

### **Clinical / Non- Clinical Incidents**

Reporting of patient safety incidents has increased overall during the reporting period with Delay being the main theme.

**PSIRF Plan** submitted and approved at PSEC in December 2023, and currently with Chairs Action following recent Quality and Safety Committee for approval. The PSIRF project post remains unfilled and significantly impacting delivery of actions.

### **Serious Incidents (SIs)**

**Patient Safety incidents identified** and declared as Serious Incidents.

- **Year to date (47) SIs** have been identified under the (2015) National Framework.
- **The Trust has seen an increase** in the number of SCAS declared SIs with 23 (2.5%) of total patient safety incidents being identified as Serious Incidents with “Delay” continuing to be the main theme.
  - (13) are SCAS declared SIs.
  - (7) incidents declared is a System SI
  - (3) are being investigated as a cross organisational SI.
- (2) SIs are currently breaching the 60-day completion target – with approved extensions in place due to ongoing police investigations.

The *Thematic Review* commissioned by BOB ICB relating to *Delay* was presented at Quality and Safety Committee in January 2024 with overarching action plan in progress. This will be managed and monitored through committee structures. Themes include: End of Shift Policy, Meal Breaks, Rostering and Clinical Vacancies.

### **Incident Review Panel (IRP)**

**A total of 961 Patient Safety Incidents** were reported across this period:

- 70 (7.3%) were reviewed by the Safety Review Panel.

	<ul style="list-style-type: none"> <li>○ 18 (3.1%) were escalated for further review and investigation due to level of harm.</li> </ul> <p><b>Patient Experience (PE) and Engagement</b>  <b>Trust wide there was a 7% (697) decrease</b> in the total number of PE contacts raised from previous report.  <b>94 new formal complaints</b> were received, 188 informal concerns and 415 HCP feedback requests, during the reporting period.  <b>698 cases were responded to and closed of which 64% were either fully or partly upheld</b> when the investigations were concluded compared to 69% in the previous reporting period.  The inaugural Patient Panel will be held in January 2024.</p>
Recommendations:	The Council of Governors are asked to: receive the paper and note the key quality and patient safety issues.
<b>Accountable Director:</b>	Professor Helen Young, Chief Nurse / Executive Director of Patient Care and Service Transformation
<b>Author:</b>	Sue Heyes, Deputy Chief Nurse / Director of Nursing and Quality
<b>Previously considered at:</b>	Patient Safety and Experience Committee Quality and Safety Committee
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable Overall : Partial- Safeguarding Referral System
<b>Justification of Assurance Rating:</b>	Internal and external process of scrutiny against Improvement Plans: Patient Safety Delivery Group, IPOB, TPAM, External peer reviews (ICS) and system partners.
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	SR1 - Safe and Effective Care
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	Safeguarding System Review has commenced and subsequent actions and recommendations to be managed through Quality and Safety Committee.
<b>List of Appendices</b>	Not applicable.



**PUBLIC TRUST BOARD PAPER**

<b>Title</b>	Quality & Patient Safety Report
<b>Author</b>	Sue Heyes, Deputy Chief Nursing Officer
<b>Responsible Director</b>	Professor Helen Young, Chief Nursing Officer / Executive Director of Patient Care
<b>Date</b>	31 January 2024

**1. Purpose**

- 1.1 The purpose of the paper is to provide the Council of Governors 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 (**October- November 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 Challenges continue with increased demand for our services due to winter pressures and increases in acuity.
- 2.4 However, Level 3 face to face Safeguarding training was **not** suspended during the reporting period. It is still anticipated that the 90% target will be achieved at year end.
- 2.5 The major issue and risk in Safeguarding is the continued number of incidents we are seeing relating to the ICT (Information Technology) and BI (Business Intelligence/reporting) that supports the Safeguarding referral system. Several outages or problems in various parts of this system have resulted in delays in referrals going through to the local authorities. A number of these delays have resulted in either harm or a near miss. A comprehensive review is being undertaken with internal and external stakeholders.

- 2.6 Reporting of patient safety incidents has increased overall during the reporting period with Delay accounting for many incidents.
- 2.7 The top risks for the Trust are Handover delays at the Queen Alexandra Hospital (25) Handover Delays at other Hospitals (25) and Safeguarding System outages (25).
- 2.8 The impact of delays is reflected in the number of reported Serious Incidents (Trust and System) and has been explored in detail in the recent Thematic Review. The recommendations and actions from the review and other reports will be incorporated into one overarching action plan, and progress will be monitored through Quality and Safety Committee.
- 2.9 The thematic review of incidents where delays were a significant contributory factor has found several themes which include the vacancy levels of clinical staff, the end of shift policy, meal break policy and hospital handover delays.
- 2.10 Infection Prevention and Control (IPC) audits compliance percentages are within control limits and above target in all indicators. The risk is the number of audits undertaken at times of high REAP. The new Trust IPC Lead and Quality and Compliance lead are reviewing the audit process.

### **3. Main Report and Service Updates**

#### **Compliance/Quality Improvement**

- 3.1 Two pilot sites for accreditation have been identified and visits are planned to be completed by the first week of March 2024.
- 3.2 Directors of Service have met with the compliance team to discuss their service compliance, readiness and areas of risk or concern.
- 3.3 Action is in progress to refresh the booking processes and collation of feedback from Executive and Non-Executive Director walk-arounds.
- 3.4 Bespoke Quality improvement training to commence February 2024. Two senior staff are also completing train the trainer courses in (Quarter 3 – Quarter 4).

#### **Infection, Prevention and Control (IPC)**

- 3.5 Reports to IPC Committee and clinical governance meetings regarding vehicle and building audits have been revised to assist with local level visual data.
- 3.6 The number of audits (building and vehicles) remains under trajectory, but compliance percentages are within control limits which is being monitored through IPC Committee.

#### **Management of Medical Devices**

- 3.7 There were no reported Zoll related incidents or significant failures of any other medical devices during the reporting period.

- 3.8 Zoll upgrade (Version 2.36) will be going live W/C 15 January 2024.
- 3.9 Asset management system is now approved internally, and plans are progressing for procurement of appropriate system.

### **Safeguarding**

- 3.10 All Safeguarding metrics are above trajectory and have supported a decrease in scrutiny from Integrated Care Board (ICB) from monthly to quarterly. However, the metrics and evidence are continually monitored and following recent events a review of the ICT (Information Technology) assurances are being undertaken.
- 3.11 Safeguarding Level 3 training has increased against trajectory to 83% (↑12%).
- 3.12 Safeguarding referral rates continue to improve and are at 94.4% against trajectory.
- 3.13 SAAF compliance rates remain above trajectory at 97.8% which is (↑7.8%).
- 3.14 The Safeguarding Peer Review report has been received following the assessment that was completed on 6 November 2023 by strategic partners. The main points are positive describing clear leadership and accountability for safeguarding within SCAS with senior leader oversight and scrutiny.
- 3.15 A new telephone system went live in December 2023 which allows clinicians to access safeguarding advice 24/7 and direct transfer to Out of Hours social work teams.
- 3.16 The most significant risk remains the ongoing challenges with the Doc-Works referral system with a further Serious Incident declared on 28 December 2023 due to a 19-day delay in referrals. This correlated with a report of a serious domestic abuse case where harm/death was associated with the delay. This is now subject to a statutory multi- agency review.
- 3.17 The Associate Director of Safeguarding has formally escalated the concern regarding the fragility of the ICT System to Executives, through Incident Review Panel and Quality and Safety Committee. Executives have requested an urgent review of the system and associated processes.

### **Mental Health (MH)**

- 3.18 The MH Triage and mobilisation model (MHRV- vehicles in North) is anticipated to start in April 2024 in line with the model in HLOW (Hampshire and Isle of Wight).

### **Clinical Incidents**

- 3.19 **EOC** were (129) patient safety incidents reported by EOC North and South. Patient safety incident reporting increased by 52% when compared to the previous reporting period. The top three reported patient safety incident categories across both EOCs were Delay, Patient Treatment/Care, and ICT Systems.
- 3.20 **111** there were (138) patient safety incidents. The two most prevalent categories remain *Delay and Patient treatment/care*. During the reporting period an internet

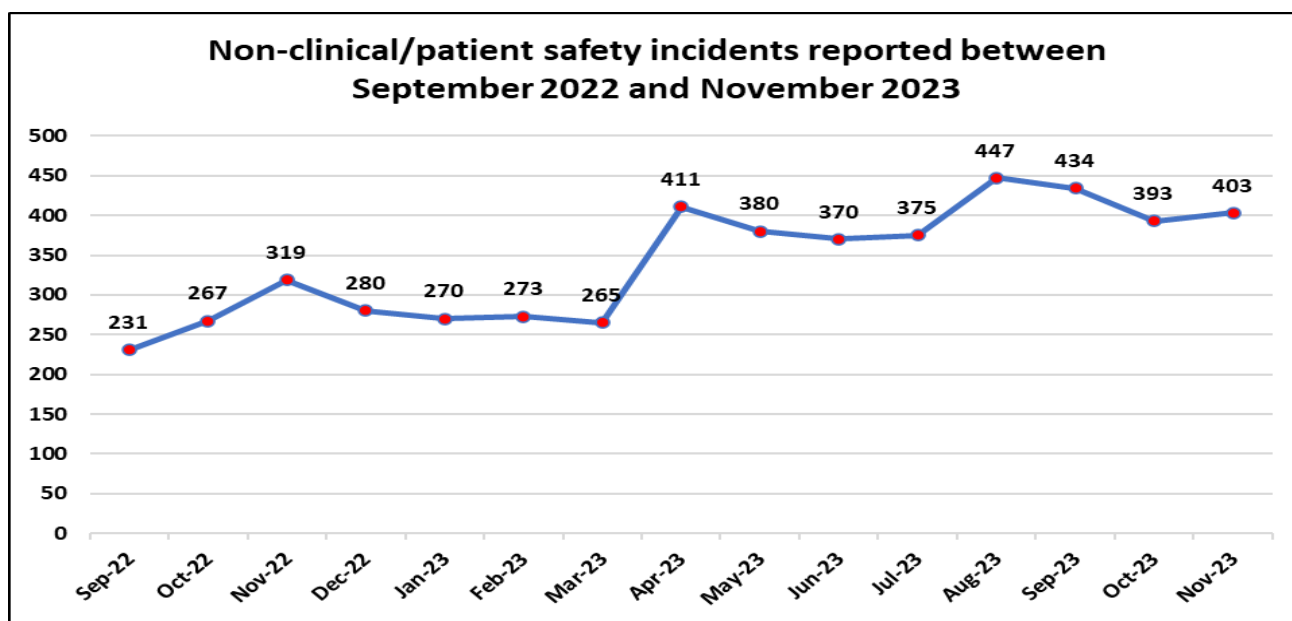
outage occurred. Contingency plans were enacted, and primary care providers supported with clinical queues. No incidents of patient harm have been identified.

3.21 **Emergency and Urgent Care (E&UC)** there have been (452) patient safety incidents reported which equates to an increase of 25% from the previous reporting period. The severity of cases remains low with 434 incidents being logged as low or no harm. The top three reported categories remain *Patient Care, Delay and Clinical Equipment*.

3.22 **Non Emergency Patient Transport Service (NEPTS)** three have been (136) patient safety incidents reported. There was 1 incident that was graded as moderate all other incidents are graded as low or no harm. Then top three categories continue to be *Slip, trip, and fall, Patient treatment and care and Ill health*.

### Non-Clinical Incidents

3.23 The chart below illustrates the total number of non-clinical incidents reported on the Datix system during the reporting period. The majority of incidents are categorised as low harm.



3.24 Abuse/abusive behaviour is the **highest reported category** and are mostly low no harm with verbal abuse being the highest sub-category.

3.25 Medicines incidents are now the **second highest reported category** having reduced from the previous months report and relates primarily to staff observing that the medicines record has not been completed by the previous crew, so it appears there is a discrepancy.

