



Agenda

Public Trust Board

Date: Thursday 25 January 2024

Time: 9.30 – 12.15

Venue: Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

Members:

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

In attendance:

Stuart Rees	Interim Director of Finance
Mark Ainsworth	Director of Operations
Craig Ellis	Chief Digital Officer
Gillian Hodgetts	Director of Communications, Marketing and Engagement
Kate Hall	Intensive Support Director, NHSE/I
Kofo Abayomi	Head of Corporate Governance & Compliance
Susan Wall	Corporate Governance & Compliance Officer

Apologies:

None



Questions received in advance from Board Members for those items marked as 'For Noting' will be received under agenda item 24 & 27.

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
OPENING BUSINESS			
1	-	Verbal For Noting	09.30
2	-	Verbal For Noting	
3	-	Page 6 For Approval	
4	-	Page 17 For Approval	09.35
5	-	Verbal For Noting	09.40
6	-	Page 18 For Noting	09.45
7	-	Page 23 For Noting	09.50
8	SR7 12	Page 28 For Information	09.55
9	SR9 20	Page 32 For Assurance	10.10
High quality care and patient experience - We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.			
10	SR1 12	Page 39 For Assurance	10.35
11	SR1 12	Page 49 For Assurance	10.45
12	SR2 20	Page 56 For Assurance	10.55

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>	
13	Assurance Report Quality and Safety Committee, 11 January 2024 Dharmika Perera	SR1 12	Page 67 For Noting	-
Finance & Sustainability – We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partner.				
14	Finance: Finance Update- Month 9 Stuart Rees	SR5 20	Page 70 For Assurance	11.05
15	Assurance Report Finance and Performance Committee, 18 January 2024 Les Broude	SR5 20	Page 75 For Noting	-
16	Assurance Report Audit Committee, 15 January 2024 Mike McEnaney	SR5 20	Verbal For Noting	-
17	Assurance Report Charitable Funds Committee, 10 January 2024 Nigel Chapman	SR5 20	Page 79 For Noting	-
18	Questions submitted by Board Members on agenda items: 13, 15, 16, 17	-	-	11.15
People & Organisation – We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.				
19	Freedom to Speak up Policy Melanie Saunders	SR7 12	Page 84 For Approval	11.25
20	Gender Pay Gap Report Melanie Saunders	SR7 12	Page 88 For Approval	11.30
21	Equality Delivery System (EDS) 2023/24 Report Melanie Saunders	SR7 12	Page 88 For Approval	11.35
22	Assurance Report People and Culture Committee 18 January 2024 Ian Green	SR7 12	Verbal For Noting	-
Partnership & Stakeholder Engagement- We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans.				
23	Communications Update Gillian Hodgetts	SR4 12	Page 94 For Noting	-
Technology transformation – We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.				
	No Report	-	-	-
24	Questions submitted by Board Members on agenda item: 23	-	-	11.40
5 MINUTES COMFORT BREAK 11.55				

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>	
	Well Led – We will become an organisation that is well led and achieves all of its regulatory requirements by being rated Good or Outstanding and being at least NOF2.			
25	Board Assurance Framework Board Assurance Framework Daryl Lutchmaya & Executive Director Leads	SR9 20	Page 99 For Approval	11.45
26	Assurance Report Improvement Programme Oversight Board Update 10 January 2024 Mike Murphy	SR9 20	Page 106 For Noting	-
27	Questions submitted by Board Members on agenda items: 26	-	-	11.50
CLOSING BUSINESS				
28	Any Other Business Keith Willett	-	Verbal For Noting	11.55
29	Questions from observers (items on the agenda) Keith Willett	-	Verbal For Noting	12.00
30	Review of Meeting Non-Executive Director: Les Broude Executive Director: Melanie Saunders	-	Verbal For Noting	12.05
31	Date, Time and Venue of Next Meeting in Public Thursday 28 March 2024 at 9.30 Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN	-	Verbal For Noting	-

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 Public Trust Board Meeting

Date: 30 November 2023

Time: 9.30 – 12.30

Venue: Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

Members Present:

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

In Attendance:

Stuart Rees	Interim Director of Finance
Barry Thurston	Interim Digital Chief Officer
Mark Ainsworth	Director of Operations
Kate Hall	Intensive Support Director, NHSE
Caroline Whitworth	Head of Patient Experience
Lewis Clarke	Paramedic Team Leader
Dipen Rajyaguru	Head of Equality, Diversity & Inclusion
Nora Hussein	Interim Assistant Trust Secretary
Susan Wall	Corporate Governance & Compliance Officer

Apologies:

None received.

Item No.	Agenda Item
1	<p>Chair's Welcome, Apologies for Absence The Chair welcomed everyone to the meeting. There were no apologies.</p>
2	<p>Declarations of Interests Stuart Rees declared that he had been appointed as the SCFS Ltd Managing Director. Ian Green added that some of his declarations were no longer relevant and an updated list will be submitted to the Governance Team.</p>

3	<p>Minutes from the meeting held on 26 October 2023 - The minutes were agreed as an accurate record of the meeting, following the change:</p> <ul style="list-style-type: none"> • Ian Green was not present at the meeting and his apologies should be noted.
4	<p>Matters Arising and Action Log</p> <p>The action log was reviewed, and the following action was agreed to be closed:</p> <ul style="list-style-type: none"> • Action 2- Corporate risk on Business Continuity to be added to the Risk Register. There was currently a business continuity risk on the 999 Operations and EOC risk register as well as a Cyber risk (loss of applications due to a cyber-attack).
5	<p>Chairs Report</p> <p>Keith Willett drew the Boards attention to the Trusts values and reminded all that the Board must remain focused on those during the challenging times.</p> <p>He informed the Board that NHS England had implemented a savings exercise to identify additional savings of approximately £1.4b in response to the Treasurys request of recuperating industrial actions finances.</p> <p>The Board noted the Chairs Report.</p>
6	<p>Chief Executive Officer's Report</p> <p>David Eltringham gave a detailed overview of the visits he had undertaken since the last Public Trust Board.</p> <p>David Eltringham recorded his thank to staff for their efforts during the challenging months and added that Executive Directors would continue to be visible and transparent across the organisation.</p> <p>He informed the Board that His Royal Highness the Prince of Wales visited the Milton Keynes Blue Light Hub on 10 October 2023 to highlight the importance of supporting the mental health of emergency responders. He was joined by Broadcaster, Journalist and Psychologist Dr Sian Williams.</p> <p>David Eltringham also informed the Board that he attended the Ambulance Leadership Forum (ALF) Conference 2023 alongside other senior leaders from SCAS. The Board were informed that Luci Papworth, SCAS Director of Operations for our Clinical Coordination Centres, was presented with an award for Exceptional Service.</p> <p>He informed the Board that the refreshed SCAS Strategy – ‘Fit for the Future’ was due to be launched on 5 December 2023. He added that Executive Directors would be available throughout the organisation to discuss with staff any questions that may arise.</p> <p>David Eltringham also informed the Board that the Adult Critical Care Transfer Service Team had been nominated for an award with the Intensive Care Society.</p> <p>Ian Green advised that it would be beneficial to understand the feedback of the Staff Survey.</p> <p>Regarding the Electronic Patient Record System (EPR) Ian Green reflected whilst it was positive that the system was back up and running, he questioned what processes were in place that would provide assurance of accurate uploading. Helen Young responded that she would respond with the Quality and Patient Safety Report.</p> <p>The Board noted the Chief Executive Officer Report.</p>

7	<p>Update to the Public Board on the previous Private Board meeting held on 26 October 2023</p> <p>The Board noted the update to the Public Board on the previous Private Board meeting held on 26 October 2023.</p>
8	<p>Integrated Performance Report</p> <p>Mike Murphy provided the Board with an update on the Integrated Performance Report.</p> <p>The Board were informed that for October 2023:</p> <ul style="list-style-type: none"> • Category 2 would be a high-profile measure throughout the winter but balance across the delivery of all metrics must be maintained. • Operational hours were increasing which would support the Trust’s Category 2 performance. However, handover delays in October added an additional 10 minutes 31 seconds to the Category 2 performance. • The Trust had been collaborating closely with provider partners to reduce delays in November 2023. • Call volumes continued to increase but there were higher abandonment rates due to calls switching to West Midland Ambulance Service (WMAS) who were supporting SCAS at peak times. • The Trust had experienced increases in severe or major harm incidents. Delays in care had been identified as a contributory factor and would be the focus of discussion at the Quality & Safety Committee in November. • Statutory and mandatory training remains below target despite 999 workforces being provided with ‘study time’ to complete their e-learning. Leadership teams were now tasked with identifying improvement plans to return to expected compliance levels. In addition, compliance data accuracy was also under review to ensure that the Trust were reporting against an accurate count of staff. <p>Mike McEnaney raised concerns that there was a reliance on WMAS, and what plans were in place to either minimise WMAS resources or whether resource planning was required. Mark Ainsworth responded that NHSE had requested that the processes remain whilst testing of Incident Response Plan (IRP) resilience continues. He added that the recruitment profile is expected to be complete by March 2024.</p> <p>David Eltringham assured the Board that the Category 2 performance figures were monitored on a daily basis by the Executive Team at a daily at their huddle meeting. He was assured that Mark Ainsworth had a grip on the performance figures.</p> <p>Les Broude informed the Board that the Finance and Performance Committee received a comprehensive report on the Category 2 performance analysis and were assured by the figures. He questioned how WMAS were able to support SCAS calls as well as their own. Mark Ainsworth responded that WMAS had greater staffing figures in comparison to SCAS.</p> <p>In response to a question around assurance of ambulances arriving at hospital sites at full capacity, Mark Ainsworth responded that there was confidence in system ownership that allowed the ICB to divert patients to other hospitals. He added that there was senior visibility by the Secretary of State, where delays of over 10 hours were reported.</p> <p>In response to a question around assurance of delivering the Queen Alexander Hospital’s plans Mark Ainsworth responded that he would provide the Finance and Performance Committee with a monthly analysis of delivery and the impacts of Category 2. He added that the tender had now closed to private providers in relation to hours and four extra ambulances 24 hours a day 7 days a week. He updated the Board that there had been possibly four ambulances recruited from the final tender however there remained a risk of 1000 hours per week on the operational delivery plan.</p>

Keith Willett highlighted that this was not only a Queen Alexander problem but a health pathway problem that could create a pressure point.

In response to a question around concerns of delays at hospitals, Mark Ainsworth informed the Board that the Trust would be using the SHREWD Platform that was an NHS monitoring tool that included a dashboard detailing hospitals bed capacity and accident and emergency department waiting times etc that would help route ambulances in future.

David Eltringham reemphasised the importance of system working and that SCAS continued to work with several integrated care systems, however due to current pressures focus was currently given to Hampshire and Isle of Wight (HIOW). He added that discussions were required around sharing the risks across the system.

Les Broude raised concerns with the statutory and mandatory training figures in regard to patient care. Helen Young responded that alternative ways of training are being explored to ensure staff are trained effectively. She added that equality impact assessments are completed for delayed training to ensure transparency.

Sumit Biswas commented that the Integrated Performance Report had lost sight of the patient transport service. Mike Murphy responded that the metrics had been reduced for this month report due to the development of further reporting and will continue to be reported in future reports.

Les Broude observed that the report did not document vehicles off road. Stuart Rees responded that an action plan was being developed and would appear within the report in future. He added that he would also bring back to the Board a report on vehicles off road.
Action 1- Stuart Rees, March 2024.

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

9 Patient Story

Caroline Whitworth and Lewis Clarke attended the meeting to present the Patient Story.

The Board heard that Mrs North contacted the Patient Experience Team in August 2023 to raise concerns about the clinical assessment and lack of support provided to her late husband in December 2022.

The patient, Mr North (62) suffered with chronic obstructive pulmonary disease. He had been an inpatient in hospital frequently throughout 2021 & 2022 with a bacterial infection and was almost bed ridden in pain waiting for a hip replacement.

Around mid-December 2022 Mr North fell ill with a 'norovirus' type bug. He struggled to make any improvement and within a couple of days he was unable to control his bladder and was unable to get out of bed.

The Board heard how Mr North sadly collapsed because of the pain in his hip and because he was very weak. Mrs North felt that the crew let him fall. She said his legs were folded underneath him he was in unbelievable pain. He was too weak to get himself up.

The crew then used the Mangar Elk to help Mr North off the ground and at this point he became unresponsive and went into Cardiac arrest.

Mr North was then treated by the crew appropriately and the decision was made to convey him to hospital as soon as possible. Sadly, Mr North was pronounced dead not long after arriving there.

The Board were informed of the learning completed which included:

- The crew had been asked to complete a reflective practice in regard to ensuring they correctly read booking notes and if they are faced with any obstacles that may be challenging to safely transport the patient, they should call dispatch immediately for advice.
- Team Leaders had cascaded to their crews the use of soft skill techniques to assist in manual handling transfers.
- In extensive talks with the crew, they accepted that in hindsight, a better decision would have been to wait upstairs and call for the extra help before attempting to start the transfer. However, they made the initial decision with the intention of minimising any delay getting to hospital. Appropriate risk assessment and decision pathways have been reinforced with this crew following the incident.
- Reflection for crew members involved re O2 therapy and need to transfer patient from ambulance to Emergency Dept on trolley.
- One of the outcomes included sharing a 'Hot News' to highlight the importance of planning extrication and using the kit available to ensure we reduce stress on time critical patients by asking or encouraging them to mobilise when not necessary.