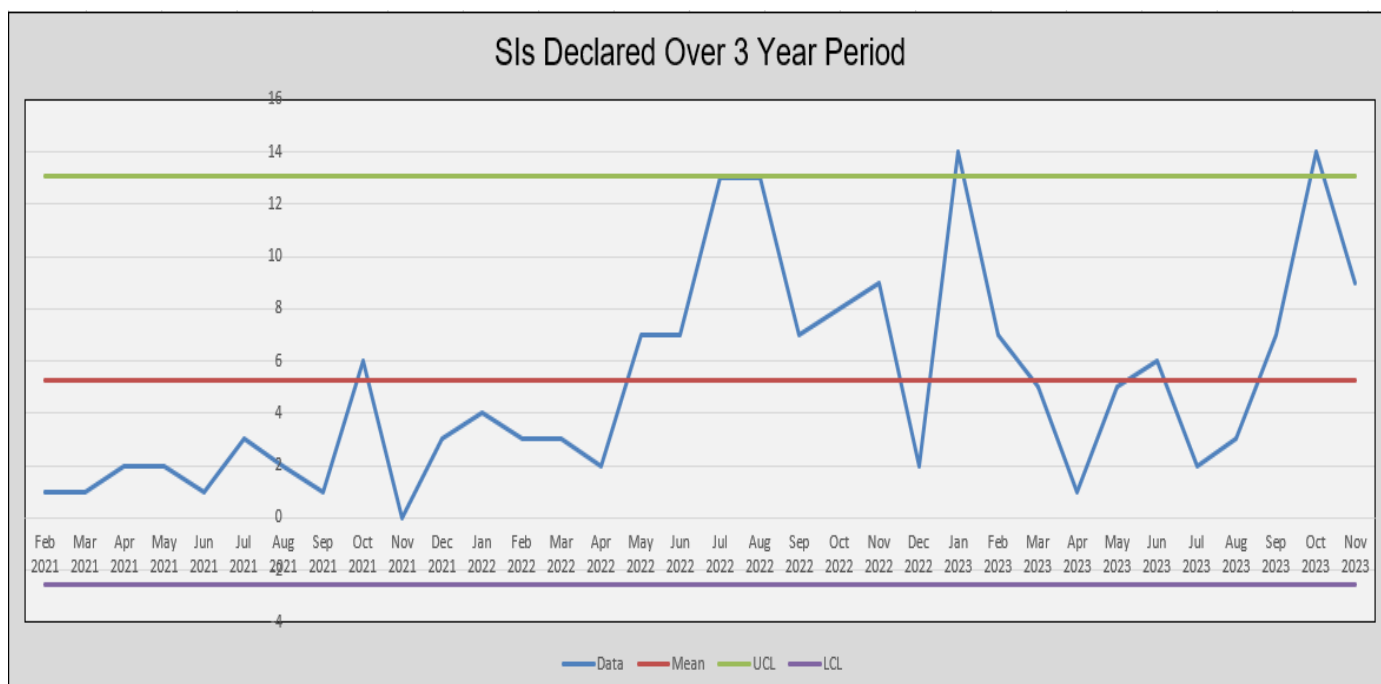
3.26 The Trust is revising the 'task' based risk assessments and the associated manual handling assessments and personal protective equipment assessments. These are being shared with Trade Union Colleagues for approval and will be uploaded onto The Hub internal SCAS site for staff to access.

## Patient Safety Incident Response Framework (PSIRF)

- 3.27 Governance – the PSIRF Plan was submitted to Patient Safety and Engagement Committee (PSEC) in December 2023 for approval. The PSIRF Policy is in draft and out for consultation.
- 3.28 Risk for delivery against plan remains at a 12 (Major x Possible) due to capacity to deliver the project and has been escalated through Quality and Safety Committee and Executive Management Committee.

## Serious Incidents

- 3.29 Year to date Trust **have identified (47) Serious Incidents (SIs)** under the national framework. This compares to (49) in 2022-2023 and (11) in 2021-2022 across the same reporting period.



- 3.30 The Trust has continued to see an increase in the number of SCAS declared SI's with (23) or (2.5%) of total patient safety incidents being identified as Serious Incidents, with 'Delay' continuing to be the main theme, and unchanged from previous reports.
- 13 are SCAS declared SIs.
  - 7 declared are a System SI.
  - 3 are being investigated as a cross organisational SI.
- 3.31 2 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 and 4 Serious Incidents were closed by ICBs across this reporting period.
- 3.32 The Trust continues to see *Delay* being a main theme of all SI's declared.
- 3.33 38 actions relating to SIs are reporting as overdue on the Datix system. Quality and Safety Committee have requested an updated position statements and action plan at the next meeting in March 2024.

- 3.34 The Thematic Review relating to 'Delay' was presented to Quality and Safety Committee and will be shared with ICB's to ensure the delivery of recommendations and actions.

### Incident Review Panel (IRP) Activity

- 3.35 A total of **961 Patient Safety incidents were reported** across this reporting period.  
70/961 (7.2%) Patient Safety incidents were subsequently then reviewed at Safety Review Panel (SRP).  
30/70 (3.1%) Patient Safety incidents were escalated to IRP review due to level of harm.
- 3.36 A national benchmarking exercise of patient safety data across Ambulance trusts has recently been completed by NARSF and due to be published in January 2024. This will enable South Central Ambulance Service (SCAS) in the future to benchmark against the sector.

### Category 2 Segmentation

- 3.37 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. Case reviews have been carried out and all indications at present suggest there are no moderate or above concerns in relation to patient safety.

### NEPTS Ambulance Transport Support to 999 Procedural Review

- 3.38 Following an incident investigation: an action was given to review the process and procedures relating to the passing of events to the Non Emergency Patient Transport Service (NEPTS) from the 999 service of ambulance transports. The procedure document has been reviewed by both service lines and additional detail which ensures that clinical information generated by CCC clinicians is effectively transferred to the NEPTS' system has been added.
- 3.39 The confidence of staff to manage maternity and neonatal emergencies is an area of focus. The Trust has an Education Manager Midwife now in post. Bitesize birth webinars will be offered to staff for their CPD and saved for others to review retrospectively. The equipment team have reviewed and updated the maternity bag to include smaller hats for preterm babies.

### Patient Experience (PE) and Engagement

- 3.40 Trust wide there was a 7% decrease in the total number of PE contacts raised (697) when compared with the previous two months (751).

PE Contacts: October/November	2023/24	% of Trust Total	% change from previous report
NHS 111, incl. GP CAS & MHTS	127	18	No Change
PTS	396	57	↓ 2%
999 Operations	110	16	↓ 1%
EOC	63	6	↑ 3%



Trust total	697	100%	↓7%
-------------	-----	------	-----

- 3.41 In the same period last year, the Trust received (688) Patient Experience (PE) cases, so a small increase of 1% year on year.
- 3.42 698 cases were responded to and closed during the same period, of which 64% (449 cases) were either fully or partly upheld when the investigations were concluded, **meaning that in just over seven out of ten cases the complaint was justified in full or in part.**
- 3.43 During the reporting period the Trust received (94) new formal complaints, (188) informal concerns and (415) HCP feedback requests.
- PTS feedback has remained at approximately 60% of the PE workload.
  - NHS 111 PE contacts, the Trust received the same percentage of cases in this reporting period compared to August and September 2023.
  - In 999 operations there was no change in the percentage in PE cases raised in this reporting period. 50% of these cases were regarding clinical care.
  - 29% of the cases were regarding staff attitude and communication, the same as the previous two months.
- 3.44 Complaints responded to within agreed timescales: October (97%), November (95%). **Target (95%).**
- 3.45 **The Trust have closed 15% more PE cases in October and November 2023 than in the previous 2 months.**
- 3.46 HCP (Health Care Professional) feedback is currently around 60% of the PE workload, unchanged from the previous two months. The PE Team have completed 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. The results of this audit will be included at the next PSEC with actions for the system.
- 3.47 The inaugural Patient Panel will be held in January 2024.

### **Compliments**

- 3.48 The Trust received 225 compliments for the care and service delivered by our staff across the reporting period which is similar to previous reporting periods.

### **Recommendations**

- 4.1 The Council of Governors are invited to note the content of the report.

**Sue Heyes, Deputy Chief Nurse**

**Date: 11 January 2024**



## Report Cover Sheet

<b>Report Title:</b>	Operations Report – 999, 111 and Other
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Thursday, 25 January 2024
<b>Agenda Item:</b>	13.e
<b>Executive Summary:</b>	<p>This report is to update the board on SCAS 999 and 111 performance for December. Our category 1 performance for December was 08:54, a deterioration of 4 seconds from November, and our category 2 was 38:09, which was 7 minutes above our proposed trajectory. 999 response demand was at the highest level since December 2022, although we did see a drop in the volume of 999 calls and achieved a mean call answer of 17 seconds. The support from West Midlands Ambulance Service continues, however they only take calls from SCAS if we do not answer the call within 3 minutes. We took over 155,000 calls through our 111 service, which was 9,000 above our plan, illustrating the increasing demand on our 111 service. The main issues affecting our category 2 performance are linked to our ability to deliver the required operational hours to meet the demand, combined with the hours we are losing at Hospital through handover delays. Details of the impact and actions being taken are contained within this report update.</p>
<b>Recommendations:</b>	The Council of Governors are asked to note the issues in the 999 and 111 areas of SCAS and the operational support work to help with those challenges.
<b>Accountable Director:</b>	Mark Ainsworth, Executive Director of Operations
<b>Author:</b>	Mark Ainsworth, Executive Director of Operations
<b>Previously considered at:</b>	Operations Reports are presented at every Board meeting in public.
<b>Purpose of Report:</b>	Note/Assure
<b>Paper Status:</b>	Public

<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	High Quality Care & Patient Experience
<b>Links to BAF Risks or Significant Risk Register:</b>	SR1 - Safe and Effective Care
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	On going monitoring of progress against the cat 2 trajectory with a focus on reduce handover times and increasing operational hours
<b>List of Appendices</b>	1.1 - 999 Call Demand and call answer mean, 1.2 - 111 Demand, 1.3 - 111 Call Answer Mean, 1.4 – Hospital Handover delays, 1.5 – S&T and ST&C Operational Hours, 1.6 - CET update



## Board Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Operations Report – 999, 111 and Other
<b>Author</b>	Mark Ainsworth, Mark Adams, Luci Papworth, Rob Ellery, Ruth Page
<b>Accountable Director</b>	Mark Ainsworth, Executive Director of Operations
<b>Date</b>	31 January 2024

### 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

- 2.1 This paper provides an update on key performance measures for 999 and 111 services for December 2023. The paper also updates the board on our delivery against our category 2 trajectory, as well as risks and actions to improve our performance. Additional data charts have been provided as appendices to support the narrative.

### 3. Executive Summary

- 3.1 999 call volumes dropped in December to just over 70,000 with the main cause being fewer duplicate calls. Our response demand increased to 54,856 which is the highest level since December 2022 and in line with seasonal variations. We received 155,540 calls through our 111 service which was 9,000 above planned levels, and our mean call answer increased to 2 minutes 48 seconds due to the higher demand. Our category 1 performance was 08:54 which is a 4 second increase from November and our category 2 performance was 38:09 which is 7 minutes above our planned trajectory. Each year we restrict our annual leave levels over the Christmas and New Year period by 50% which provides additional hours in all operational areas. This enabled us to improve our response times to patients during the busiest period of the year with our category 2 performance being 24:22 from the 18<sup>th</sup> to 31<sup>st</sup> December, compared to 49:23 for the first 17 days. We were however 7,500 hours below what was required to deliver our trajectory for the month and this impacted on category 2 by 3 minutes. The shortage in hours was caused by the Private Provider companies not delivering contracted hours. We also experienced higher handover delays in the first 2 weeks of December losing 5,221 hours in the first 2 weeks compared to 3,092 for

the remainder of the month. This is the highest level of delays since December 2022 and the impact of handover delays on category 2 was 5 minutes.

### Clinical Co-ordination Centres

#### EOC

- 3.2 Call answer for December was 17 seconds which is 7 seconds above national target. The reduced annual leave levels over the festive period supported call answer improvements, combined with the lower call volumes. (Appendix 1.1) We continue to receive support from West Midlands Ambulance service, however the point at which they now take our calls has increased to 3 minutes as they now take calls through the national Intelligent Routing Platform (IRP). This is in line with the NHS Digital pilot where the IRP recognises an estimated wait time of 180 seconds and then routes calls to WMAS. We currently have 165 WTE ECTs in post with 131 WTE work effective, with 27 WTE in coaching. We are continuing to work with The Isle of Wight Ambulance Service to increase their contracted staffing levels for SCAS as they currently have 10 vacancies against a requirement of 25. AACE have been into our EOC for 2 days to identify any areas for improvement, and we have asked for them to focus on call answer and hear and treat as two key areas for guidance and support. We are also meeting WMAS in February to review options for any further support while we continue to recruit to our establishment levels.
- 3.3 Hear and treat levels for the quarter were just below our 12% target at 11.8 %. Category 2 segmentation remains in place, however the clinician capacity to increase the volume of calls to process through category 2 segmentation remains a challenge. There is ongoing recruitment to CSD and the international nurses in CSD North have settled in extremely well. They are currently Band 5 with a limited scope of practice and are all being coached through a competency-based programme to become Band 6 clinicians. Hear and Treat is a further area we have requested AACE to review and provide recommendations.

#### 111

- 3.4 Demand increased through November and December in line with seasonal variation with us answering 155,540 calls in December. (Appendix 1.2) Call answer performance remained outside of national target, but above trajectory and improved on last year with a mean to 02:48. (Appendix 1.3)
- 3.5 We remain below workforce requirement to meet performance targets. There are 238 WTE Health Advisors in post with a shortfall of 75 WTE and for Clinical Advisors 63.37 WTE in post and a shortfall of 28 WTE. The shortfall is offset by increased logged in hours, improved room management and reduction in average handling times providing additional hours from our incumbent workforce. Attrition remains below expected levels and we continue to recruit in line with our IWP. Partis House will open 24/7 from the end of January 2024 further increasing capacity overnight. We are also commencing a programme to dual train some of

our 111 Health Advisors in taking 999 calls. This will be on a voluntary basis and will look to support our 999 call answer.

- 3.6 We have been approached by BOB and Frimley separately to review the options of extending the 111 IUC contract until end of March 2026. This is a great opportunity for SCAS to review our service provision and work with commissioners on a new specification for a new contract post 2026. We are currently working with the contracts team on the options for the extension and will bring a proposal through EMC and Board for ratification.

## Urgent & Emergency Care

### Hospital Handover Delays

- 3.7 Hospital handover delays in Q3 totaled 21,210 hours compared to 14,576 hours in Q2. December lost hours were 8,019 with 3,888 hours at Portsmouth Hospital Trust. Our average handover time was 29:49, with PHT being at 1 hour 6 minutes. (Appendix 1.4). We have written to each Chief Executive of the acute trusts across SCAS outlining our position on using Immediate Handover when we are at OPEL 4 and are being delayed at handover greater than 30 mins, in order to reduce the impact of these delays. This process will take time to embed and support us releasing crews from hospitals.

### See Treat & Convey (ST&C) to ED

- 3.8 S&T performance dropped slightly in December to 34% against the target of 35%. (Appendix 1.5). We are continuing to work with providers to develop additional clinical pathways to support increasing S&T levels. We have seen a drop in ST&C to ED which is the lowest level since January 2023. Improving non-ED pathways is key to keeping the ST&C to ED at its lowest levels. Recent audit work undertaken shows that SCAS appropriately conveys patients to ED which might not be the most appropriate location for the patient, but in the absence of other options is the only entry point to care. Our Clinical Pathway team are working with local teams to maximise the use of available pathways whilst developing new ones.

### Resilience & Specialist Operations

- 3.9 **Winter Impacts:** There have been no specific impacts of note in terms of severe weather. We have seen several weather warnings for other events e.g. flood, wind and rain however these have had minimal impacts, and we work alongside both LRFs to mitigate against risks. The latest 3-month weather outlook has been circulated to the command team and the winter oversight board for planning consideration.
- 3.10 In December we had the Junior Doctors industrial action for a three-day period which passed with minimal impact to the wider health system to include SCAS, however on the 3<sup>rd</sup> January 2024 a six-day period started which was more impactful as it followed the three-day New Year weekend, with minimal ability of Acute Trusts to discharge ahead of it.

3.11 **Threat Level:** The current threat level to the UK from terrorism is **Substantial (An attack is likely)**.

3.12 **Organisational Learning/ Manchester Arena Inquiry:** We are making good progress with our MAI recommendations. We have submitted several Joint Organisational Learning (JOL's) through the system and are awaiting responses from these.

### Operational Projects

#### Roster Review Project

3.13 The Operations Rota review is focusing on the delivery of the south operational nodes currently with the north being paused due to some of the proposed changes within the transformational plan. The south nodes are progressing through the gateway review and onto voting and build programmes over the next month. The plan is to complete the south nodes by April 2024. The EOC call taking staff feedback questionnaire has been completed and fed back to the Project Board with agreement to slightly amend the roster core principles. The staff champions now drafting new revised rosters/patterns for all call taking skillsets before restarting a full consultation, voting and build process during February and March.

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

3.14 The Control Room Solution (CRS) configuration work is almost complete with function/non-function testing by the national team. SCAS will complete the end-to-end testing in February. Staff training for CRS will commence on 17th January until the middle of March 2024. The dates for planned CRS migration are the 12th and 13th March. Mobile Data Vehicle Solution (MDVS) testing has already started and the training solution with U&E Operations and funding approved by the Project Board. Vehicle installation strategy is in development.

#### 999CAD Replacement Programme

3.15 The current 999 CAD solution will be moving to new SQL architecture by March 2024 to ensure the system is stable whilst the replacement work is in track. During December 2023, the Executive Team approved the outlined business case for a replacement 999 system and to proceed to go out to tender at the end of January 2024.

## 4. Areas of Risk

- **Handover delays impacting on ambulance availability.**
- **Fleet provision to meet increased operational requirement.**
- **Inability to secure required additional Private Provider hours.** We are still seeing shortfalls of 1,500 to 2,000 hours per week.

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

- 5.1 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**

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

## **7. Responsibility**

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

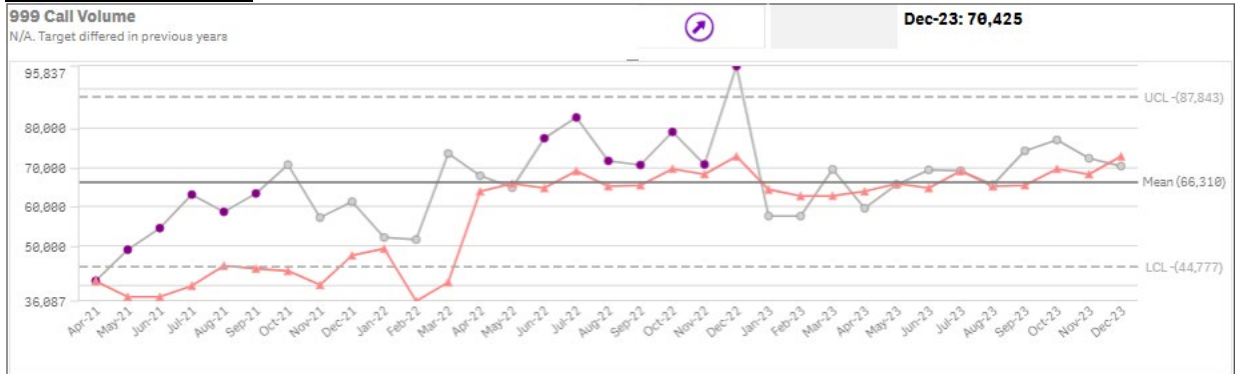
## **8. Recommendations**

- 8.1 The Council of Governors are asked to **note** the contents of the report.