The Board were informed that Mrs North was rightfully upset however wanted learning to be taken away by the Trust to avoid similar situations reoccurring.

Keith Willett thanked Mrs North for her strength in raising a complaint which allows the Trust to increase its learning.

Anne Stebbing reflected whether the Trust was doing enough training on increasing staff empathy in similar situations. Lewis Clarke responded that it could be useful to include empathy training within e-learning. He added that it was important to note that it was not always possible to monitor staff behaviour of those staff that enter the Trust from external avenues such as universities and stated that it would be important to identify these behaviours during supervised learning.

The Board **noted** the Patient Story.

10

Quality and Patient Safety Report

Helen Young provided the Board with an update on the Quality and Patient Safety Report for the reporting period of August to September 2023.

She informed the Board that with the assistance of the local accreditation network and partners at London Ambulance Service a draft accreditation manual had been created. This has been presented to the Executive Management Group and an implementation plan is being completed.

She highlighted that there had been no Zoll incidents recorded and added that several vehicles were found not to have secondary AEDS and spare Zoll batteries. A full audit was completed, and audit checklist updated to prevent any further occurrences. The Board were informed that no patient harm was identified.

Helen Young informed the Board that the Quarter 2 Safeguarding Improvement metrics remain above trajectory. Level 3 training compliance was 0.75% above trajectory at 60.75%.

	<p>The Board heard that the Serious Incident (SI) relating to the Ortivus outage which was declared on 21 October 2023 was progressing with the internal triage of referrals and associated report being incorporated into the overall SI report. To date no patient harm had been identified.</p> <p>There remained 3 outstanding actions from the Safeguarding Accountability and Assurance Framework (SAAF) including the transition of the server, demonstration of dashboard and access for frontline crews to the Child Protection Information Service system via the EPR (electronic patient records) with functionality expected in January 2024.</p> <p>Nigel Chapman questioned whether there continued to be reluctance of staff wearing body cameras. Helen Young responded that there continued to be reluctance. Mark Ainsworth added that part of the reason was due to the size of the cameras and the straps discomfort, he added that currently there was no monitoring of cameras worn recorded.</p> <p>In response to a question around abuse, Helen Young responded that abusive behaviour was the second highest reported category and were mostly low or no harm incidents, but reporting was encouraged. The sub-category with the highest number of incidents was verbal abuse.</p> <p>Anne Stebbing questioned whether there were any areas of concern regarding the international nurses that had been recruited given English was not their first language when communicating with patients. Helen Young responded that the recruitment had been managed by the 111 area and evaluations had been completed, she added that there had been regular monitoring of their experience and no patient harm had been recorded. She also informed the Board that positive feedback had been received from the support programme.</p> <p>Anne Stebbing advised that consideration should be given to surveying patients experience from the international nurses. Helen Young responded that audits would consider this within the reporting. Mark Ainsworth added that the international nurses would not be working within Category 2 Segmentation, and that it would be covered by experienced nurses.</p> <p>The Board noted the Quality and Patient Safety Report.</p>
<p>11</p>	<p>Medical Director's Report Anne Stebbing requested that future reports consider the work on clinical pathways.</p> <p>The Board noted the Medical Director's Report.</p>
<p>12</p>	<p>Operations Report – 999, 111 and Other Mark Ainsworth informed the Board that the focus remained on delivering the category 2 trajectory, however the Trust missed the target of 27:57, achieving 39:51 for the month with a year-to-date (YTD) position of 32:45, with the cat 1 mean at 08:53 YTD.</p> <p>The Board were informed that 62% of its demand was presenting as cat 1 or cat 2 calls, indicating a higher acuity of patients calling 999. The Trust had seen a slight increase in its 999 call answer, however it was still receiving support from WMAS for call handling capacity. Hospital handover delays remained a key risk for the Trust's delivery of its trajectory with delays impacting on cat 2 performance by 10 minutes in October 2023.</p> <p>Anne Stebbing reflected that there should be a risk regarding delays of the new ambulances arriving late. Keith Willett responded that this could be discussed at a later private Board due to commercial sensitivities.</p>

	<p>In response to a question around training, Mark Ainsworth responded that weekly reports are available regarding who had completed training and when.</p> <p>The Board noted the Operations Report – 999, 111 and Other.</p>
<p>13</p>	<p>Operations Modernisation Programme</p> <p>Paul Kempster informed the Board that a presentation was being developed for the Strategy Re-Launch on 5 December 2023 and that information had been uploaded onto the intranet in preparation. He informed the Board that engagement and analysis work had commenced.</p> <p>Keith Willett advised that it was important to report back to the Board on impact assessments on workforce and equality aspects.</p> <p>Sumit Biswas commented that it was important to recognise the shifts in behaviours and how the strategy is received.</p> <p>Mike McEnaney advised that objective targets including timelines were required and that it should be communicated with staff.</p> <p>David Eltringham informed the Board that it was a timely conversation that was developing on a daily basis. He added that the improvement programme, radical change programme and routine exercises would be aligned resulting with a fit for the future sustainable ambulance service that communities deserve.</p> <p>He informed the Board that the Association of Ambulance Chief Executives would be supporting the Trust during an agreed 18-month pathway. He added that the programme would be governed by an Improvement Transformation Radical Change Board that would report into the Executive Management Committee.</p> <p>The Board noted the Operations Modernisation Programme.</p>
<p>14</p>	<p>Assurance Reports:</p> <p>a. Quality and Safety Committee 20 November 23</p> <p>The Board noted the Quality and Safety Committee Assurance Report.</p> <p>b. Quality and Safety Committee 2022/2023 Annual Report</p> <p>The Board noted the Quality and Safety Committee 2022/2023 Annual Report.</p>
<p>15</p>	<p>Finance Update- Month 7</p> <p>Stuart Rees informed the Board that in October, the Trust recorded an in-month deficit of £1.7m, consistent with the improved run rate at September month 6. The Trust year to date deficit was £15.3m, £11.3m off plan.</p> <p>He informed the Board that in early November NHS England announced additional funding for systems to cover the cost of industrial action, with this additional funding and further operational flexibility, NHS England has asked all systems to review and confirm their financial forecasts in line with operational plans.</p> <p>An Extraordinary Board meeting was held on 15th November 2023 at which it was agreed that SCAS would signal a revised year end forecast of £22.3m financial deficit subject to receipt of expected and indicative funding. This was a movement from the previous run rate forecast of £29.3m.</p>

	<p>The Board heard that the Trust's cash balance at the end of October was £33.7m. The Trust's cash balance had decreased by £16.3m since the start of the financial year.</p> <p>The cash forecast had improved due to the planned receipt of additional income. At the current expenditure run rate, the Trust would require cash support from Quarter 4 2024/25 to support continuing operations.</p> <p>Anne Stebbing raised concerns with the delayed delivery of vehicles and advised that learning was required given a similar situation arose in previous years.</p> <p>Mike McEnaney advised that the Board should be cautious not to become accustomed to holding a £1.7m deficit and should assure itself that they are doing all it can to resolve the identified issues.</p> <p>Les Broude advised that the Board and Finance and Performance Committee should consider finding opportunities to identify recurrent savings.</p> <p>David Eltringham informed the Board that there were now stronger internal governance arrangements in place via the Financial Recovery Group that reports to the Executive Management Committee. He advised that plans should remain ambitious, challenging and realistic to deliver.</p> <p>The Board noted the Finance Update- Month 7.</p>
<p>16</p>	<p>Assurance Report Finance and Performance 20 November 23</p> <p>The Board noted the Finance and Performance Assurance Committee Report.</p>
<p>17</p>	<p>EDI</p> <p>a) WRES Report b) WDES Report</p> <p>The Board were informed that the Workforce Race Equality Standard (WRES) was mandated through the NHS standard contract. The purpose of the indicators was to inform a local action plan that will target specific areas within a given organisation where the treatment or experience of BAME staff was poor.</p> <p>Ian Green informed the Board that the WRES and WDES had been presented to the People and Culture Committee where conversations were held around what it was like for staff with disabilities working for SCAS.</p> <p>Melanie Saunders informed the Board that an action plan would be developed around EDI metrics and that the national staff survey results would be reviewed from an EDI perspective. She added that a lived experience staff story would also be presented to the Board.</p> <p>Mike McEnaney advised that challenge was required about what should be done to improve metrics and that it should be reviewed regularly throughout the year.</p> <p>Nigel Chapman shared that a deep dive session should be considered.</p> <p>Dharmika Perera advised that SCAS should look at the work other Trusts had done and take away some learning. He advised that social economics should also be explored.</p>

	<p>Sumit Biswas echoed Dhammika Pereras learning comments and added that this should not only include NHS Trusts but other organisations.</p> <p>Keith Willett suggested that the Board hold a session/seminar to identify the metrics that are specific to SCAS and develop a health and inequality statement that is relevant to the organisation. The Board agreed with the suggestion. Action 2, Melanie Saunders.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the WRES Report for publication as required. • Approved the WDES Report for publication as required.
18	<p>People Directorate Update</p> <p>Melanie Saunders informed the Board work would be carried out to improve the response figures of the Staff Survey. She informed the Board that she expected to share the results of the Staff Survey results within the January People Directorates report.</p> <p>Les Broude suggested that Executive Directors should raise the Staff Survey to staff within their site visits.</p> <p>Anne Stebbing commented that she had difficulty with accessing the Staff Survey link and that it was worth checking with staff whether they were able to access the link.</p> <p>The Board noted the People Directorate Update.</p>
19	<p>Ofsted Update</p> <p>Melanie Saunders informed the Board that on the 13th & 14th September the Trust underwent a two-day Ofsted Requires Improvement Monitoring Visit. The visit was focused on monitoring progress against the core 3 recommendations made following the full visit in December 2022.</p> <p>The Board were informed that at the end of the visit the inspectors noted the kindness and professionalism of all staff and apprentices that they came into contact with, noting their commitment to caring for our patients and the public.</p> <p>The Board noted the Ofsted Update.</p>
20	<p>Assurance Report People and Culture Committee 23 November 2023</p> <p>The Board noted the People and Culture Committee Assurance Report.</p>
21	<p>Communications Update</p> <p>Keith Willett informed the Board that the Covid 19 Public Enquiry Module 3 was due to commence in the spring of 2024. He advised that the Board should anticipate involvement in response should an enquiry is made.</p> <p>Helen Young added that NHSE had not made arrangements for strategic management legacy for how data would be managed, stored and retrieved. She added that the Trust had written to the Health Security Agency to raise this.</p> <p>The Board noted the Communications Update.</p>
22	<p>Technology transformation- No Report</p>

23	<p>Questions submitted by Board Members on “For Noting” agenda items: 14a &b,16,19, 20, 26 and 27. No questions received.</p>
24	<p>Risk: a) Board Assurance Framework including strategic risk 9</p> <p>Daryl Lutchmaya updated the Board with the changes to the BAF risks.</p> <p>The Board were informed that the BAF included a new BAF risk 9- Scored 20, covering the Trusts improvement programme aligned to the objective of moving to a good outstanding rating.</p> <p>Mike McEnaney requested that future BAF numbers were accompanied by the detail. He added that the BAF should detail the risks aligning with action plans and end dates.</p> <p>Ian Green advised that the BAF links to the initiatives of the development of the annual plan.</p> <p>Nigel Chapman requested that accompanying text was required within the control issues.</p> <p>The Board noted and approved the Board Assurance Framework Update.</p>
25	<p>Improvement Programme Oversight Board Update- 1st November 2023 The Board noted the Improvement Programme Oversight Board Update- 1st November 2023.</p>
26	<p>Recovery Support Programme The Board noted the Recovery Support Programme.</p>
27	<p>Governance Update: a) Governor Elections Update</p> <p>Daryl Lutchmaya informed the Board that the Trust had a successful outcome for the Council of Governor elections and informed the Board that:</p> <ul style="list-style-type: none"> • 13 constituency seats were elected unopposed, and Governors would take up their seats in March 2024 • 3 candidates would be competing for the two Berkshire constituency seats. Voting closes on 12 December 2023. Declaration of results will be on Wednesday 13 December 2023 • 2 vacancy seats remained unfilled, one in Oxfordshire and one staff constituency - 999 North. <p>The Board noted the Governor Elections Update.</p>
28	<p>Any Other Business There was no other business.</p>
29	<p>Questions from observers Helen Ramsay requested that the Governors could provide input into the EDI work. Melanie Saunders welcomed the request.</p>
30	<p>Non-Executive Director Review of the meeting Ian Green reflected that the Board:</p> <ul style="list-style-type: none"> • Chair gave good overview of change of agenda format • In order to submit questions for noting agenda items, papers should be circulated in goodtime consistently • Challenging to refer to both pack of papers and requested full use of iBabs • Consist use of 3 A's required

	<ul style="list-style-type: none"> • Good technology <p>Executive Director Review of the meeting: Helen Young reflected that the Board:</p> <ul style="list-style-type: none"> • Appropriate challenge received from NEDs • Executive Director questions required • Papers remain large • Echoed consistent use of 3 A's required • Concerns around lack of time towards end of the agenda
31	<p>Date, Time and Venue of Next Meeting in Public</p> <p>Thursday 25 January 2024</p>

Board Meeting in Public 25 January 2024

Key for Status

	Open		Propose to Close
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Action No.	Date of Meeting	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
1	25/5/23	22/150	Governors to be invited to participate in 'triple aim' duty with regard to community engagement.	Chief Governance Officer	October 23	Open	This is on the Council of Governors Development Plan to be actioned in Q4.
2	30/11/23	8	Vehicles of road report to be presented to Board.	Interim Director of Finance	March 24	Open	This report will present at the meeting on 28 th March Board meeting.
3	30/11/23	17	EDI Board Seminar session to be arranged to identify the metrics that are specific to SCAS and develop a health and inequality statement that is relevant to the organisation.	Chief People Officer	February 24	Open	Date to be identified by EDI lead and governance team.