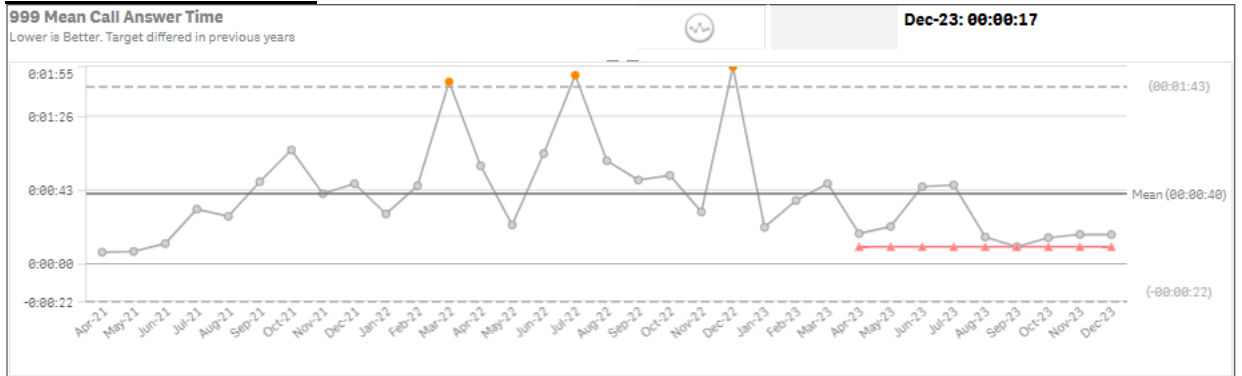


# Appendices

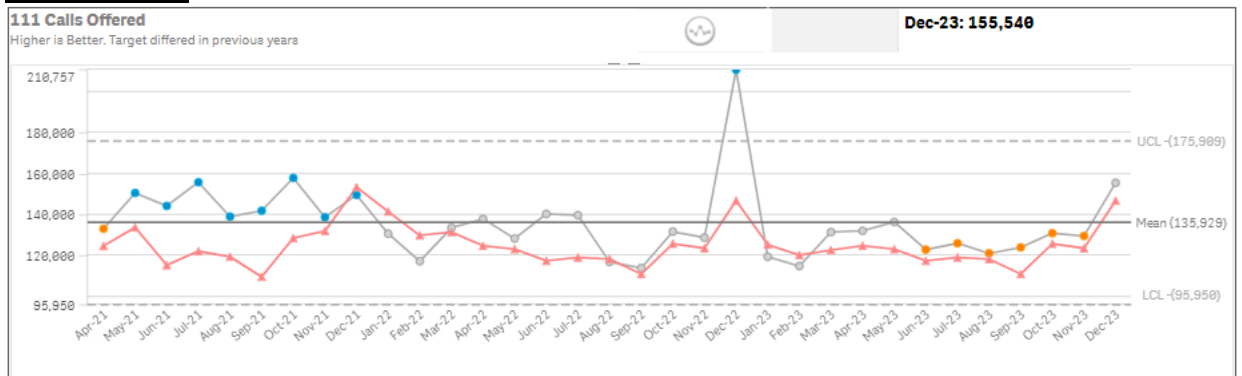
## 1.1 999 Call Demand



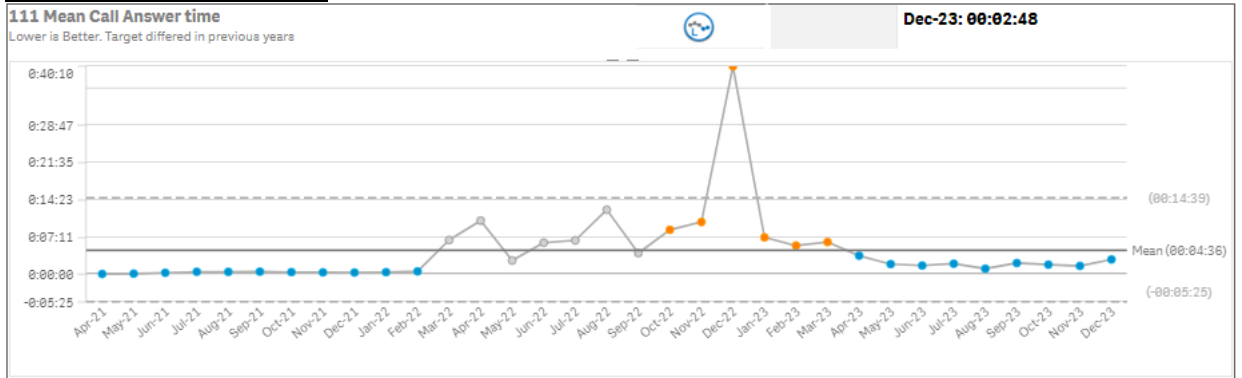
## 999 call answer mean



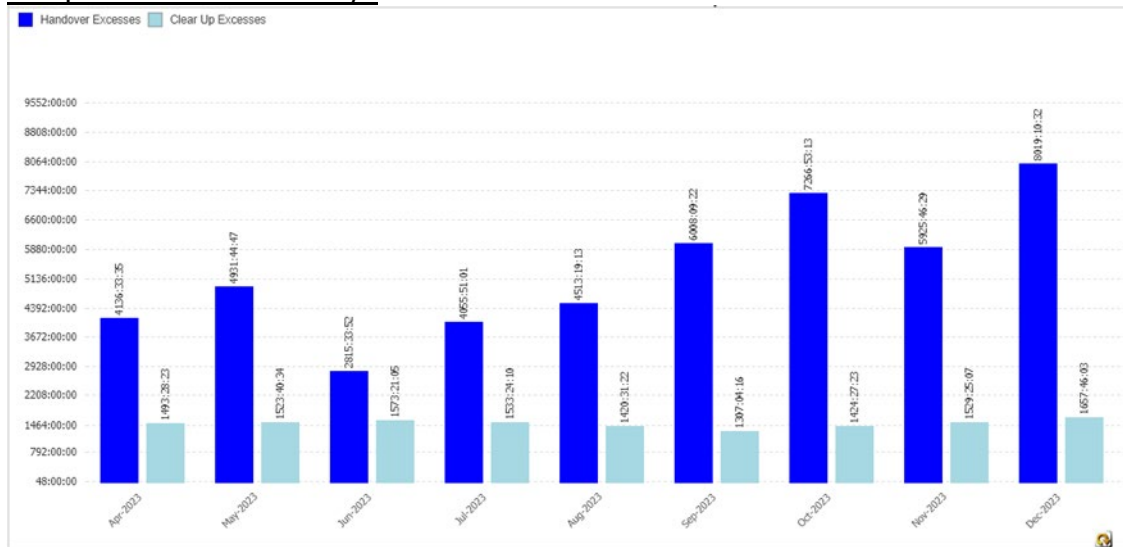
## 1.2 111 Demand



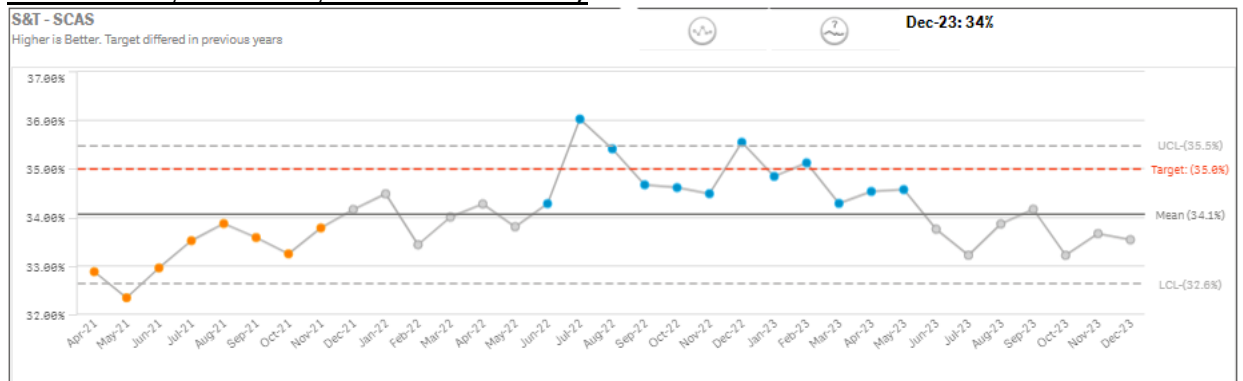
### 1.3 111 Call Answer Mean

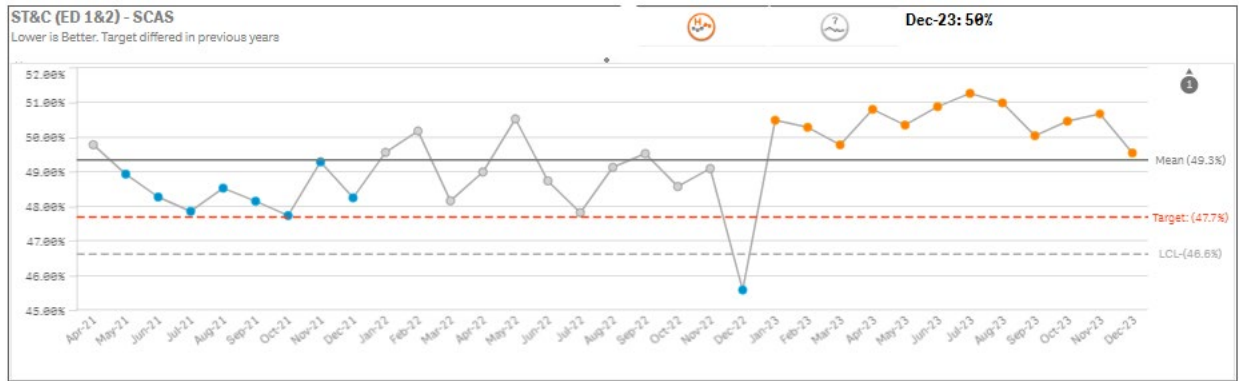


### 1.4 Hospital Handover Delays



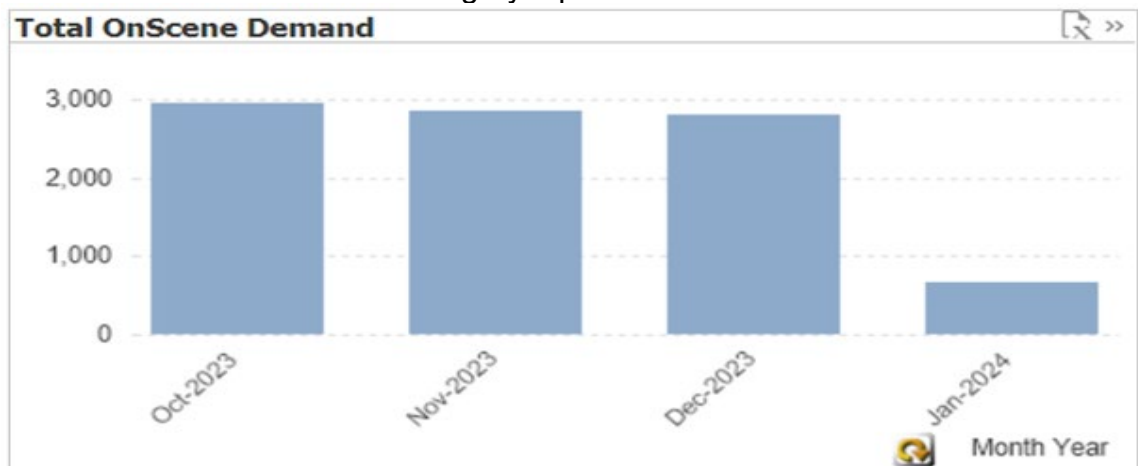
### 1.5 See & Treat, and See, Treat and Convey





## 1.6 Indirect Resources

The total number of all incidents our responders are being sent to has slightly decreased from 2,840 in November to 2,795 in December. This is mainly due to the school holidays and Christmas period as we always see a slight reduction in our volunteer's availability. However, we did see our attendance to Category 1 calls increase from 417 to 457 over the same period providing a contribution of 28 seconds in November and 30 in December to SCAS overall Category 1 performance.



Month & Year	Logged Hours
Oct-2023	42285:43:22
Nov-2023	40624:46:37
Dec-2023	39333:18:41
Jan-2024	7088:04:01

On average our volunteers are providing over 40,700 hrs of cover each month and are attending over 400 category 1 calls which in turn is delivering the Trust with over 30 seconds of contribution, they are also first at scene 71% of the time.

CET Contribution by Month				
Month And Year Name	Oct-2023	Nov-2023	Dec-2023	Jan-2024
Total Cat 1 Incidents (SCAS)	4,018	4,028	4,350	933
% of Cat 1 Stopped by CET	8.1%	7.2%	7.4%	8.6%
Cat 1 CET OnScene	464	409	440	111
Cat 1 Stopped by CET	324	291	324	80
% of Cat 1 Onscene Stopped by CET	69.8%	71.1%	73.6%	72.1%
Cat 1 Mean Stopped by CET	0:08:36	0:08:22	0:08:22	0:07:39
Cat 1 Mean (SCAS)	0:09:04	0:08:50	0:08:54	0:09:02
Cat 1 Mean - CET Removed	0:09:38	0:09:19	0:09:25	0:09:35
CET Contribution	0:00:34	0:00:28	0:00:31	0:00:34

The departments biggest challenge is being able to utilise volunteers to attend category 3 and category 4 calls as each call needs to have a clinical input before a volunteer can be allocated. Our specialist paramedics have many other responsibilities as part of their role and so their time to specifically identify calls within the CAD and send a CET resource can be a challenge. However, in resolution we are in discussion with EOC regarding the coding of certain incidents as being suitable for immediate CFR deployment and/or other locally commissioned falls responses to minimise unnecessary patient delays and an unnecessary clinical validation burden. These code sets are in conjunction with the AACE Falls Response Governance Framework which our current algorithm is based on.

As part of our CQC recovery we were tasked with ensuring that all responders had appropriate Level 3 safeguarding face to face training. We can report that 85% of our responders have had this and we will continue to factor this in with the help of our safeguarding team.



## Report Cover Sheet

<b>Report Title:</b>	Governance Update
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	13.f
<b>Executive Summary:</b>	<p>This report provides the Council of Governors with an update relating to developments in governance since the last Council of Governors' meeting in October 2023:</p> <ul style="list-style-type: none"> <li>▪ Governors Induction</li> <li>▪ Update on NED recruitment</li> <li>▪ Frequency of workshops and quarterly meetings / Future meeting dates</li> <li>▪</li> </ul>
<b>Recommendations:</b>	The Council of Governors are asked to note this report.
<b>Accountable Director:</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Author:</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Previously considered at:</b>	Not applicable
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives

<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not applicable
<b>List of Appendices</b>	Not applicable



## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Governance Update
<b>Author</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Accountable Director</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Date</b>	31 <sup>st</sup> January 2024

### 1. Purpose

This report provides the Council of Governors with an update relating to developments in governance since the last Council of Governors' meeting in October 2023.

### 2. Executive Summary

#### Governors Induction

We have had a successful outcome for the Council of Governor elections. 13 constituency seats were elected unopposed, and two seats were successfully filled for the Berkshire constituency. Only three seats are currently unfilled, one in Oxfordshire and two in the staff constituency. The Governance team will consider options to fill the vacant seats.

The in-person induction of the newly elected Governors will be held on 6 March 2024 at Northern House, Bicester. An induction pack is being prepared for them so that they feel familiar with SCAS processes and systems when they join. On the day, an induction presentation will be made by the Chairman and a number of other senior staff to help familiarise the newly elected Governors with SCAS. They will also be introduced to the Governance team and plans are underway for those Governors who are interested, to join a ride-out and to visit the EOC at Bicester.

As of 1<sup>st</sup> February 2024, all Governors, including those who have been recently elected, will have been issued with a SCAS email account to ensure that they automatically receive relevant internal all-staff emails and to ensure that information is shared in a secure format rather than using Governors' private email accounts. Plans are also being made to issue Governors with SCAS ID cards.

#### Update on NED recruitment

Anne Stebbing will be stepping down as a Non-Executive Director on 31 March. The recruitment process to find her replacement is underway. An agency has been appointed to help SCAS with the search process, with the view to interviewing and making an appointment in March. Members of the Council of Governors Nominations Committee will be involved in the interview and selection process with the view to

making a recommendation to the full Council of Governors at its meeting on 3 April 2024.

#### Frequency of workshops and quarterly meetings

It is proposed that workshops will in future be held on the same days as those on which SCAS holds the quarterly Council of Governors meetings. This is in order to ensure that the widest in-person attendance is achieved by Directors and Governors. Holding both the workshop and meeting on the same day and at the same venue also helps to achieve financial savings rather than having separate meetings and workshop events.

Future meeting dates are as follows and invitations will be shortly sent out:

- 3 April 2024
- 29 July 2024
- 30 September 2024
- 3 February 2025

### **3. Responsibility**

The Chief Governance Officer is responsible for implementing actions and developments relating to the Council of Governors.

### **4. Recommendations**

The Council of Governors are invited to note this report.





## Report Cover Sheet

<b>Report Title:</b>	Urgent Care/111 Briefing
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	14
<b>Executive Summary:</b>	To brief the Council of Governors on Clinical Assessments in NHS 111 and Integrated Urgent Care (IUC).
<b>Recommendations:</b>	The Council of Governors are asked to note the Patient Panel Update.
<b>Accountable Director:</b>	Mark Ainsworth, Executive Director of Operations
<b>Author:</b>	Ruth Page, Director of Operations
<b>Previously considered at:</b>	
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	Significant
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	Urgent Care/111 Briefing Presentation

# Agenda Item 14



## **Clinical Assessments in NHS 111 & Integrated Urgent Care (IUC)**

**Ruth Page – Director of Operations (CCC)**  
**Joanne McPartlane – Head of NHS 111 & IUC Services**

# 111 Assessments

- Undertaken by Health Advisors who are non-clinicians, trained in NHS Pathways.
- Calls can be closed by Health Advisors – for example referred to other services - appointment booked with GP practice, advised to contact pharmacy, or healthcare advice.
- Certain calls are referred to Clinical Advisors also trained in NHS Pathways including a clinical module.
- Certain calls are referred directly to specialities within 111/IUC e.g. pharmacists, mental health practitioners, dental nurses using PaCCs (Senior Clinician NHS Pathways product).

# NHS Pathways

- NHS Pathways telephone triage system is a clinical decision support system (CDSS) supporting the remote assessment of callers to urgent and emergency services.
- The symptom-based triage pathways are the same in 999 and 111
- It is also used in the following settings:
  - NHS 111 and NHS 111 Online
  - 999
  - Integrated Urgent Care Clinical Assessment Services
  - To assist in the management of patients presenting to urgent care or emergency departments
- SCAS and other services using pathways feed into NHS Pathways any findings from: complaints, investigations, audits, or feedback from users and other HCPs to continually improve the software. Updates are released every 8 – 12 weeks which will include updates relating to change in national guidance or user feedback.

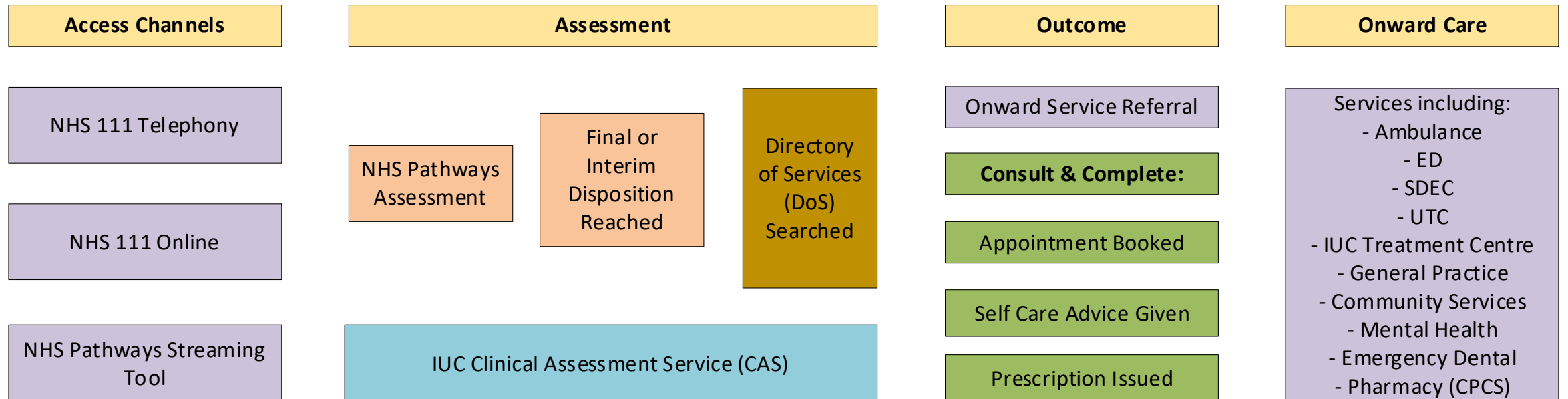
# Skillsets within 111/IUC

Region	Hampshire Surrey Heath	HSH %	Thames Valley	TV%
Calls assessed by a general practitioner	19829	52.8%	4989	21.2%
Calls assessed by an advanced nurse practitioner	531	1.4%	0	0.0%
Calls assessed by a mental health nurse	1124	3.0%	334	1.4%
Calls assessed by a nurse	6588	17.6%	6335	27.0%
Calls assessed by a paramedic	429	1.1%	1014	4.3%
Calls assessed by a dental nurse	3396	9.0%	5	0.0%
Calls assessed by a pharmacist	41	0.1%	143	0.6%
Calls assessed by another type of clinician	5587	14.9%	10659	45.4%

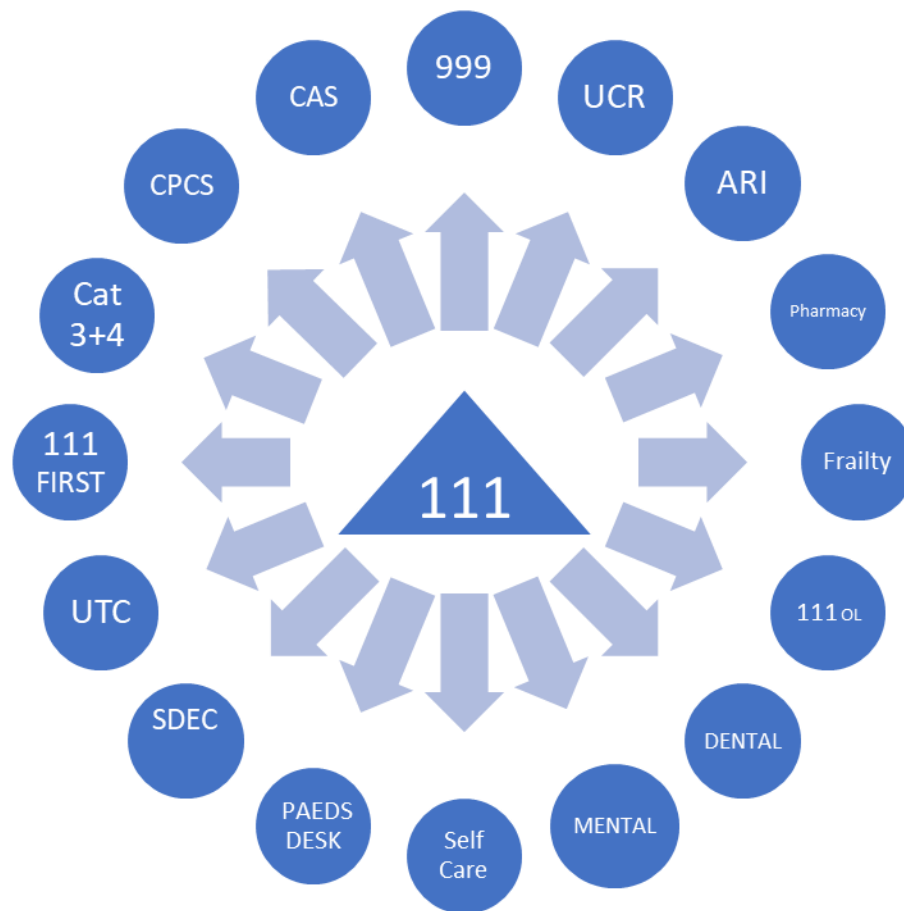
When describing "another type of clinician" these are mainly roles such as Clinician, Senior Clinician, Clinical Advisor. Some are truly unknown, around 1 in 4, most of which sit with CAS externally.