Report Cover Sheet

Report Title:	Chief Executive Officer's Report
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	6
Executive Summary:	<p>The purpose of this CEO Report is to keep the Board abreast of key issues and developments since its last meeting in public held in November 2023 covering:</p> <ul style="list-style-type: none"> • 5 December: Strategy Refresh Day: Adderbury / Northern House • 6 December: Ride out from Milton Keynes Blue Light Hub • 20 December: Reading Resource Centre • 21 December: Queen Alexandra Hospital • 28 December: John Radcliffe / Northern House • 29 December: Queen Alexandra Hospital / Winchester and Eastleigh Resource Centre / Southern House • 31 December / 1st January: Ride out/night shift from Oxford City • 4 January: Queen Alexandra Hospital • 11 January: Reading Resource Centre
Recommendations:	The Trust Board is asked to note the report.
Accountable Director:	David Eltringham, Chief Executive Officer
Author:	Daryl Lutchmaya, Chief Governance Officer
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable

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



Meeting Report

Name of Meeting	Public Board Meeting
Title	Chief Executive Officer's update
Authors	Daryl Lutchmaya & Gillian Hodgetts
Accountable Director	David Eltringham
Date	25 January 2024

1. Purpose

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

2. Background and Links to Previous Papers

This update is based on information relating to December 2023.

3. Executive Summary

Since the last Public Board meeting, 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 Board is invited to **note this report.**



Report Cover Sheet

Report Title:	Update to the Public Board on the previous Private Board meeting held on 14 December
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	7
Executive Summary:	The report details agenda items that were received by the Private Trust Board, decisions made, and items noted at the meetings held on 30 November and 14 December 2023.
Recommendations:	The Board is asked to note the update.
Accountable Director:	David Eltringham, Chief Executive Officer
Author:	Daryl Lutchmaya, Chief Governance Officer
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives

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



Meeting Report

Name of Meeting	Public Trust Board
Title	Update to the Public Board on the previous Private Board meeting held on 30 November and 14 December 2023
Author	Daryl Lutchmaya, Chief Governance Officer
Accountable Director	David Eltringham, Chief Executive Officer
Date	25 January 2024

Private Board 30 November 2023

Legal Claims and Inquest Update

The Board received a six-month update on Legal Claims and Inquests, covering period quarter 1 and quarter 2 of 2023/2024.

The Board **noted** the Legal Claims and Inquest Update.

Future of Vehicle Conversion Specialists Limited (VCS)

The Board were informed that on Monday 20 November 2023, Vehicle Conversion Specialists Limited (VCS) had entered administration, which would have a detrimental impact on the National Framework Agreement (NFA) (2020/S 240-594961) Year 2 and the delivery of 72 Double-Crewed Ambulance (DCA) into service.

The Board **approved** the discussion with HIOW ICB and National Team deferment of the Capital Program for DCAs to 2024/25.

Strategy Update

The Board **noted** the Strategy Update.

Legal and Regulatory

The Board received a report that provided an update from the last report presented in September 2023.

The Board **noted** the Legal and Regulatory update.

Non-Executive Director Site Visits 2023 – 24

The Board **noted** the Non-Executive Director Site Visits 2023-24.

Private Board 14 December 2023

Operational Modernisation Programme

The Board heard that on Tuesday, 5 December, David Eltringham relaunched the SCAS Vision and Strategy for 2024-29.

The Board **noted** the Operational Modernisation Programme

Improvement Programme Update

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

Finance Month Update 8

The Board **noted** the Finance Month Update 8.

999 Contract

The Board **approved**:

1. Healthcare Contracts Approval Procedure for the approval of the 23 / 24 999 Ambulance Services Contract Agreement
2. Healthcare Contracts Approval Process: TV IUC Lead Provider Contract – Variation for 23/24
3. Healthcare Contracts Approval Process: Change of Contract Terms and Conditions for Sub-Contractors NHUC and PHL
4. Healthcare Contracts Approval Process: HSH IUC Lead Provider Contract – Variations CV01, CV02, CV03, CV04.

SCFS Ltd Annual Accounts 2022/23

Board heard that following a audit of the Statutory Financial Statements 2022/23, SCFS Ltd external auditors Azets were proposing to give an unqualified opinion that the accounts gave a true and fair view of the financial position of the Group and of the Trust as at 31 March 2023.

The Board **approved** the SCFS Ltd Annual Accounts 2022/23 and the Letter of Support.

Charity Annual Report and Accounts

The Board heard that the 2022/2023 South Central Ambulance Charity Accounts had been approved by the Charitable Funds Committee and had successfully gone through an Independent Examination.

The Board **approved** the Charity Annual Report and Accounts whilst considering the reserves policy should be reviewed.

Gender Pay Gap

The Board **noted** the Gender Pay Gap.

Strategy Update

The Board **noted** the Strategy Update

Governance Assurance and Accountability Framework

The Board **approved** the current Governance Assurance and Accountability Framework, noting the three-month review period.

Risk Maturity Assessment

The Board **noted** the Risk Maturity Assessment.

Draft Risk Appetite

The Board **did not approve** the Draft Risk Appetite and noted that it was work in progress.



Report Cover Sheet

Report Title:	FTSU Staff Story
Name of Meeting	Public Trust Board Meeting
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	Item 8
Executive Summary:	<ul style="list-style-type: none"> • A FTSU concern was received in September 2023, from a concerne who has a disability and had requested reasonable adjustments in 2020 to the toilets within Southern House to meet their needs. • They were asked to approach Access to Work for funding, which was agreed in January 2023. • By September 2023 the concerne was unable to come into work as the adjustments had not been completed, and the request had become stuck in the new financial approval process. • The impact on the concerne was considerable. The stress and anxiety that was suffered due to not having facilities that could be used for her particular needs; leading to a lack of dignity at work; impact on her health and well-being, being forced to work from home which is isolating. • By recording her concern with the FTSU team we were able to facilitate and support a resolution in conjunction with the Assistant Director of Estates by escalating the concern to the CEO and Chief People Officer. However even in this process, we were directed back to the Fixed Asset Management Group who were meeting the following month and would have caused a further delay. • Learning: review of reasonable adjustments process and publishing of Disability policy; To improve the Speak Up, Listen Up Follow Up culture.

Recommendations:	The Trust Board is asked to: Note & Discuss The process for reasonable adjustment requests and Disability policy
Accountable Director:	Melanie Saunders, Chief People Office
Author:	Christine McParland, FTSU Guardian
Previously considered at:	NA
Purpose of Report:	Note & Assure
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Significant
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable All
Next Steps:	Review of Reasonable Adjustment requests process and Disability policy.
List of Appendices	NA



Meeting Report

Name of Meeting	Private Board Meeting
Title	Staff Story (Freedom to Speak Up)
Author	Christine McParland, FTSU Guardian
Accountable Director	Melanie Saunders, Chief People Officer
Date	25 January 2024

1. Purpose

The purpose of this paper is to share the background to a staff story for the Private Board. On this occasion, the story arises from a Freedom to Speak Up (FTSU) case received in September 2023. The paper is submitted to support the staff story that will be shared during the meeting.

2. Background

A concern was received by the FTSU team in September 2023 from a ‘concernee’ who has a disability. In 2020, she had requested a reasonable adjustment to the toilet facilities at Southern House in Otterbourne in order to meet her needs.

She were asked to approach Access to Work for funding which was agreed in January 2023. However, by September 2023, the request was still going through the financial approval process, the adjustments had not been made and the concernee was unable to attend work.

The impact on the concernee was considerable. Not only was she stressed and anxious about the practical elements of not having appropriate facilities, there were issues around lack of dignity and the impact on her health and well-being. Added to this, reverting to working from home became isolating.

By recording her concern with the FTSU team, we were able to facilitate and support a resolution in conjunction with the Assistant Director of Estates by escalating the concern to the CEO and Chief People Officer. Despite this, there was still some delay further delay by the case being referred back to the Fixed Asset Management Group who were due to meet the following month.

3. Areas of Risk

Having a truly diverse workforce that is supported with reasonable adjustments in the workplace leads to enabling us to recruit from all areas of society; broadens our understanding of people with disabilities and encourages us to be more inclusive.

- Financial: increase in tribunal cases where people are not supported under the equality act 2010. Cost of absenteeism and replacing diverse leavers.
- Reputational: being viewed as an organisation that does not value or support diversity
- Retention of staff
- Values and Behaviours: demonstrating that all our staff are valued, in how we seek to understand and effect the necessary adjustments

4. Summary

This staff story relates to the reasonable adjustments process within the Trust and how the lack of a slick and compassionate process can create barriers in providing a work environment that encourages and supports a diverse workforce.

In enabling our people to feel valued and part of an organisation that understands their individual needs and is willing to continually support them, the benefit far exceeds the cost of providing these adjustments.

The learning centres around organisational messaging and understanding the process to review reasonable adjustments and put alterations in place as quickly and as effectively as possible. This has also fed into Disability policy revisions.

The Board is invited to note this staff story and discuss the reasonable adjustments process and Disability policy.



Report Cover Sheet

Report Title:	Integrated Performance Report – January 2024
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	9
Executive Summary:	<ul style="list-style-type: none"> • The January document highlights the following points. <ul style="list-style-type: none"> ○ The Trust failed to deliver the ARP standard across all four targets in December. This includes the Cat 2 adjusted target of 30 minutes. The SPC analysis indicates that the Trust will not consistently hit or miss the targets in the short term. Our planning process will consider the operational adjustments required to achieve the performance targets that will be set out in the NHSE Planning Guidelines once they are distributed. ○ Calls into the 999 service were just below target whilst the number of incidents was close to target levels. In December. Achieving planned levels of resourcing with Private Providers coupled with handover delays were the primary influence on our Category 2 performance. ○ The Trust continues to work with Private Providers and the hours they can provide is increasing. We are also working with system partners to do all we can to help reduce handover delays and will continue to do so as part of our Winter Planning. ○ 111 performance for the month was generally favourable despite a c. 7% variance in demand above target. However, a higher than planned volume of calls were transferred to ED/Ambulance. ○ The total number of patient safety incidents reported was at its highest level seen this year, with correlated rises in incidents where harm to patients is occurring, mainly due to delays being experienced in attendance. ○ A thematic review of incidents where delays were a significant contributory factor has found a number of themes we need to address. Namely, the vacancy levels of clinical staff, the end of shift policy, meal break policy and hospital handover delays form the rest of the themes

	<p>identified. Improvement plans to address these issues are now being developed and their implementation will be scrutinised and overseen by the Board sub committees.</p> <ul style="list-style-type: none"> ○ During December our own workforce reflected sickness levels only slightly above the reported mean. Whilst new staff joining the Trust was lower than planned so staff turnover, across the Trust, has fallen. The net impact has been good staffing levels, but vacancy rates are now on the rise. ○ The Trust's financial position year-to-date (YTD) at month 9 (December) is £16.8m deficit with the in-month position showing a £1.4m deficit. As a deficit position, it means the Trust is missing one of its statutory duties. However, there is a small improvement in the run rate.
Recommendations:	The Trust Board is asked to: Note/Discuss SCAS performance for the month of December 2023
Accountable Director:	Mike Murphy, Chief Strategy Officer
Author:	Mike Murphy, Chief Strategy Officer
Previously considered at:	Board and Board Sub Committees
Purpose of Report:	Assure
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Partial
Justification of Assurance Rating:	<p>Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p> <p>The development of this document continues. However, feedback from Committees identified improvement in the commentaries. The format of the document was amended but will be embedded by the next production cycle and this coupled with training provided by the "Making Data Count" team will drive improvement in the December document.</p>
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks

Quality Domain(s)	Not applicable
Next Steps:	n/a
List of Appendices	



Meeting Report

Name of Meeting	Public Trust Board
Title	Integrated Performance Report
Author	Mike Murphy, Chief Strategy Officer
Accountable Director	Mike Murphy, Chief Strategy Officer
Date	25 January 2024

Trust Overview

999 Demand for December was close to targeted levels. Performance within the 999 service was challenging as the Trust failed to meet the ARP standards for the month overall. In the main, achievement of the ARP standards was challenged by insufficient hours provided by our Private Provider partners and increased handover delays. Whilst we target reduced conveyance to ED a slight increase in 999 calls coupled with a higher level of acuity resulted in higher than target conveyances overall. As a trust we are aware that conveyance will influence admissions and hence acute occupancy. Hence, we are working with partners to reduce conveyance.

During December our own workforce reflected sickness levels only slightly above the reported mean. Whilst new staff joining the Trust was lower than planned so staff turnover, across the Trust, has fallen. The net impact has been good staffing levels but vacancy rates are now on the rise. As we enter 2024 with the prospect of industrial action and colder weather, we expect performance to continue to be challenging and will focus on maximising the resources at our disposal.

Performance 999 and 111

SCAS category 1 performance for December was 08:54, a 4 second deterioration from November. Category 2 performance also deteriorated to 38:09, which is 7 minutes 15 above our proposed trajectory. Response demand was 1.4% below planned levels at 54,856 responses. However, it was also the highest level since Dec 22. We restrict annual leave levels during the last 2 weeks of December which increased our resource levels and this was also combined with reduced handover delays for these 2 weeks. For the period 1st to 17th December, cat 2 was 49:23 and we lost 5,221 hours at hospital handover, where as the period 18th to 31st we achieved cat 2 at 24:22 and lost 3,092 hours. The higher handover delays impacted on Cat 2 by 5 minutes and the remaining 2 minutes was due to the shortage of SCAS operational hours. Key actions to improve performance are to increase our operational hours. We are circa 1,500-2,000 hours per below

required hours and this is linked to the private providers who continue to not deliver the contracted hours. We have also issued our immediate handover process to release crews quicker from hospitals.

999 call volumes fell for the 3rd month which is linked to a fall in duplicate calls through us responding to the original incident quicker during the second half of December. Call answer for December was 17 seconds.

We took 155,540 111 calls in December which was 9,000 higher than plan but sustained our mean call answer through higher staffing levels and improved AHT.

Vehicles off the Road (VOR) is currently being driven by the increasing age profile of the current fleet due to significant delays in new vehicles from convertors. 53 vehicles were due for delivery in Oct 2023 but delayed to start delivery from Feb 2024. 72 vehicles are also now due from end of July 2024.

Quality and Patient Safety

During December we have seen challenges with increased demand for our services due to the winter pressures and increases acuity of patients needing our services.

The consequence can be seen in some of the quality and safety KPIs namely compliance rates with Safeguarding training for adults and children's level 1 dropping below target, but we are above trajectory on the level 3 training. The major issue and risk in Safeguarding is the continued number of incidents we are seeing relating to the ICT and BI that supports the Safeguarding referral system. A number of 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.

The total number of patient safety incidents being reported is at its highest level seen this year, with correlated rises in incidents where harm to patients is occurring, mainly due to delays being experienced in attendance. A thematic review of incidents where delays were a significant contributory factor has found a number of themes we need to address. Namely, the vacancy levels of clinical staff, the end of shift policy, meal break policy and hospital handover delays form the rest of the themes identified.

The Quality and Safety Committee has reviewed the Safeguarding risks and findings and recommendations of the thematic review into delays and together with Exec Management Committee and the Finance and Performance Committee, will oversee the improvement plans to address these issues.

We have a number of Serious Incident investigations not completed within original time frame but all of these have negotiated extensions.

Infection prevention and control 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 reviewing audits

The complaints response rate is 100% and therefore above the mean of 97%. Performance as expected. Normal fluctuation across the YTD. The Patient

Experience team to maintain work with service colleagues for timely responses. Improvement recognised in 111.

RIDDOR events were within normal variation in December with 8 events. Bi Monthly thematic reviews in place, reporting into the HSRG. New return to work education guidance to reduce a musculoskeletal incident that are RIDDOR reportable.

Finally we have seen an improvement in the measure of unaccounted CD losses which saw a significant decrease due to control measures taken.

Workforce

Staffing dipped for the first time in December following 7 months of growth. Whilst we continue to recruit to frontline positions those non patient facing roles now fall under greater controls in support of the financial recovery of the Trust. Staff turnover fell in December with fewer leavers but also fewer joiners; not unexpected at this time of year. Overall sickness in the Trust also increased in December with long term sickness being a contributory factor.

One of the factors affecting turnover relates to staff wellbeing. For frontline staff overruns continue to be below target however they are rising slightly. We know our end of shift policy has an impact on our ability to meet ARP standards. Poor Category 2 performance subsequently influences our ability to achieve meal break compliance which is still well below target. The trust is engaging with union colleagues with a view to establishing a balance between wellbeing and performance.

Finance

The Trust's financial position year-to-date (YTD) at month 9 (December) is £16.8m deficit with the in-month position showing a £1.4m deficit, although this is a deficit position, meaning Trust is missing one of its duties, this is showing a small improvement in run rate.

The Trust's cash balance at the end of December stood at £31.9m. The Trusts cash balance has decreased by £18m since the start of the financial year, an average monthly net cash outflow of £2m, at this run rate the Trust will require cash support by the end of the Financial Year 2024/25 to support continuing operations.

The over 90-day debt has increased again this month and now stands at £1.5m (up from £1.3m in November). This increase is due to the unpaid Service Level Agreement (SLA) charges to Buckinghamshire Healthcare NHS Trust (BHT) (£895k). With the Non-Emergency Patient Transport Services (NEPTS) SLA, Extra Contractual Referral (ECR) and NEPTS multi-crew charges now account for £1.3m of the £1.5m aged debts. Total Sales Ledger debt has decreased this month and now stands at £2.67m (down from £3.15m in November). The 90-day category debt has increased to 55.58% of the total sales debt (up from 40.18% in November).

Agency controls continue to have a positive impact on spend with the Trust continuing to spend below the planned target set at the start of the year. The weekly Financial Recovery Group will continue to monitor the use of agency staff moving forwards with the aim being to either discontinue agency contracts once completed or convert agency staff into substantive posts where possible.

The Trust continues to forecast £10m of savings from the Financial Sustainability Programme, of which £4.8m (48%) is recurrent, the non-recurrent nature of the program has been taken into account for 2024/25 planning and saving programme.



Report Cover Sheet

Report Title:	Quality and Patient Safety Report
Name of Meeting	Trust Public Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	10
Executive Summary:	<p>The purpose of the report is to provide the Board of Directors with a summary against the statutory quality and safety processes necessary to deliver safe, effective clinical care to our patients and our people.</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>Compliance 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>Infection Prevention and Control (IPC) The number of audits (building & vehicles) remains under trajectory, but compliance percentages are within control limits which is being monitored through IPC Committee.</p> <p>Medical Devices 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> <p>Safeguarding The Safeguarding Improvement metrics all remain above trajectory. Level 3 training compliance is has increased against trajectory by 12% to 83%.</p>

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.
- 18 (3.1%) were escalated for further review and investigation due to level of harm.

Patient Experience (PE) and Engagement

Trust wide there was a 7% (697) decrease in the total number of PE contacts raised from previous report.

94 new formal complaints were received, 188 informal concerns and 415 HCP feedback requests, during the reporting period.

698 cases were responded to and closed of which 64% were either fully or partly upheld when the investigations were concluded compared to 69% in the previous reporting period.

The inaugural Patient Panel will be held in January 2024.

Recommendations:	The Trust Board is asked to: receive the paper and note the key quality and patient safety issues.
Accountable Director:	Professor Helen Young, Chief Nurse / Executive Director of Patient Care and Service Transformation
Author:	Sue Heyes, Deputy Chief Nurse / Director of Nursing and Quality
Previously considered at:	Patient Safety and Experience Committee Quality and Safety Committee
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable Overall : Partial- Safeguarding Referral System
Justification of Assurance Rating:	Internal and external process of scrutiny against Improvement Plans: Patient Safety Delivery Group, IPOB, TPAM, External peer reviews (ICS) and system partners.
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care
Quality Domain(s)	All Quality Domains
Next Steps:	Safeguarding System Review has commenced and subsequent actions and recommendations to be managed through Quality and Safety Committee.
List of Appendices	Not applicable.



PUBLIC TRUST BOARD PAPER

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

1. Purpose

- 1.1 The purpose of the paper is to provide the Board with a summary against the statutory quality and safety processes necessary to ensure the delivery of safe, effective clinical care to our patients and our people.
- 1.2 The paper covers the reporting period (**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

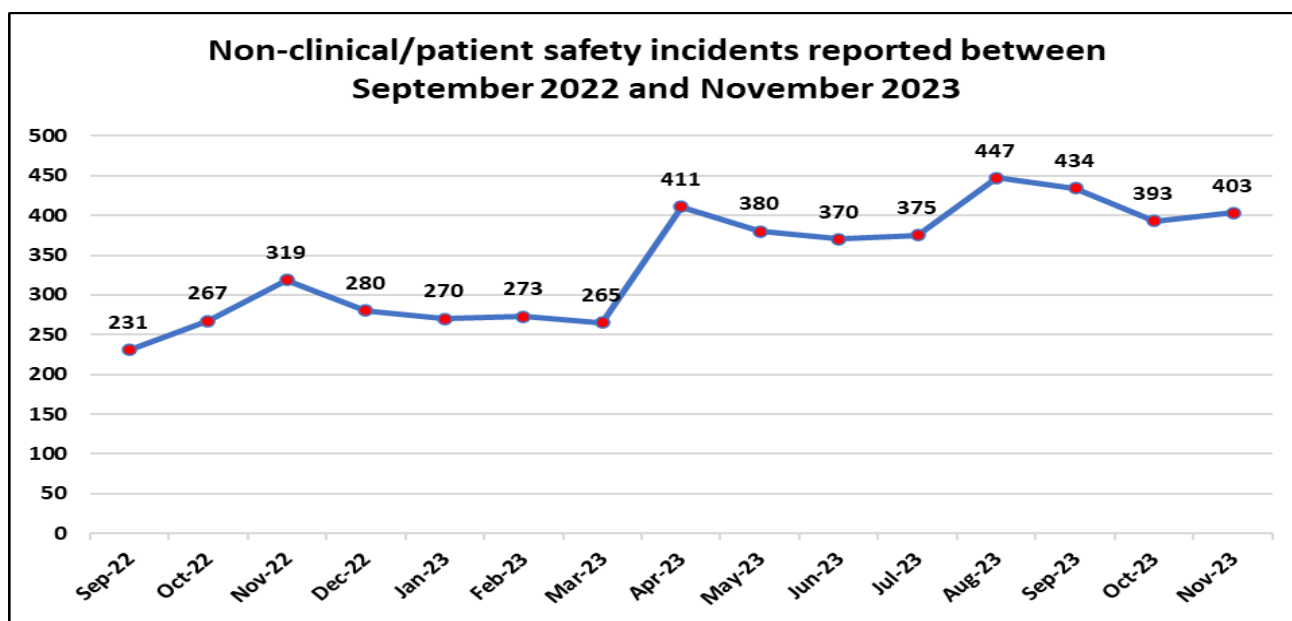
outage occurred. Contingency plans were enacted, and primary care providers supported with clinical queues. No incidents of patient harm have been identified.

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.

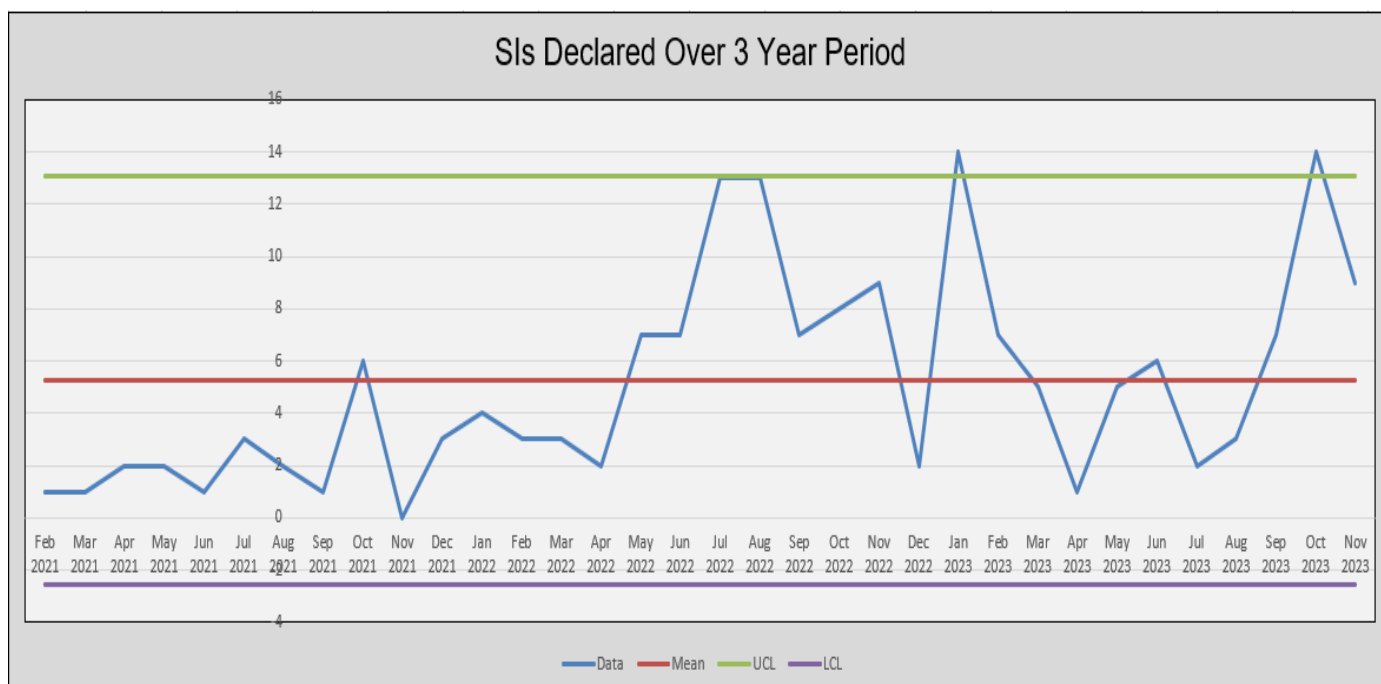
3.26 The Trust is revising the 'task' based risk assessments and the associated manual handling assessments and personal protective equipment assessments. These are being shared with Trade Union Colleagues for approval and will be uploaded onto The Hub internal SCAS site for staff to access.