Dec 2023 data

# Patient Journey



# 111 in the Integrated Care System



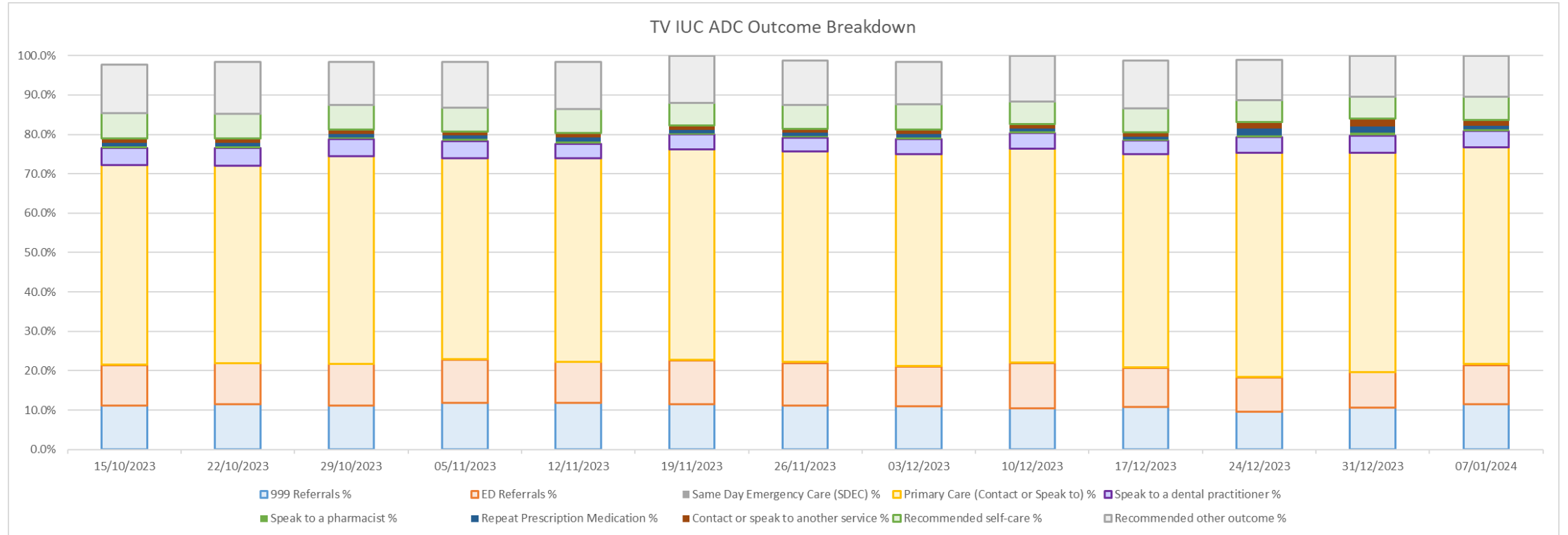
# Facts and Figures: 111 Call outcomes

## 111 Calls outcomes (Week ending 21<sup>st</sup> January 2024)

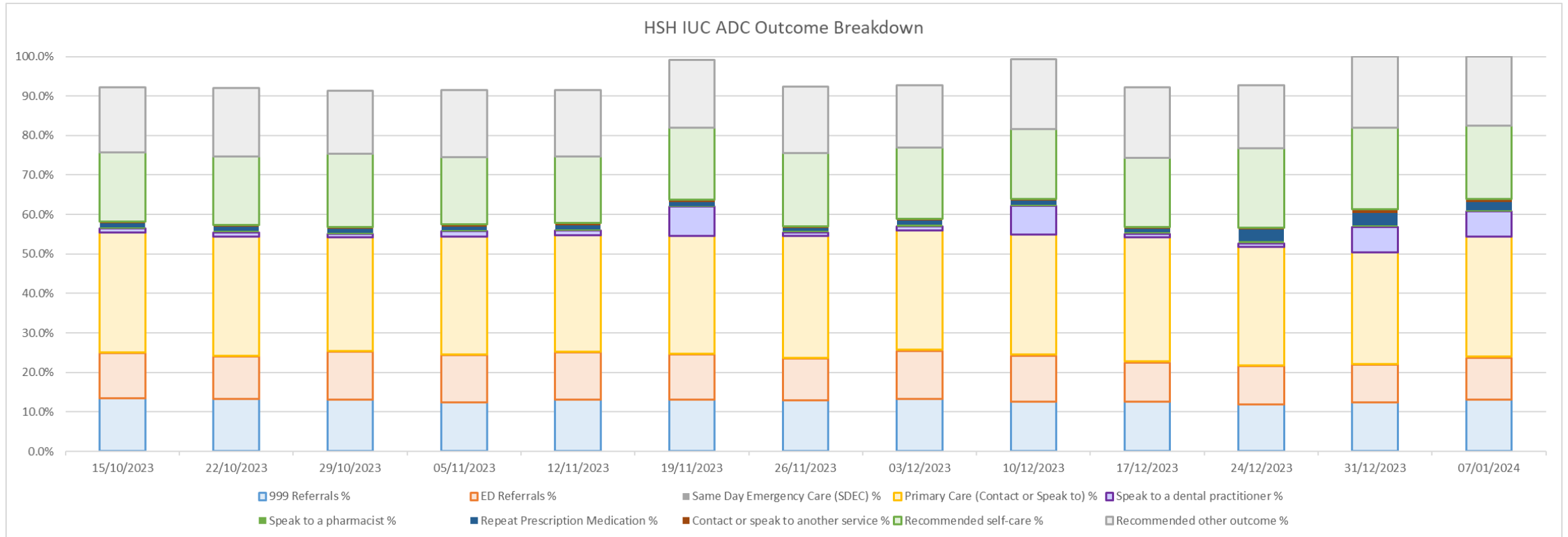
- Primary Care – **42.5%**
- Other (HCP calls, Closed no further action, Report of lab results etc) – **15.3%**
- 999 (All categories) – **12%**
- Self-care (Home management) – **11.3%**
- ED (All types) – **11%**
- Dental outcome – **5%**
- Repeat prescription Medication – **1.3%**
- Speak to Pharmacist – **0.4%**
- Same Day Emergency Care (SDEC) – **0.2%**



# Clinical Outcomes TVIUC



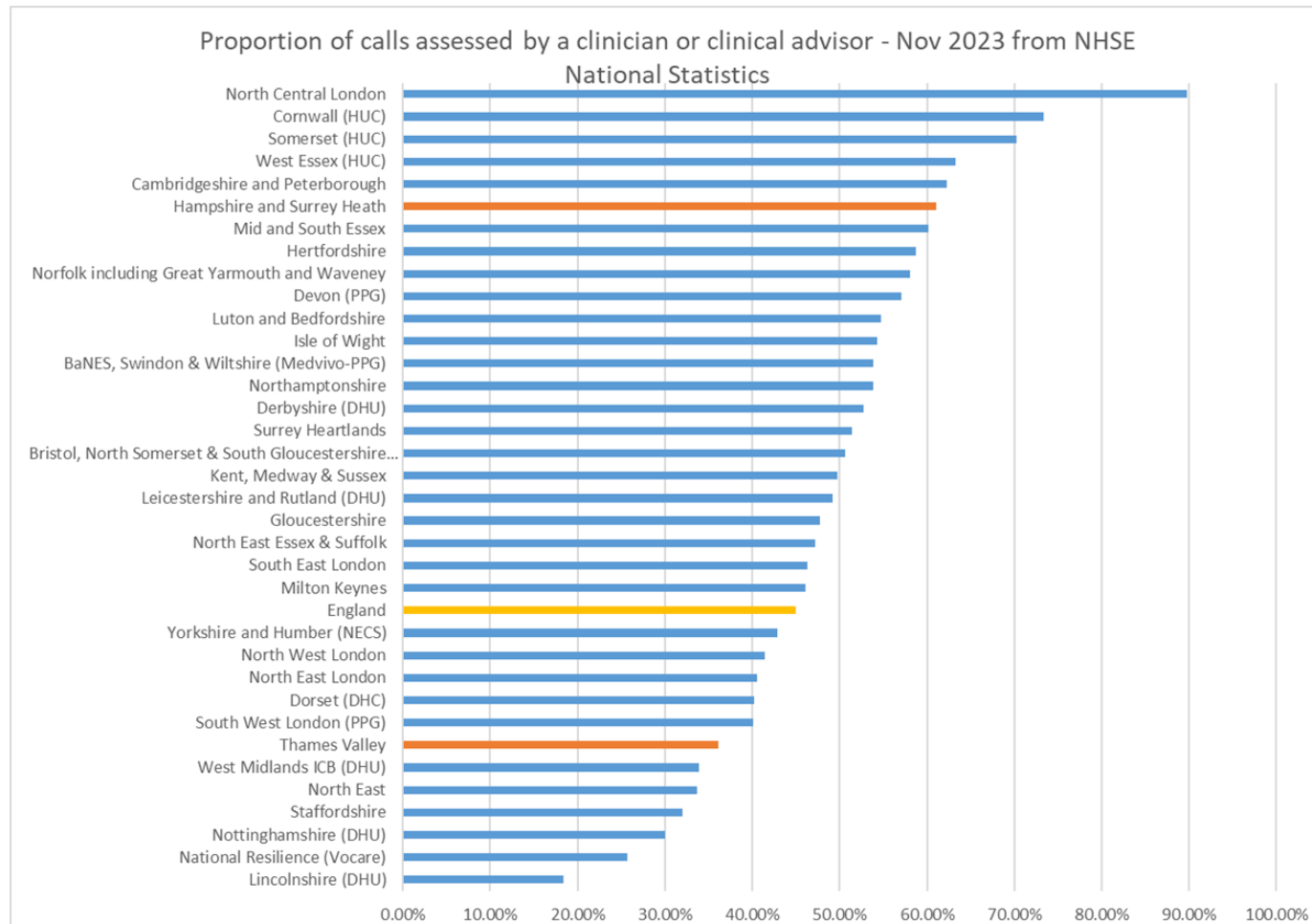
# Clinical Outcomes HSH IUC



## IUC KPIs

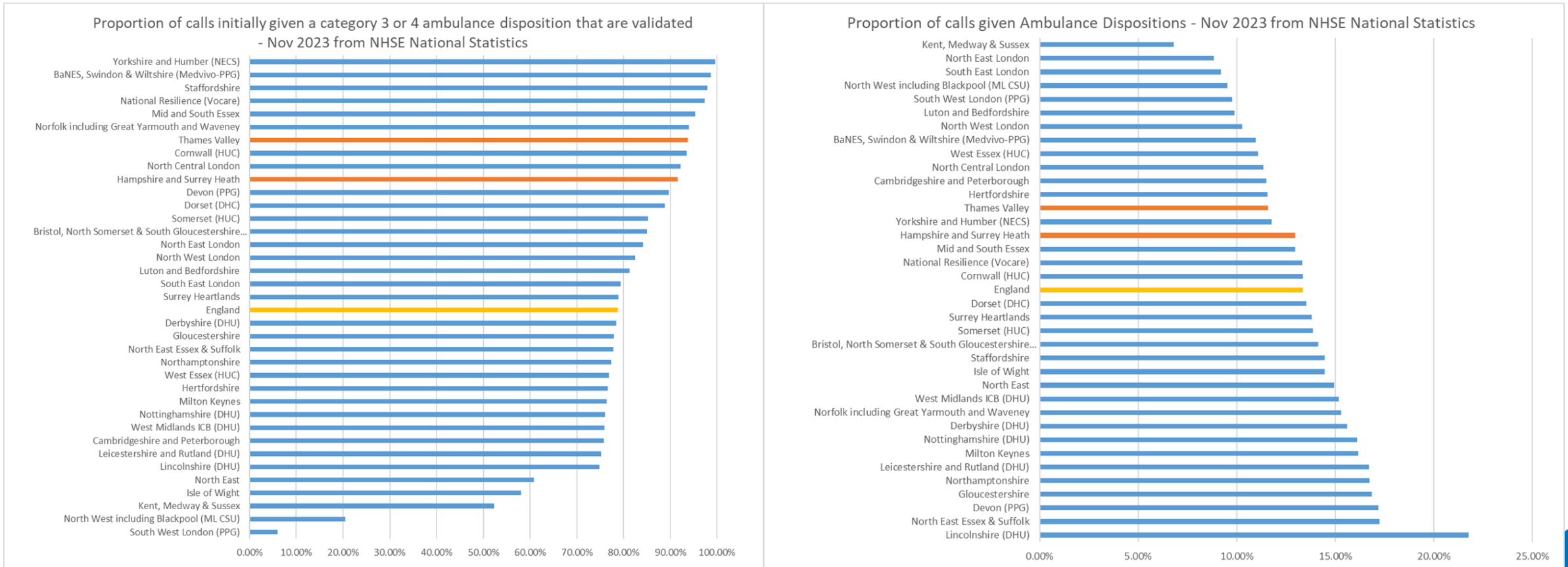
KPI	Title	Standard
1	Proportion of calls abandoned	≤3%
2	Average speed to answer calls	≤20 seconds
3	95th centile call answer time	≤120 seconds
4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%
5a&b	Proportion of call backs assessed by a clinician in agreed timeframe	≥90%
6	Proportion of callers recommended self-care at the end of clinical input	≥15%
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	≥75%
8	Proportion of calls initially given an ETC disposition that receive remote clinical intervention	≥50%
9	Proportion of callers allocated the first service type offered by Directory of Services	≥80%
10	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%
11	Proportion of calls where the caller was booked into an IUC Treatment Service or home residence	≥70%
12	Proportion of calls where the caller was booked into a UTC	≥70%
13	Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥70%
14	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	Not applicable