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%
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- 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 Board is invited to note the content of the report.

Sue Heyes, Deputy Chief Nurse

Date: 11 January 2024



Report Cover Sheet

Report Title:	Chief Medical Officer's Report
Name of Meeting	Public Trust Board
Date of Meeting:	25 January 2024
Agenda Item:	11
Executive Summary:	The purpose of the paper is to update the Board on key clinical issues relating to: 1. Clinical Research 2. Ambulance Clinical Quality Indicators 3. Out of Hospital Cardiac Arrest Epidemiology and Outcomes in 2022 4. Urgent Care Pathway Developments
Recommendations:	The Trust Board is asked to note the contents of the Chief Medical Officer's report.
Accountable Director:	John Black, Chief Medical Officer
Author:	Martina Brown, Research Steering Group Jane Campbell, Assistant Director of Quality John Black, Chief Medical Officer
Previously considered at:	
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	<ul style="list-style-type: none"> • Acceptable – General confidence in delivery of existing mechanisms/objectives
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	High Quality Care & Patient Experience

Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care
Quality Domain(s)	Clinical Effectiveness
Next Steps:	<p>Continue to expand SCAS research capacity and capability</p> <p>To further improve cardiac arrest outcomes through the digital applications, staff training, development of care pathways with cardiac networks, and evaluation of new cardiac arrest resuscitation techniques.</p> <p>Further expansion of urgent care pathways with focus on frailty, access to Same Day Emergency Care (SDEC) Units and Virtual Wards via Urgent Community Response (UCR) Teams.</p>
List of Appendices	<p>Appendix 1 – Recruitment into Principle Clinical Trials (CRASH4 & PARAMEDIC 3)</p> <p>Appendix 2 – Epidemiology and Outcomes for Out-of-Hospital Cardiac Arrest 2022 (Infographics from University of Warwick Clinical Trials Unit OOHCA Registry Data).</p> <p>Appendix 3 – SCAS Urgent Care Pathways Dashboard December 2023</p>



Public Board Meeting Report

Name of Meeting	SCAS Public Trust Board
Title	Chief Medical Officer's Update
Author	Martina Brown, Research Steering Group Jane Campbell, Assistant Director of Quality John Black, Chief Medical Officer
Accountable Director	John Black, Chief Medical Officer
Date	25 January 2024

1. Purpose

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

- SCAS Clinical Research
- Ambulance Clinical Quality Indicators (ACQI)
- South Central Out-of-Hospital Cardiac Arrest Epidemiology and Outcomes 2022
- Urgent Care Pathways Dashboard

2. Executive Summary

2.1. SCAS Research Trials Updates

New Trials being set up:

- **Specialist pre-hospital redirection for thrombectomy trial (SPEEDY) (IRAS 312053)**
 - A cluster randomised controlled trial to evaluate the clinical and cost-effectiveness of a pre-hospital specialist redirection pathway to Comprehensive Stroke Centres intended to improve the speed and rate of Mechanical Stroke Thrombectomy for acute ischaemic stroke across England
 - Patients in Hampshire will be redirected from scene to UHS for mechanical stroke thrombectomy after remote clinical assessment by Stroke Team as part of a national trial in partnership with the Universities of Exeter, Oxford and Northumbria University Newcastle
- **Cardiac arrest 'Bundle of Care' trial (CABARET) (IRAS329970)**

- Use of **an** Airway Threshold Impedance (ITD), Elegard (Head Elevation) and LUCAS AD Chest Compression Devices (Bundle of Care) in Out of Hospital Cardiac Arrest
- The trial likely to commence in Feb/March 2024.

2.2 Recruitment to Open Studies

Table 1 below shows the participant's recruitment into the currently opened research projects in the trust.

Study title/acronym/IRAS number	Current recruitment/ Participants type <i>[updated to 28 Dec 2023]</i>	NIHR endorsement
Randomised controlled trial of the clinical and cost-effectiveness of cervical spine immobilisation following blunt trauma (SIS Trial); IRAS 316755	32 patients	<ul style="list-style-type: none"> • Non-commercial • NIHR portfolio • Interventional • Pre-hospital speciality
Early surveillance for autoimmune diabetes (ELSA); IRAS 309252	332 patients F-2-F 300 patients online	<ul style="list-style-type: none"> • Non-commercial • NIHR portfolio • Interventional • Primary care/community speciality
Intramuscular tranexamic acid for the treatment of symptomatic mild traumatic brain injury in older adults: a randomised, double-blind, placebo-controlled trial (CRASH4); IRAS 283157	284/patients See Appendix 1 Infographic	<ul style="list-style-type: none"> • Non-commercial • NIHR portfolio • IMP (drug) trial • Pre-hospital speciality
Pre-hospital randomised trial of medication route in out-of-hospital cardiac arrest (PARAMEDIC3); IRAS 298182	601 patients See Appendix 1 for more detail	<ul style="list-style-type: none"> • Non-commercial • NIHR portfolio • Interventional • Pre-hospital speciality
Paramedic delivery of end-of-life care: a mixed methods evaluation of service provision and professional practice (PARAID) IRAS:327727	38/ staff respondents	<ul style="list-style-type: none"> • Non-commercial • NIHR portfolio • Observational /Interventional
A Phase IIIb randomized openlabel study of nirsevimab (versus no intervention) in preventing hospitalizations due	70 patients Study extended (re-consenting of	<ul style="list-style-type: none"> • Commercial • NIHR portfolio • IMP (drug) trial

to respiratory syncytial virus in infants (HARMONIE) IRAS 1005180)	current pool started)	<ul style="list-style-type: none"> Community/Acute speciality
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2.4 Collaborative/strategic initiatives leading to an increase capacity and capability of the trust to deliver clinical/non-clinical research

- **Research Emergency Dispatcher** & Research Assistant – 100% externally funded post; with ESR panel now
- Team training events (including webinars) continuously updated with research protocols (in line with new HCPC Standards)
- Hosting medical students / SCAS paramedic apprentices as observers of research RRVs
- Research to feature in Trust Induction (for new starters); research pens with QR code link to research website / contact details will be distributed at each new staff member
- Research Advocate webinars
- Developing model of cross-organisational research delivery: Research Rapid Response vehicles (RRV) to carry out follow up visits for UHS participants at their home (no need to come 'on-UHS-site' for study visit).

3. Ambulance Clinical Quality Indicators (ACQI)

- Work on recovering SCAS encrypted clinical records is progressing well both internally (DocWorks) as well as the clinical records held by Ortivus. This includes assessing the completeness of the recovered records. This may take approximately another 4 weeks to complete.
- Commentary for the time-based elements of ACQIs is included in the IPR.

National Ambulance Quality Group Update

Benchmarking day was held in November 2023 sought to not only revisit the existing ACCIs but progress the pilot Falls Indicator.

In response to the key issues raised on the day, the Technical sub-group have proposed changes to guidance for the Falls pilot indicator, post-ROSC care bundle CQI and STEMI care bundle CQI. These will be considered at CRG internally and comments feedback to national team. The NASCQG will then consider these changes and approve.

Any approved changes to the pilot Falls indicator will then be adopted for the fourth cycle of the pilot (December 2023 incidents for submission by 22 April 2024).

The Technical Sub-group are considering end-of-life care for a national clinical audit. If the NASCQG support this the technical sub-group will work up a proposal in the coming months.

4. Epidemiology of South Central Out of Hospital Cardiac Arrest (OOHCA) and Clinical Outcomes 2022 – University of Warwick National OHCAO Registry Data.

- **Appendix 3** includes five summary infographics of South Central Ambulance patients who suffered an out-of-hospital cardiac arrest during 2022.
- **Summary:** 2666 patients were treated by SCAS with a median age of 71 years, 65% were male, and 80% of arrests occurred at home in England. 90% of cases were presumed to be cardiac in origin. Only 19.4% of patients presented in a more favourable shockable rhythm (ventricular fibrillation). 41.7% of arrests were unwitnessed. 80% of patients with witnessed cardiac arrest received bystander chest compressions (CPR). In England a public access defibrillator was used in 10.6% of witnessed cases. 49.4% of witnessed patients who presented in a shockable rhythm (Utstein comparator group) had a pulse on arrival at hospital. 9.0% of patients survived to 30 days overall. A total of 619 patients had their hearts restarted on arrival at hospital and 238 patients' lives were saved.
- South Central overall survival is just above the national average in England (7.8%) and reflects not only responsive care delivered by the ambulance service but also specialist cardiac/intensive care delivered following admission to hospital.
- Further information is available at: <https://warwick.ac.uk/fac/sci/med/research/ctu/trials/ohcao/>

5. Next steps:

Our main areas of focus for 2024/5 to improve survival for this important cohort of patients is to deliver Car 1 performance (7-minute response time), the delivery of annual face-to-face resuscitation update training for SCAS staff, expanding our Community First Responder Schemes, introducing GoodSAM App to improve bystander CPR rates and early access defibrillation, the primary transfer of patients directly to heart attack centres for primary percutaneous angioplasty (pPCI) for those patients with evidence of ST elevation myocardial infarction, including extracorporeal membrane oxygenation (ECMO) where available (currently only at Harefield Hospital), and the evaluation of the effectiveness of a new care bundle including head up mechanical CPR (LUCAS AD) combined with the use of an airway impedance threshold device (ITD) in the hope of improving blood flow to the brain during CPR which may be an important determinant of survival (CABARET Study).

6. Urgent Care Pathways Update.

The SCAS Urgent Care Dashboard Board (**Appendix 3**) provides high-level oversight of Urgent Care pathways availability across South Central Ambulance Service region for patient facing clinicians to refer appropriate patients to. It includes:

- Acute Hospital Pathways
- Community Service Pathways
- Same Day Emergency Care (SDEC)
- Urgent Community Response (UCR)
- Hospital Clinical Pathway Care Navigator 'Call before Convey' Single Point of Access
- Virtual Wards (accessed via UCR Teams)
- Frailty and Falls Services
- Acute Respiratory Infection Hubs.

Access to these pathways is managed by a clinical pathways team who have reviewed the work programme and how it aligns to the updated SCAS Strategy and the 10-point plan. It does illustrate the variability of access our ambulance clinicians to care pathways across our region. It is periodically shared with the ICS and Provider CMOs across the region to help support the further development of care pathways – there are now in excess of 130 pathways across the region that do not route patients unnecessarily through Emergency Departments. Visibility and contact details for these pathways, including hours of operation, is via the SCAS Connect Application which monitors activity, receives clinician feedback and is regularly updated by the SCAS Pathways Management Team as new pathways evolve.

7. Next Steps:

SCAS main focus is to continue to expand the availability of these pathways across our region especially for complex frail medically unwell patients (including those with respiratory infections) who make up the largest cohort of patients who may benefit from direct access to Urgent Community Response (UCR) Teams as they come on stream and assessment in Same Day Emergency Care (SDEC) Frailty Units in both community and secondary care settings when required.

8. Recommendations

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

John JM Black
Chief Medical Officer
17th January 2024



Report Cover Sheet

Report Title:	Operations Report – 999, 111 and Other
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	12
Executive Summary:	<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>
Recommendations:	The Trust Board is asked to note the issues in the 999 and 111 areas of SCAS and the operational support work to help with those challenges.
Accountable Director:	Mark Ainsworth, Executive Director of Operations
Author:	Mark Ainsworth, Executive Director of Operations
Previously considered at:	Operations Reports are presented at every Board meeting in public.
Purpose of Report:	Note/Assure
Paper Status:	Public

Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	High Quality Care & Patient Experience
Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care
Quality Domain(s)	All Quality Domains
Next Steps:	On going monitoring of progress against the cat 2 trajectory with a focus on reduce handover times and increasing operational hours
List of Appendices	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

Name of Meeting	Trust Board
Title	Operations Report – 999, 111 and Other
Author	Mark Ainsworth, Mark Adams, Luci Papworth, Rob Ellery, Ruth Page
Accountable Director	Mark Ainsworth
Date	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 18th to 31st 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 3rd 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

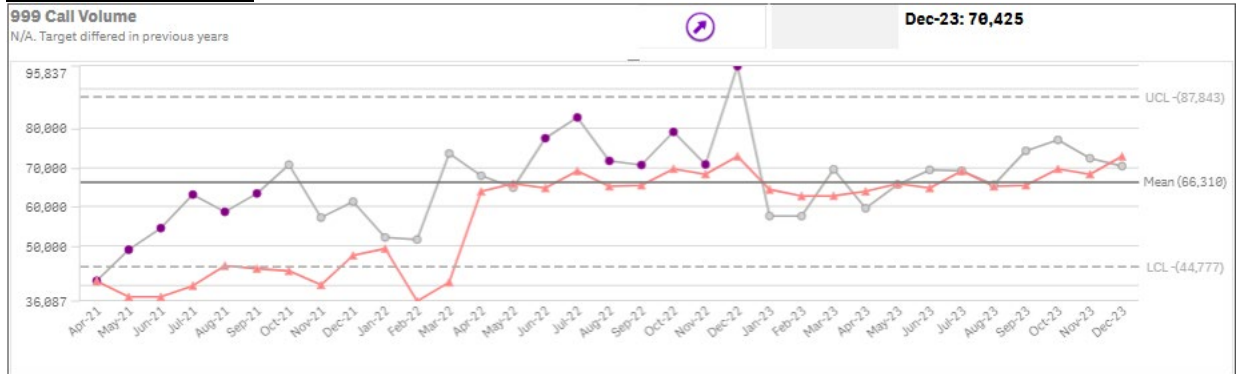
- 7.1 The Executive Director of Operations is responsible for delivery and monitoring of the improvements within the Operational Board Report.

8. Recommendations

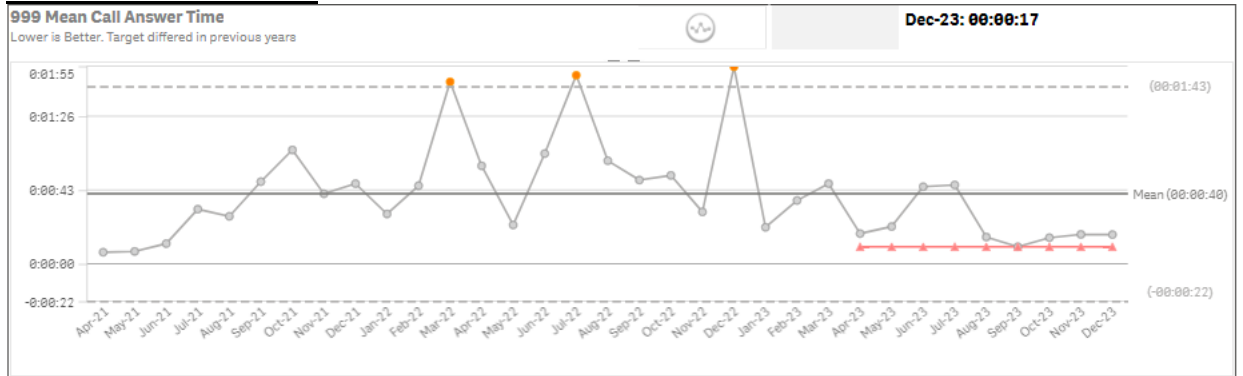
- 8.1 The Board is asked to **note** the contents of the report.

Appendices

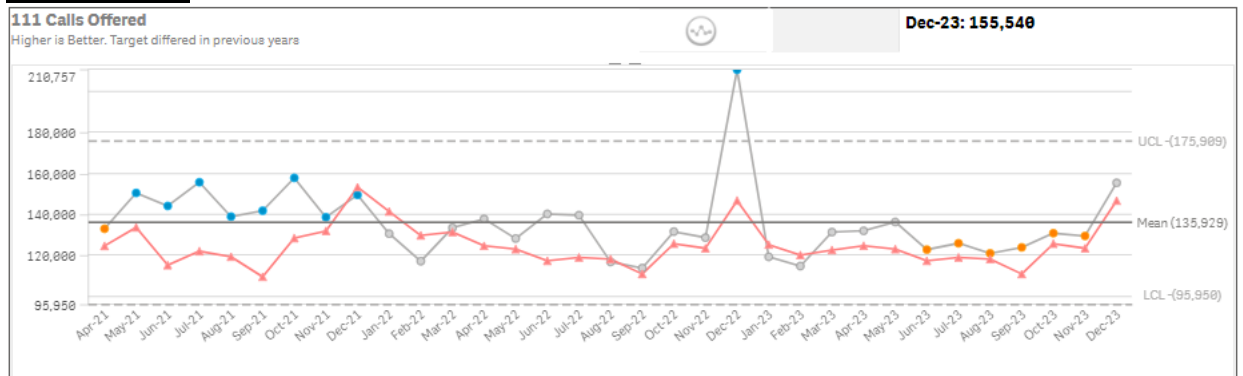
1.1 999 Call Demand



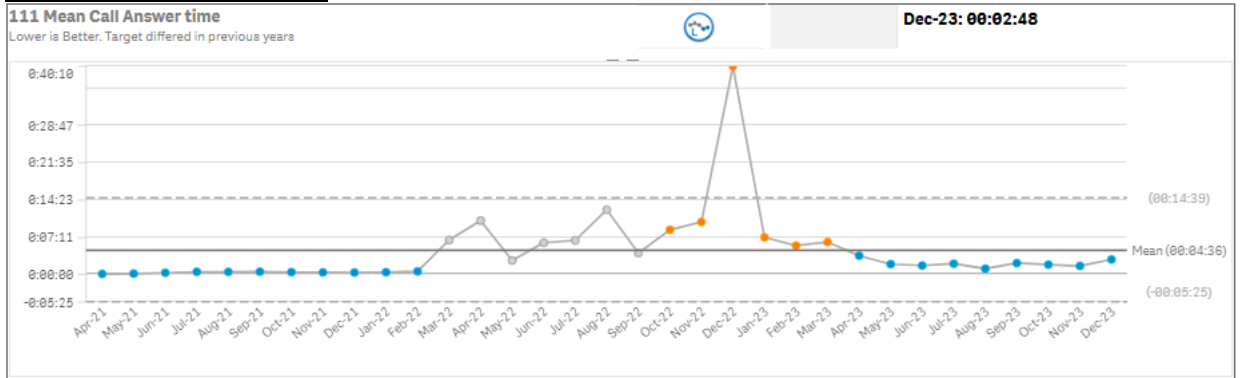
999 call answer mean



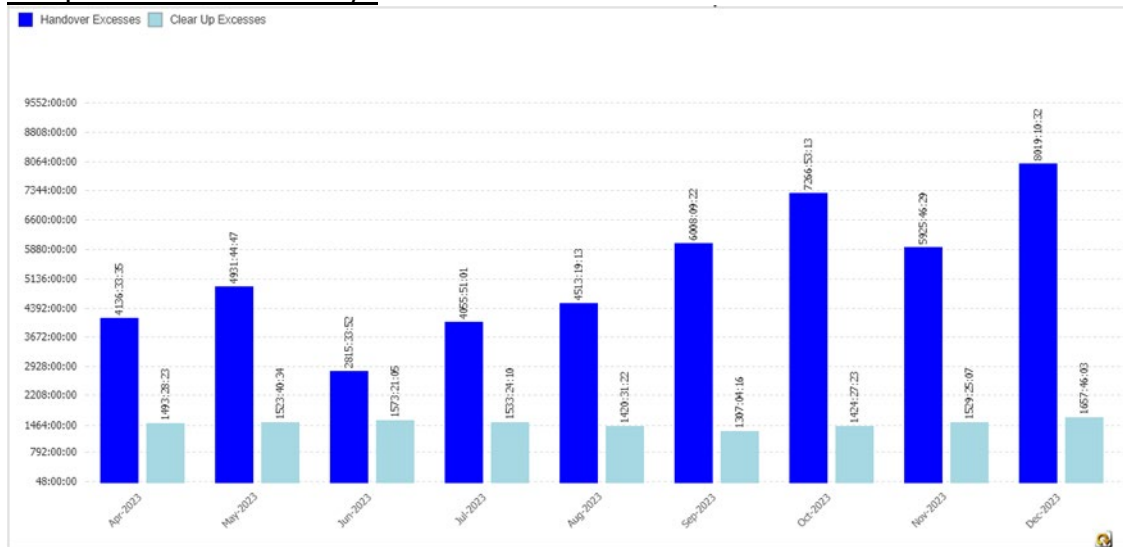
1.2 111 Demand



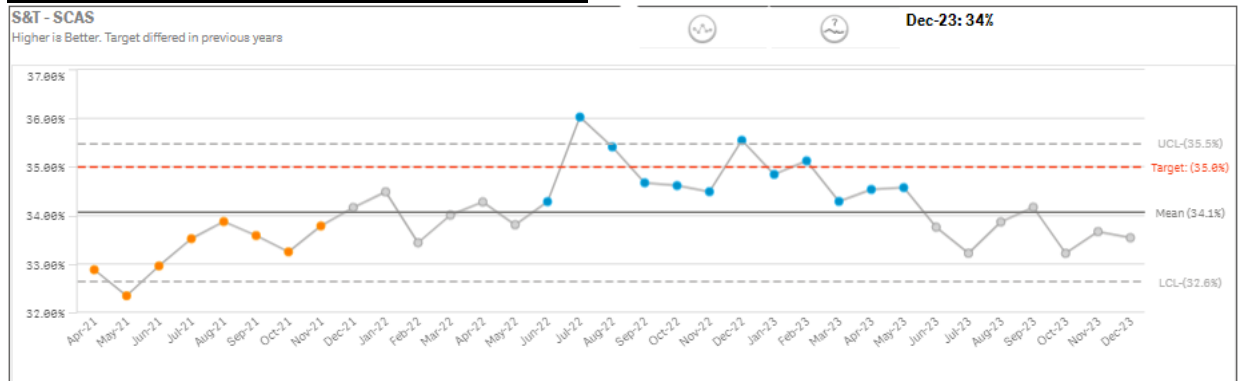
1.3 111 Call Answer Mean

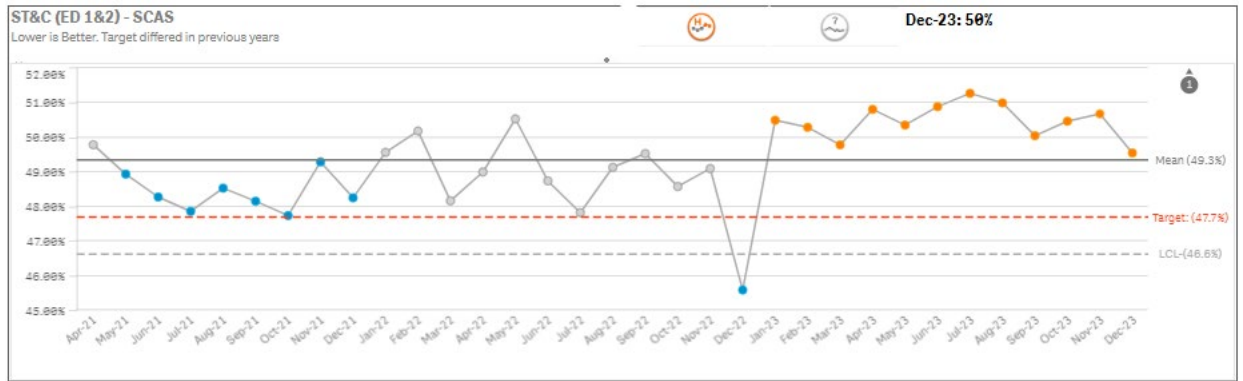


1.4 Hospital Handover Delays



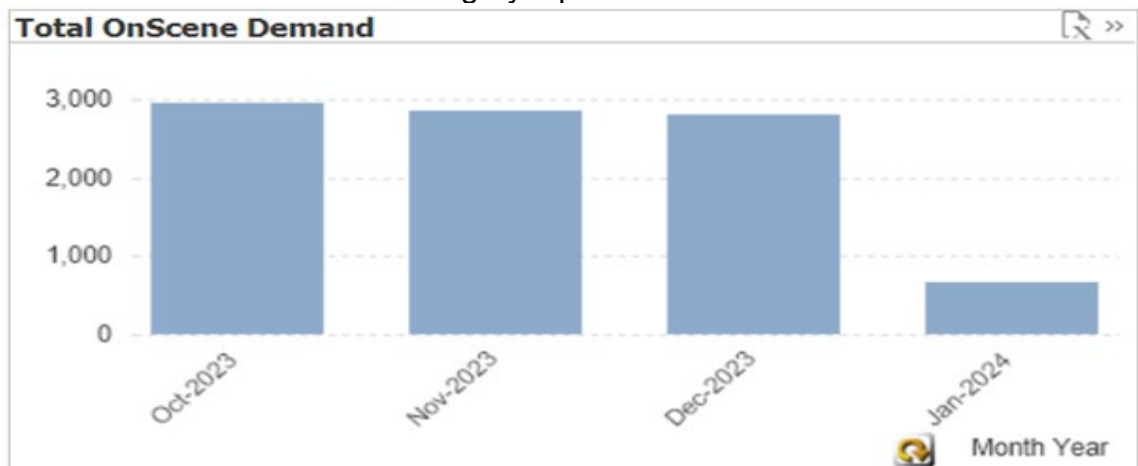
1.5 See & Treat, and See, Treat and Convey





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.