# Proportion of calls assessed by clinician (KPI 4)



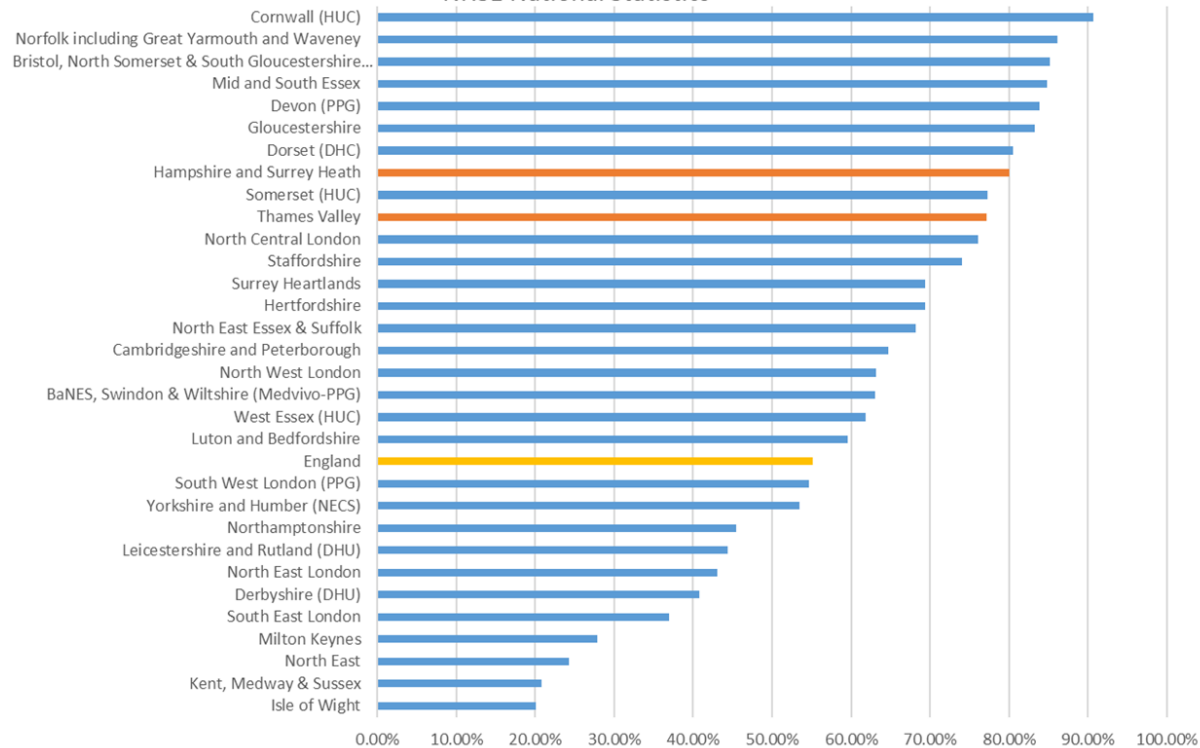
- HSH: 61%
- TV: 36.1%

# Management of Urgent Patients – Cat 3/4 Ambulance Validation and Referrals

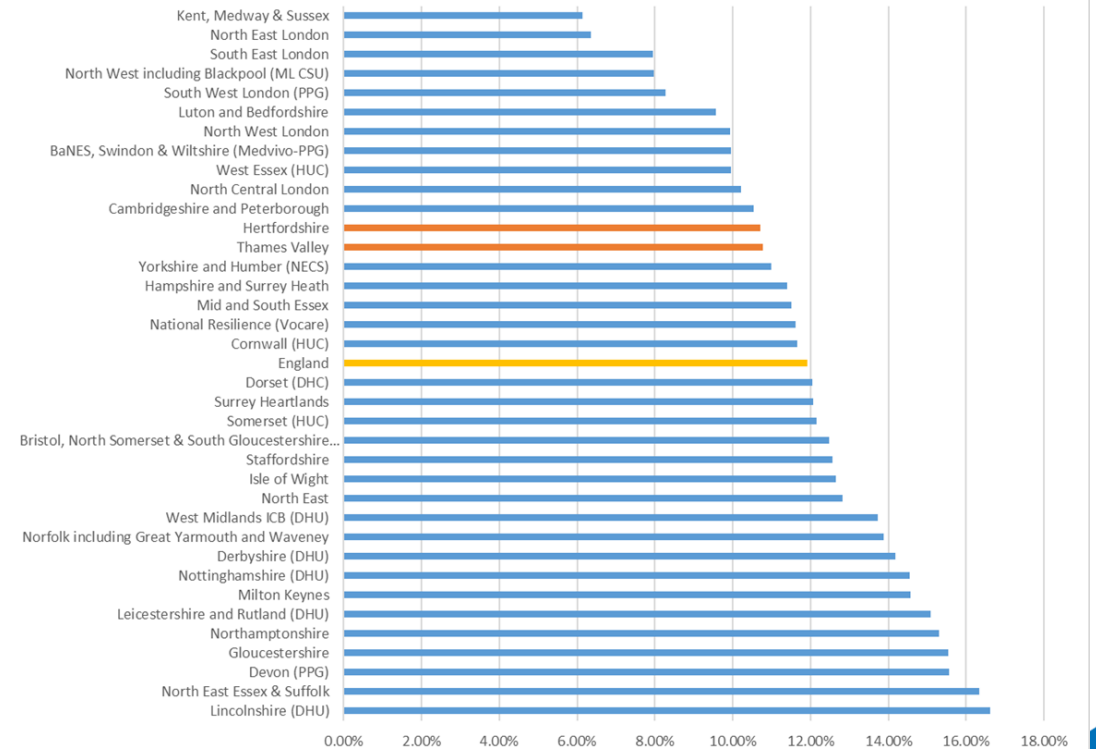


# Management of urgent patients – ED validation and referrals

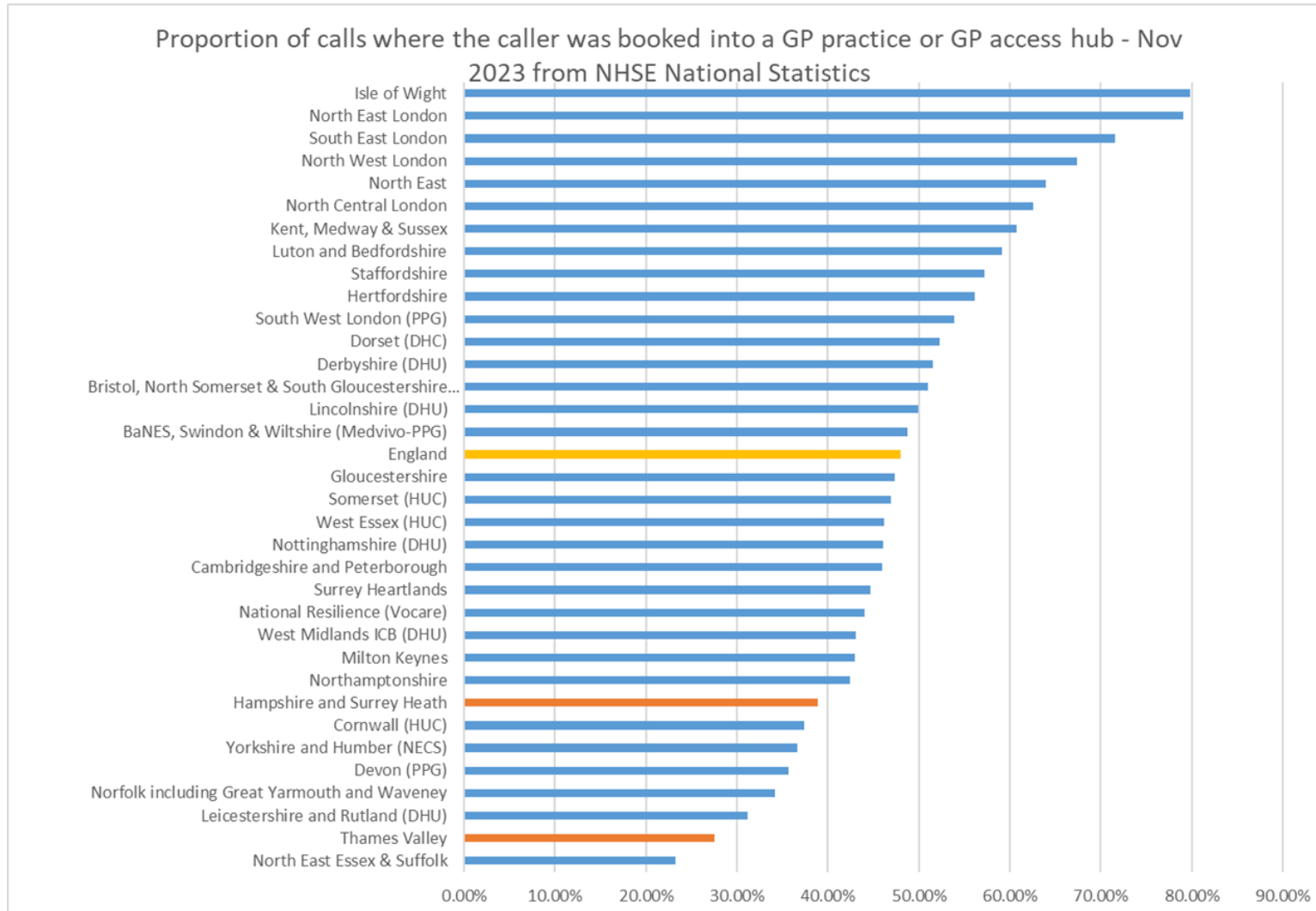
Proportion of calls initially given an ETC disposition that are validated - Nov 2023 from NHSE National Statistics



Proportion of calls Recommended to attend an ETC Nov 2023 from NHSE National Statistics



# Proportion of calls where patient is booked into a GP practice or access hub



**HSH: 38.9%**  
**TV: 27.6%**

Challenge = GP appointment provision issues.

# Any questions?





## Report Cover Sheet

<b>Report Title:</b>	Patient Panel Update
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	15
<b>Executive Summary:</b>	<p>Information on the Patient Panel for the Council of Governors to include:</p> <ul style="list-style-type: none"> <li>• What is a Patient Panel</li> <li>• Eligibility criteria</li> <li>• Structure of the Patient Panel and levels of involvement</li> <li>• Aims of the Patient Panel</li> <li>• Compliance with NHS Requirements for organisations to have a Patient Panel and SCAS Annual Plan</li> </ul>
<b>Recommendations:</b>	The Council of Governors are asked to note the Patient Panel Update.
<b>Accountable Director:</b>	Helen Young, Chief Nurse Officer
<b>Author:</b>	Nikhyta Patel, Patient and Public Engagement Facilitator
<b>Previously considered at:</b>	Patient Safety and Experience Committee
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	u lic
<b>Assurance Level:</b>	<b>Significant</b> – i level of confi ence in eliver of e istin ec anis s o ectives
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives

<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	Patient Panel Presentation



**NHS**

**South Central  
Ambulance Service**

NHS Foundation Trust

# Patient Panel

by Nikhyta Patel, Patient and Public Engagement Facilitator

# Contents

- **What is a Patient Panel**
- **Eligibility criteria**
- **Structure of the Patient Panel and levels of involvement**
- **Aims of the Patient Panel**
- **Compliance with NHS Requirements for organisations to have a Patient Panel**
- **SCAS Annual Plan**

## What is a Patient Panel

**We want to identify what matters most in our local communities and the Panel will give members of the public a voice to have their views acknowledged and where possible acted on.**

We are planning on focusing on two specific user groups for which we will create subgroups initially these will be, Learning Disability and Mental Health.

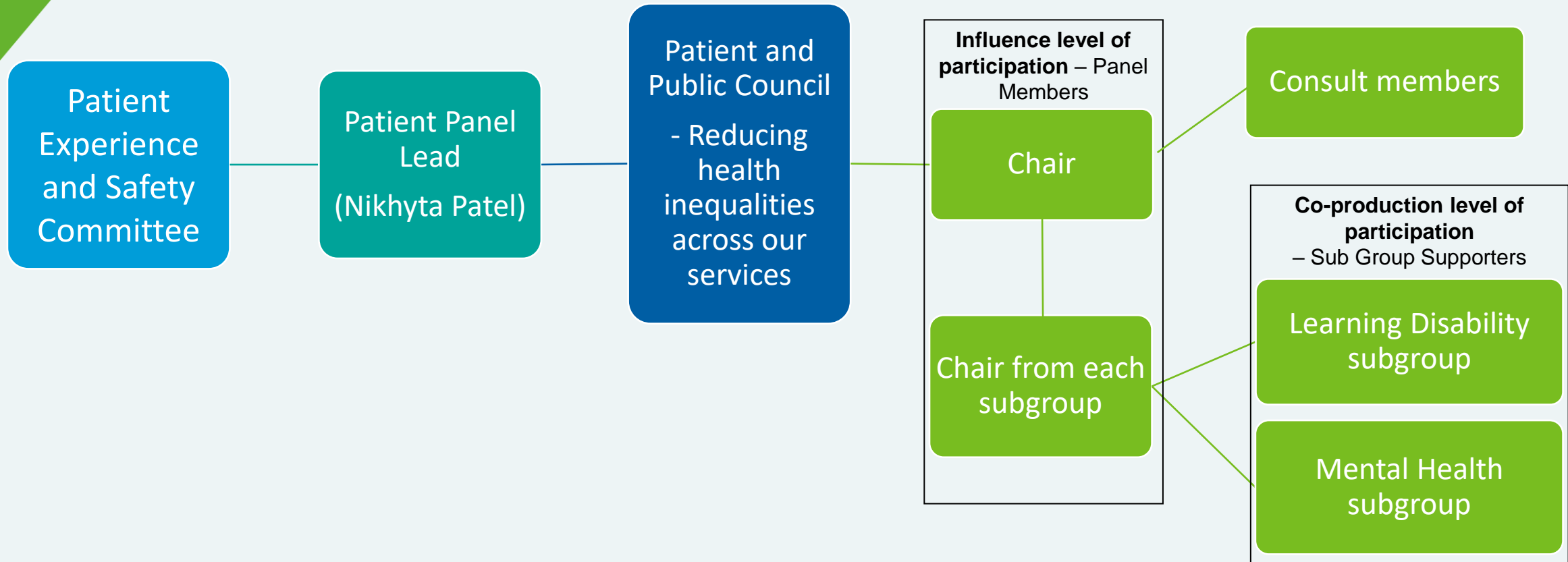
These groups will assist SCAS in co-production of Policies, Procedures and design and implementation of SCAS Services.