Upward Report

Name of Committee reporting upwards	Quality and Safety Committee
Date Committee met	11 January 2024
Chair of Committee	Dhammika Perera, Non-Executive Director
Upward reporting to	Public Trust Board

Items	Issue	Action owner	Action update
Points for Escalation			
Findings of the delays' thematic analysis	A thematic analysis relating to delays requested by Berkshire Oxford Buckinghamshire (BOB) ICB was concluded. The analysis found three themes which could potentially lead to avoidable harm and identified potential actions and recommendations.	Chief Nurse	Prepare a short paper for the Board based on the paper on the analysis presented at Q&S also incorporating the feedback given during Q&S.
IT Systems – Level of investment and choice of software	Following discussions of the failures experienced in the new safeguarding IT systems, concerns were raised regarding the trusts level of investment in IT as well as the choice of software where investments were made.	Chief Digital Officer	Request FPC to undertake a deep dive into IT systems in use at SCAS including each software's need for update/replacement and specific concerns related to specific software and software compatibilities.
Key issues / business matters to raise			
The failure of the safeguarding IT systems	The safeguarding/docworks software situation must be corrected and steps taken to ensure there is no repetition.	Safeguarding Lead	Update to be presented at the next Q+S

Areas of Concern and / or Risks	Keep within the committee.... No action needed at Board level		
Category 2 call performance / delays / Long waits	Focus on risks affecting SCAS' ability to deliver Category 2 performance. (Focus on the findings of the thematic analysis). There is only partial assurance that we are taking all actions we can to mitigate the relevant risks and improving our ability to respond timelier.	Executive team Q+S	<ul style="list-style-type: none"> • Regular review of hours available and mitigations to increase these. • Continue working with partner organisation to reduce handover delays. • Increase number of trained staff and reduce reliance on private providers. • Minimize duplication of crews attending calls. • Continue to monitor harm linked to delays and identify other actions for improvement.
Statutory and mandatory training completion	Mandatory training completion targets must be maintained. All training records must be ready for an eventual CQC inspection.	Q+S	
Items for information / awareness			
Clinical Workforce Plan (Thematic Delays Report findings)	Further to discussions relating to Thematic Delays findings, Q&S Committee requested assurance on actions as demand is not being met by SCAS staffing levels and to ensure findings are included in Workforce / PACC.	Assistant Director Quality	
Best Practice / Excellence			
PSIRF plan	Plan will be approved by Q&S committee.	Assistant Director (for PSIRF implementation)	
Patient Panel	Chair appointed and inducted with first meeting at the end of January and two sub group chairs with links to Mental Health and Learning Disability	Assistant Director – Quality (Patient Experience)	
Medicines Management	The site move to Adanac completed.		
Compliance with Terms of Reference			
Quorate	The Committee meeting was quorate and complied with its terms of reference.	Q&S Chair	

Author: Dhammika Perera

Title: Chair, Quality and Safety Committee

Date: 18 January 2024



Report Cover Sheet

Report Title:	Month 9 2023/24 Financial Position
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	14
Executive Summary:	<p><u>I&E Position</u></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"> • Reduced availability of private provider ambulance capacity than expected. • Slippage in delivery of radio replacement programme. This slippage is a benefit within this financial year but expenditure will slip into 2024/25. <p>The Trust's current run rate forecast remains £22.3m deficit.</p> <p><u>Cash</u></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><u>Capital</u></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>
Recommendations:	The Trust Board is asked to: Note the contents of this report.
Accountable Director:	Stuart Rees, Interim Director of Finance
Author:	Sam Dukes, Deputy Chief Financial Officer
Previously considered at:	Finance and Performance Committee
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	N/A
Strategic Objective(s):	Finance & Sustainability
Links to BAF Risks or Significant Risk Register:	SR5 - Increasing Cost to Deliver Services
Quality Domain(s)	All Quality Domains
Next Steps:	N/A
List of Appendices	N/A



Meeting Report

Name of Meeting	Trust Board
Title	Month 9 2023/24 Financial Position
Author	Sam Dukes, Deputy Chief Financial Officer
Accountable Director	Stuart Rees, Interim Director of Finance
Date	Thursday 25 th January 2024

1. Purpose

This paper is being presented to update the Trust Board 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 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 Board is invited to **note** the contents of this paper.

Upward Report of the – Finance & Performance Committee

Date Meeting met 20 December 2023 & 18 January 2024
Chair of Meeting Les Broude, Non-Executive Director / Senior Independent Director
Reporting to Board of Directors Meeting 25 January 2024

Items	Issue	Action Owner	Action
Points for escalation			
18 January 2024 – Business Case approvals	<p>Two Business Case were agreed for recommendation to the Board:</p> <ul style="list-style-type: none"> Asset Management System Project: this project will introduce an asset management system which will enable better management of clinical assets, thereby increasing operational effectiveness, realising significant financial savings and improving patient safety. Fournet, the telephony solution for the Trust. 	<p>Stuart Rees</p> <p>Craig Ellis</p>	<p>Business Case to be considered by the Board on 25 January 2024.</p> <p>Business Case to be considered by the Board on 25 January 2024.</p>
Key issues and / or Business matters to raise			
20 Dec 2023 - PTS	Dec - The Committee noted that the Non-Emergency Patient Transport Services (PTS) action plan to rebalance the finances of PTS is a critical part of South Central Ambulance Service NHS Foundation	Mike Murphy	

	Trust's (SCAS) financial recovery and the actions necessary for the service to be commercially viable and competitive; particularly when commissioners (Integrated Care Board / ICBs) are expected to initiate procurement processes. Also, the need to monitor the actions to ensure delivery and the need for the cost structure analysis and related actions to address.		
18 January 2024 - IPR	The IPR and content were discussed with a remaining concern about the content, ownership of the various elements within the report as well as the pace of progress.	Mike Murphy	
20 Dec 2023 – Financial planning	Dec - The Committee NOTED the Financial Planning report and discussed the work required to develop not just the financial plan but operational, workforce, etc, plans. The Chief People Officer will be invited to the January committee, which is focusing on planning.	Stuart Rees	
18 January 2024 – 2024-25 Planning	The Committee reviewed and debated the current 2024-25 Planning (including, Operation, Workforce & Financial) Update, noting the timescales, the need for it to be ready by March, with learning from previous year with realism of plans and the need to align the ICBs. The need to develop this into a 3-year plan/medium term plan for the Trust was discussed, to enable the Trust to manage elements of the plan over multi years .e.g., recruitment.	Stuart Rees	
18 January 2024 – Forecast Outturn Review	Re the forecast Outturn Review, following discussions between the HIOW ICS and NHS England, the system has asked to improve its financial forecast. The Committee will make a recommendation for discussion at the Private Board.	Stuart Rees	

Areas of concern and / or Risks			
20 December 2023 – Sustainable measures	There was a discussion on previous plans that have not delivered fully or recurrently and the need for sustainable measures to address not only the financial challenge but the operation reliance on non-recurrent solutions. (e.g., overtime, incentives), PPs and the Trust’s workforce plans, and the need for a sustainable plan.	Stuart Rees Mark Ainsworth	
18 January 2024 – Challenge around PP hours	Challenge around PP hours and the assurance required around delivery should noted.	Mark Ainsworth	
18 January 2024 - IPR	Improvement Programme (Performance) was presented and discussed. Concern was raised about embedding with the organisation. Improvement Programme Oversight Board (IPOB) would pick this matter up.		
18 January 2024 – Procurement and contracting capacity	Issues were raised about the capacity within the procurement and contracting area with recent delays in recognising contract end dates and issuing new contracts.		
Items for information and / or awareness			
20 December 2023 & 18 January 2024 – Financial position & operational performance	The Committee NOTED the: <ul style="list-style-type: none"> • Financial Position at Months 8 & 9 (November & December), and • Operational Performance against national targets and local trajectories for future months. 		

Best Practice and / or Excellence			
20 December 2023 & 18 January 2024	<p>The committee felt:</p> <ul style="list-style-type: none"> • assured by the quality of majority of the reports presented, noting the IPR, and • the challenge and discussion at the committee has improved, with the key issues the Trust is dealing with being debated. 		
Compliance with Terms of Reference			
20 December 2023 & 18 January 2024	Both meetings were quorate.		
Policies approved*			

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

Author: Les Broude

Title: Non-Executive Director / Senior Independent Director

Date: 19 January 2024



Upward Report of the Charitable Funds Committee

Date Meeting met **10 January 2024**
Chair of Meeting **Nigel Chapman, NED**
Reporting to **SCAS Public Board**

Items	Issue	Action Owner	Action
Points for escalation			
Key issues and / or Business matters to raise			
Financial Update & Compliance with Reserves Policy	<p>The CFC reviewed the management accounts for M8. The Charity is currently reporting a surplus of £719k for the year compared to the plan of £650k. The surplus is driven by the legacy received although all areas of fundraising are performing well with the exception of corporate fundraising which is well behind where we expected to be.</p> <p>It is not yet clear if the additional c£250k of legacy income will be received in this financial year or next, but the reserves held by the</p>	Charity Finance Manager	Month 9 management accounts will include an up to date reforecast.

	<p>Charity are well within the limits set in our reserves policy.</p> <p>Expenditure is slightly above plan by £27k but this is mainly due to items of old stock being written off and stock appearing on the balance sheet when ordered.</p> <p>The reserves policy was reviewed and some amendments will be made. The policy is reviewed annually along with the Charity annual review and a new version will be finalised and signed off in April 2024.</p> <p>Other Charity policies and procedures were reviewed as part of their two-year cycle. Two new policies were introduced around social media and ethical fundraising. The CFC gave comments which will now be incorporated. All policies will be updated by the end of March.</p>	<p>Charity CEO</p> <p>Charity CEO</p>	<p>CFC comments to be taken on board and policy revised and submitted for sign off at April's CFC meeting.</p> <p>Amendments identified to be made and final policies signed off by 31 March 2024.</p>
<p>Corporate Fundraising</p>	<p>The Charity has this year looked to increase the level of income from corporate fundraising and identified funding to bring in an experienced charity fundraising consultant to work with us on this area. While the groundwork and foundations have successfully been laid the financial results have not yet been realised. The corporate income is behind target. The CFC have requested a full review of this area of work with timelines and progress to be reported at the April meeting.</p>	<p>Charity CEO</p> <p>Senior Fundraising Officer</p>	<p>The Charity CEO will carry out a review of the corporate plans and identify how this will move forward.</p> <p>The Senior Fundraising Officer who leads on this area of work, will present progress and next steps to the CFC in April.</p>

<p>Volunteer Recruitment & Retention</p>	<p>Q3 saw a total of 1031 volunteers operating across SCAS which is up from 909 in Q2. We had 64 new volunteers and 86 leavers. We advertised 44 new vacancies with 72 applications.</p> <p>Pilot systems have been set up on Assemble to test a new rota system for CFRs to book out DRVs for responding.</p> <p>The volunteer newsletter is developing and the last issue published in December. The new reward and recognition programme was launched and volunteers in 4 categories were put forward. These awards will be presented on 17 January by Nigel Chapman – Outstanding Contribution; Paul Jeffries – Responder of the Year; Paul Stevens – Volunteer Car Driver of the Year and Vanessa Casey – Volunteer Fundraiser of the year. The winners will be awarded a Room for Reward voucher and runners up an Amazon gift card. Our awards programme will continue with informal recognition throughout the year along with formal awards at the Volunteer Conference on 5 October.</p>	<p>Volunteer Manager</p>	<p>As we develop the use of Assemble further detail will be provided around the breakdown of areas and roles of new starters and leavers as well as exit reasons.</p>
<p>BASICs Grant Award</p>	<p>Jack Ansell presented to the CFC the role of the SCAS BASICs team. The team have grown over the last three years. Having been loaned a vehicle for two years the sponsor has now asked for the return of the vehicle or the option to purchase. The CFC agreed Charity</p>	<p>CFC</p>	

	<p>funding of the £20k cost to purchase the vehicle which will enable the team to continue their volunteer enhanced clinical role.</p>		
Internal Grants Process	<p>The CFC agreed a new internal grants process to be launched in April 2024. Grant applications will open in April and September for small grants (under £5k) and large/multi-year grants (over £5k). Criteria for grants has been agreed and applications will be received by the Charity CEO and assessed by a small team from across SCAS with clinical and non-clinical areas of expertise. Small grants will be awarded by the assessment team. The assessment team will submit recommendations to the CFC for the large grant awards and the final decisions will be made at the CFC meeting. £150k will be set aside for 2024-2025 for this grant programme.</p>	Charity CEO	<p>Grant information to be submitted to Staff Matters and made available to all teams across SCAS. Applications to open on 1 April 2024.</p>
Areas of concern and / or Risks			
	<p>Corporate fundraising is behind financial plan and is at risk of not achieving target.</p>		
Items for information and / or awareness			
	<p>The Charity is remains in a healthy financial position overall. Currently holding £411k of restricted funds and £720k of unrestricted funds.</p>		
Best Practice and / or Excellence			

Compliance with Terms of Reference			
	Fully compliant with CFC Terms of Reference		
Policies approved*			
	All policies reviewed as per the cycle of review and will be approved in April following final amendments.		