**A Patient Panel gives patients and their relative/carers a voice to influence how SCAS services best suit their user groups.**

## Eligibility Criteria

- Must be 16 years of age or older (18 years or older for some roles)
- Must not be a current employee of SCAS, however our volunteers are welcome
- Must live in Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Surrey, or Sussex
- Must be able to listen and discuss different perspectives with others in a constructive way
- Must have lived experience, either personally or as a relative/carer, of the two categories currently being recruited to (Mental Health or Learning Disability),

# Patient Panel Structure



## Aims of the Patient Panel

- To use the Patient Panel, experience as a patient relative/carer to support and advise SCAS on activities, policies and procedures that will improve Patient Safety and high-quality care
- To contribute towards the development of Trust policies and procedures
- To consider and prioritise the patient, carer and family perspective and champion a diversity of views
- Obtain feedback on the quality and provision of services to help support decision-making
- To understand and challenge where necessary the plans, procedures, and methods of the Trust with a view to assisting in the improvement of those plans, procedures, and methods
- To consider patients' feedback highlighting good practice and making recommendations for improving services for patients
- To monitor the Trust's service standards and make recommendations to the Trust (Quality) Management Team based on experiences, ideas and needs of the patients and the public



# Why does SCAS need a Patient Panel?

## NHS Requirements for SCAS to have a Patient Panel:

- NHS Five Year Forward View (NHSE, 2014)
- The Kings Fund (2016)
- NHS Long Term Plan (NHSE, 2019)
- NHS Patient Safety Strategy (2019)
- CQC Patient Safety and Improvement



## **SCAS Annual Plan**

The SCAS Annual Plan 2019/20 set out clear areas of focus for the organisation and includes a commitment to engaging more patients in helping design new services and improve the delivery of existing ones.

There is already a programme of patient engagement activities undertaken within SCAS. Whilst they give a valuable opportunity to engage with the public and talk about the services we provide; they have historically given minimal opportunity for service co-design.



**NHS**

**South Central  
Ambulance Service**

NHS Foundation Trust

**Any questions?**





**NHS**

**South Central  
Ambulance Service**

NHS Foundation Trust

A long-exposure photograph of a road at night. The road is illuminated by streetlights, creating a warm orange glow. The surrounding area is dark, with some greenery on the left and a blurred building on the right. A blurred ambulance with blue lights is visible in the lower right corner. The text 'Thank you' is overlaid in white at the bottom center.

**Thank you**



## Report Cover Sheet

<b>Report Title:</b>	Lead Governor's Report
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	31 January 2024
<b>Agenda Item:</b>	16
<b>Executive Summary:</b>	<p>To present a report from the Lead Governor, highlighting key activities since the Council of Governors' meeting in October 2023.</p> <p>The report summarises the highlights from the previous two months as lead governor such as the launch of the refreshed strategy, the recent outreach events with Oxford University Hospital, the link with other lead governors and meeting the chair of the new patient panel and thanking the outgoing governors coming to the end of their term and welcoming the newly elected governors.</p>
<b>Recommendations:</b>	To Note
<b>Accountable Director:</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Author:</b>	Helen Ramsay, Lead Governor
<b>Previously considered at:</b>	
<b>Purpose of Report:</b>	To Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	Not applicable
<b>Justification of Assurance Rating:</b>	
<b>Strategic Objective(s):</b>	Not applicable

<b>Links to BAF Risks or Significant Risk Register:</b>	Not applicable
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	
<b>List of Appendices</b>	



## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Lead Governor's Report
<b>Author</b>	Helen Ramsay, Lead Governor
<b>Accountable Director</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Date</b>	31 January 2024

### **Launch of refreshed SCAS Strategy – ‘Fit for the Future’**

Over recent weeks, SCAS has been under huge pressure to meet demand and manage handover delays, and as governors, we are very aware of how hard our colleagues are working within the Trust and have huge respect for staff dealing with the impact of the many challenges that the Trust is facing. As governors, we are a link between SCAS and the wider membership and members of the public and we continue to work on ways to help improve the two-way communications including those on operational updates.

In December, there was an opportunity for governors to be part of the briefings on the launch of the refreshed SCAS strategy. The role of governors in helping to shape this and to be able to feedback and help engage SCAS members and other stakeholders and members of the public will be key in its successful implementation.

### **Governor Engagement work highlights**

The past three months have been very active in many ways – there has been a lot of engagement work as highlighted in the Membership and Engagement Committee report. We have set up a small working group of five governors who are actively identifying KPIs and ways for us to make a specific difference in health inequalities through our engagement work as governors.

There was an excellent and well-attended joint engagement event with Oxford University Hospital organised by Margaret Eaglestone which I was lucky enough to chair where SCAS had two excellent speakers on trauma in John Black and Mark Ainsworth-Smith and where Alan Weir, one of our staff governors, provided brilliant CPR demonstrations alongside colleagues.

### **ICBs/Lead Governors/Patient Panel**

On the 14<sup>th</sup> December, governors were invited to attend the BLMK ICB update which has led to follow up questions and engagement. As part of the BOB ICB, there are ongoing discussion with other lead governors with the next being held on 29<sup>th</sup>

January which provides helpful links across the region. There is also a National Lead Governor Association of which both myself and Mark Davis as Deputy Lead Governor are a part; this provides a way to share ideas, challenges and best practice across the lead governors of different trusts.

In December, David Luckett and I also met with Roger Batterbury, Chair of the newly formed Patient Panel. We are looking forward to working with Roger in the future.

### **Incoming/outgoing governors**

I would like to take this opportunity to give my own personal thanks for all the help and support from fellow governors who are leaving SCAS at the end of their term. Loretta Light has been an inspiration for me since I joined SCAS as a public governor for Oxfordshire in 2020, she initially showed me the ropes when I joined and decoded many of the acronyms, meetings and topics allowing me a way to contribute and supporting me throughout – Loretta always provides candid and wise insights into a whole range of topics at Council of Governor meetings, at the Member and Engagement Committee and at the Governor Advisory Council where she represents Ambulance Trusts nationally and her wealth of experience in healthcare has benefited SCAS in so many ways, she will be very much missed as a governor and I wish her every happiness in the future. And also I would like to personally thank Stephen Bromhall who has given many insights to the Trust particularly with regard to the IT opportunities and challenges from his work across other ambulance trusts.

I would also like to welcome the newly elected and appointed governors who are just about to start their term, there is a whole range of new experience that will be brought into the Council of Governors through them and I thank them very much for putting themselves forward for the governor role and look forward to working with them.

I continue to meet regularly with Sir Keith Willett and to work with Daryl Lutchmaya and his Governance team to address governor concerns as much as possible. Through the informal governor WhatsApp group, governors are able to reach out and support each other. I endeavour to provide the Council of Governors with monthly updates on the topics being discussed and the progress being made. I would like to thank the governors very much for both their support and their hard work and particularly those who have stood for re-election and been reappointed, your commitment and contributions to the Trust are very much appreciated. Thank you.





## Report Cover Sheet

<b>Report Title:</b>	Non-Executive Director Update
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Wednesday, 31 January 2024
<b>Agenda Item:</b>	17
<b>Executive Summary:</b>	To provide the Council of Governors with an update on activities undertaken by Mike McEnaney in his role as a SCAS NED, the issues and opportunities faced by the Trust.
<b>Recommendations:</b>	The Council of Governors are asked to note the Non-Executive Director Update.
<b>Accountable Director:</b>	n/a
<b>Author:</b>	Mike McEnaney, Non-Executive Director
<b>Previously considered at:</b>	
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	Significant
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable

<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	Non-Executive Director Update Presentation



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Non-Executive Director Update

Mike McEnaney  
Non-Executive Director  
Council of Governors Meeting  
31 January 2024





**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Executive summary

The Non-Executive Directors have undertaken a range of activities associated with their role since the previous Council of Governors meeting.

This presentation highlights activities undertaken by Mike McEnaney in his role as a SCAS NED, the issues and opportunities faced by the Trust and Mike will invite questions from the Governors.



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Mike McEnaney

- I joined SCAS as a NED in December 2022 and my current term of office ends December 2025
- I chair the Audit Committee and am a member of the Charitable Funds Committee
- I am a director of and Chair South Central Fleet Services Ltd, a subsidiary company of SCAS which is responsible for the acquisition, disposal and maintenance of the ambulance fleet
- Portfolio champion for risk management, internal control and fleet
- My focused area for stakeholder engagement is Hampshire and Isle of White ICS
- I am the NED buddy for Tim Ellison and Claire Dobbs



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Selection of Q3 activities undertaken

## Board/Board Committee/CoG meetings

I attended the following meetings:

- Board Meetings on – 30 November
- Board Seminar on – 26 October, 14 December
- Audit Committee on – 6 December, 15 January
- Finance & Performance Committee – 18 January
- Charitable Funds Committee – 11 October
- Council of Governors meeting - 4 October
- SCFS Ltd Board Meeting – 11 December



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Selection of Q2 activities undertaken

## Other SCAS activities

- Meeting with Bedford, Luton and Milton Keynes Audit Committee – 17 October
- BLMK ICS NED briefing – 30 November
- CFR Volunteer Conference – 7 October
- Kept in touch with my Governor buddies
- Disciplinary appeal hearing – 23 November
- Attended Newbury station for the new Strategy launch – 5 December
- Attended Didcot PTS – 23 January
- Patient Safety Incident Response Framework (PSIRF) Programme Board – 19 December
- Various meetings with CFO, Fleet Director and Auditors



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# My current view on areas within my NED portfolio

I hold the NED portfolio role for:

## Risk management and internal control

- Support the Executive Team in ensuring SCAS has robust arrangements in place to identify and manage risks, that support the delivery of the Trust's strategy and business objectives, and a sound system of internal control

## Fleet

- Ensure that SCAS, through the support of the subsidiary company (SCFS Ltd), has a high quality fleet available to support the delivery of patient care





**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# My views on the main challenges (risks) and opportunities for the Trust

## Areas of Challenge

- Establishing the tight internal controls and high levels of governance and risk management necessary to support SCAS in achieving its strategic objectives
- Delivering the service improvements and transformation plans and maintaining quality whilst coping with the ever-increasing patient demand and a financial deficit
- Creating a Quality Improvement (QI) culture and maintaining staff morale



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# My view on the main opportunities and risks facing the Trust

## Areas of Opportunity

- The implementation of a new operating model that will provide improved quality, productivity and financial sustainability
- Restructuring the ambulance and PTS station nodes providing a more effective service, improved teamworking and creating development opportunities for staff
- Being a valued partner to all ICSs in which we operate by delivering quality and value for money and through taking a lead in developing the Urgent Care Pathway
- Being a truly great place to work