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

Author: Vanessa Casey

Title: Charity CEO

Date: 11 January 2024



Report Cover Sheet

Report Title:	FTSU revised policy
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	19
Executive Summary:	<p>This is the updated FTSU policy, there is a national deadline for this to be in place by 31st January 2024.</p> <p>SCAS inputted in number of ways into this national policy consultation.</p> <p>The national policy has been written based on feedback from a range of stakeholder and has been written to be as accessible as possible.</p> <p>For our policy we also sought advice and input from peers in the South East Guardian Network (circa 260 members) and the AACE FTSU National Ambulance Network.</p> <p>This policy has comprehensive EqIA screening, and has been to consultation, JNCC, Policy Refresh Group and approval sought from EMC and People & Culture Committee.</p>
Recommendations:	The Trust Board is asked to approve the policy for publication.
Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Simon Holbrook, FTSU Guardian Lead
Previously considered at:	<p>Joint National Consultative Committee</p> <p>Policy Refresh Group</p> <p>Executive Management Committee</p> <p>People and Culture Committee – 18.01.24</p>
Purpose of Report:	Approve
Paper Status:	Public

Assurance Level:	Significant – High level of confidence in delivery of existing mechanisms/objectives
Justification of Assurance Rating:	All Quality Domains
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	All Quality Domains
Next Steps:	To be published within the Trust and via the Trust
List of Appendices	FTSU Policy- See Supporting Information Pack



Report Cover Sheet

Report Title:	Gender Pay Analysis Report 2023/2024
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	20
Executive Summary:	<p>As of 31 March 2023, the (rounded) gender split remains as 46% male and 54% female.</p> <ul style="list-style-type: none"> Men have a greater Mean hourly pay rate than women by a gap of 5.79%. This is a shift from the previous year when the Mean gender hourly pay gap was 2.41% greater for men (a change of 3.38%). The Median hourly pay is also slightly greater for men by a gap of 0.50% More men are employed in Quartile 1 (lowest paid) and Quartile 4 (highest paid) but the greatest shift between male and female from the previous year is in Quartile 2 (-36.46%). <p>Quartile 4 had lowest split between the genders with more women. Quartile 2 had the largest split with fewer women. Quartile 3 had a split of 15.24% with fewer women and Quartile 1 had a split of 5.52%% more women in this Quartile.</p>
Recommendations:	The Trust Board is asked to note the contents of the report and approve for publication.
Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Dipen Rajyaguru, Head of ED&I
Previously considered at:	Executive Management Committee Equality, Diversity and Inclusion Steering Committee People & Culture Committee
Purpose of Report:	Note and approve publication
Paper Status:	Public

Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	All Quality Domains
Next Steps:	To publish the report, undertake further analysis to ascertain drivers for the change since 2022 and development of improvement plan.
List of Appendices	Gender Pay Analysis Report 2023/2024



Report Cover Sheet

Report Title:	Equality Delivery System (EDS) 2023/24 report
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	21
Executive Summary:	<p>The EDS is an outcomes framework designed to support NHS organisations to gather effective data, and drive improvement, on equality, diversity, and inclusion (EDI). It forms part of the NHS Standard Contract (SC13.5) and requires NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading.</p> <p>The Equality Delivery System (EDS) is focused around three 'Domains'.</p> <ol style="list-style-type: none"> 1) Commissioned or provided services 2) Workforce health and well-being 3) Inclusive leadership. <p>For each Domain a template is used with a number of outcomes that require evidence. A separate evidence pack was compiled for each Domain to be graded.</p> <p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • Summarise the process undertaken to deliver on the Equality Delivery System (EDS) for this reporting year. • Report on the EDS Scores and gradings that have been given. • Outline actions that will be taken to improve on EDS grades.
Recommendations:	<p>Trust Board is asked to:</p> <p>Note & Approve the report prior to publication</p>
Accountable Director:	Melanie Saunders, Chief People Officer
Author:	Dipen Rajyaguru, Head of ED&I

Previously considered at:	ED&I Steering group (11/01/24) EMC (16/01/24) PACC (18/01/24)
Purpose of Report:	Note/Approve
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Significant
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	Noting, Approval & Publication
List of Appendices	FTSU Policy and Case Template - see Supporting Information.



Meeting Report

Name of Meeting	Trust Board
Title	Equality Delivery System (EDS)
Author	Dipen Rajyaguru, Head of ED&I
Accountable Director	Melanie Saunders, Chief People Officer
Date	25 January 2024

1. Purpose

The Committee is asked to receive the final and full report from the EDS assessment for 2023 and provide approval for Board ratification prior to the report to be published on the Trust’s website

2. Background and Links to Previous Papers

The EDS is an outcomes framework designed to support NHS organisations to gather effective data, and drive improvement, on equality, diversity, and inclusion (EDI). It forms part of the NHS Standard Contract and requires NHS organisations to collate evidence against a range of outcomes and present that evidence to a panel of key stakeholders for grading.

3. Rationale for Private Paper

N/A

4. Executive Summary

The **Equality Delivery System** (EDS) is focused around three ‘Domains’.

- 1) Commissioned or provided services
- 2) Workforce health and well-being
- 3) Inclusive leadership.

It is a tool to support the NHS to respond to the Equality Act 2010 Public Sector Equality Duty, is a requirement in the NHS Standard Contract (SC 13.5 Equity of Access, Equality and Non-Discrimination) and is intended to align with the Leadership and Capability and People themes within the NHS oversight framework 2022/23.

This is our first roll out of this ‘refreshed’ EDS reporting mechanism we have chosen this year two services to review in Domain 1 rather than the 3 expected for future years. Of these two, one was expected to fit under the 5 clinical priorities cited in the *Core20Plus5* and the second was suggested to be an operational business service. We chose the EarLy Surveillance for Auto-immune diabetes study as a good example of innovative programme that meets the health inequalities target for *Core20Plus5* and our Patient Transport Service which is a good example of a service that works collaboratively across the health & social care system.

For each Domain a template is used with a number of outcomes that require evidence. A separate evidence pack was compiled for each Domain. Compilation of evidence packs largely utilised already existing data and reports, with creation of new data being avoided. Visual aids such as graphs were also produced to support interpretation of the data. The original datasets were also

made available for the evaluators so they could conduct their own analysis and then to score, evaluate and grade each Domain outcome. A summary of the evidence collated against each outcome with the feedback and score from the evaluators for each domain is provided in the [Evidence Templates](#) for each domain.

The Evaluators (or stakeholders) consisted of 'internal' or those who understand the process or mechanism for Domain and can include service users, Trade unions, staff networks and FTSU guardians. These groups evaluated Domains 1 & 2 (through the ED&I Steering group), Domain 3 required independent or peer reviewers as well as the Trade unions and we were fortunate and grateful to gain the insights of Oxford Health NHS Foundation Trust and BOB ICS to provide a robust review and grade. The templates evidence packs were distributed in early December to the Independent & peer reviewers to submit back to us by 8/01/24 the 'internal' review took place on 11/01/24 at the ED&I Steering group (using slido to collate the score/grade and comments).

Ratings

Overall, the Trust was given a rating of **Developing**. To determine the overall rating, scores provided by evaluators were averaged for each outcome (rounding to the nearest whole number). The average scores across each outcome were then totaled, with the total score being given the corresponding grade as per the EDS [Scorecard and Ratings Guidance](#).

Those who score **under 8**, adding all outcome scores in all domains, are rated

Undeveloped

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated

Developing

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated

Achieving

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**

Domain 1 average score: 4 (PTS)+8 (EarLy Study) divided by 2=6

Domain 2 score: 6

Domain 3 score: 4

Total = 16

Summary of Key Findings and recommendations from evaluators

This from the feedback from the evaluators based on the evidence presented and interpreted by them and although it is subjective it does provide an indication and perception of the services.

For Domain1: PTS

- More data needed to have a greater understanding of our service users and their experiences.
- Opportunity to provide data about renal patients and other patients who have higher needs and suffer from Health inequalities.
- Good to see a steady number of compliments, would like to understand the number as a % of patient journeys.
*NB evidence provided for 1C but not graded due to oversight but no change to average grade.

For Domain1: EarLy Surveillance for Auto-immune diabetes study

- Already met targets initially set to reach by August 2024
- Overall, the team could develop a database on community center's they could access to promote such a valuable service -especially among communities where there is a higher prevalence of diabetes.
- Need to be more proactive in getting feedback.

For Domain 2: Workforce health and well-being

- The Trust offers a range of H&WB support to its staff, unclear from the evidence how much it is accessed or what staff view of the support is.

- Whilst there have been improvements, there are still concerns of negative cultures.
- There needs to be further use/ promotion of MHFAs and HWB champions. Includes more support for those doing the roles (as volunteers).

For Domain 3: Inclusive leadership

- A good amount of work has gone into producing the various reports and analysis with reference to the main national drivers and initiatives with updates to senior leaders. Plenty of published information.
- There is evidence of both equality and health inequalities being discussed in board and committee meetings, but Board members and senior leaders need to be demonstrating and communicating their commitment or allocating resources to health inequalities, equality, diversity and/or inclusion.
- The Staff networks have a senior sponsor who have a defined role to meet and support them. However, no evidence of sponsoring (supporting) religious, cultural or local events and/or celebrations. Staff Networks still need better executive sponsor input.

Conclusion

Whilst the Trust's overall rating was Developing, there were many outcomes where the Trust was perceived to be as achieving. Additionally, even though outcomes in Domain 1 were all rated as Developing, had the EarLy Surveillance for Auto-immune diabetes study been rated in isolation, it would have been rated Achieving for all Outcomes. For Domain 2, the health & well-being team were recognised for their work and enthusiasm to progress and offer more variety of health support when/where they can. For Domain 3, there was some difference relation to how it was scored by the ED&I Steering group and Union representatives who gave a higher score and externally by BOB ICS and Oxford Health NHSFT who gave a lower score. Nevertheless, the average score gave a fair view when taking into consideration the work currently underway that will be evidenced/established next year, such as the Executive Staff Sponsors and the Board Equality objectives.

Many of the recommendations and findings (above) aimed at enhancing EDS performance align closely with existing plans within the Trust, integrated into various ongoing programs. Consequently, the EDS process serves to fortify the Trust's current initiatives, and highlighting potential measures our services can take to meet the needs and expectations of our service users and staff. We should aim to be 'achieving' next year.

5. Areas of Risk

Risk in relation to contractual compliance with NHS Standard Contract (SC 13.5 Equity of Access, Equality and Non-Discrimination), if not published by 28February

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

Mandated through the NHSE EDI Improvement plan linked to the Trust's annual objectives together with links to the related corporate/BAF risks.

7. Governance

Supports Equality Act 2010 Public Sector Equality Duty, the NHS Standard Contract (SC 13.5 Equity of Access, Equality and Non-Discrimination) and the NHSE EDI Improvement plan.

8. Responsibility

Chief People Officer

7. Recommendations

The Board is invited to **note**: the contents of the report.

and **approve** The EDS report (template) for the Board for publication by 28/02/2024.



Report Cover Sheet

Report Title:	Communications, Marketing and Engagement Update
Name of Meeting	Board of Directors Meeting in Public
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	23
Executive Summary:	<p>Winter and Media The communications team have been working proactively with the media and with partners to help raise awareness of how the public can help support SCAS over this exceptionally challenging period.</p> <p>SCAS Strategy launch Following on from several staff engagement events last summer, the Executive Team led the launch of the refreshed SCAS strategy at the beginning of December. Staff, volunteers, partners and stakeholders were briefed on SCAS's aims through verbal and written briefings.</p> <p>Modernisation programme communications With the establishment of the Operations Modernisation Programme Board, the Communications team has started to provide a limited amount of input including to the Communications workstream. The extensive remit of this programme will require dedicated and embedded full time support.</p>
Recommendations:	<p>The Board of Directors is asked to:</p> <p>Note the contents of this report.</p>
Accountable Director:	Gillian Hodgetts
Author:	Gillian Hodgetts, Director of Communications, Marketing and Engagement
Previously considered at:	Not Applicable
Purpose of Report:	Note

Paper Status:	Public
Assurance Level:	Assurance Level Rating Options - Assurance Level Rating: Significant
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: N/A
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	
Quality Domain(s)	Not Applicable
Next Steps:	Not Applicable
List of Appendices	



Meeting Report

Name of Meeting	Board of Directors Meeting in Public
Title	Communications, Marketing and Engagement Update
Author	Gillian Hodgetts
Accountable Director	Gillian Hodgetts
Date	25 th January 2024

1. Purpose

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

2. Background and Links to Previous Papers

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

3. Executive Summary

Winter and Media

The last two months have been extraordinarily intense and pressured for the ambulance service. To help support the operational frontline teams and those staff working in the control rooms particularly, the communications team have been working proactively with the media to help raise awareness of how the public can help SCAS over this period. We have received several requests for interviews and many of these we have supported.

Interviews with Wave 105FM, BBC Radio Berkshire, BBC Radio Oxford, ITV News Meridian (TV face-to-face interview), BBC South News, That's Solent TV, Global Radio/Heart FM (Thames Valley & Hampshire) came about following the press release we issued: <https://www.scas.nhs.uk/ambulance-service-asks-public-to-make-the-right-call-this-winter/>

Paul Jefferies, Assistant Director of Operations reinforced key messages of:

- Only calling 999 for someone with a serious or life-threatening emergency
- Using 111 online for all urgent needs using a self-guided assessment, or calling 111 if online not an option

- Call waiting times for patients calling 111 reduced from high of around 40 minutes last winter to just over two minutes in September
- Getting flu and COVID vaccinations if eligible
- Collecting any repeat prescriptions in advance of Christmas & New Year bank holidays
- Checking in on vulnerable family members, friends and neighbours as temperatures fall
- Downloading the NHS App for trusted information and advice on thousands of conditions and treatments

This release was highlighted by several media outlets including BBC, Daily Echo and Wokingham Today. We were also approached by Metro UK and BBC South Today asking about winter pressures, demand on our frontline ambulance crews and the impact on hospitals who were declaring critical incidents. The request was to interview frontline ambulance crews. NHS England is now taking the lead in responding to these types of requests. Notably there is an even greater emphasis this year on working closely with our partners to produce editorial that looks at pressures across the whole health system, rather than specifically focusing on individual organisations.

In the last couple of years, we have seen increases in respiratory illnesses and as such, millions of children and vulnerable adults have been offered a flu and/or COVID vaccination to protect them from potentially deadly respiratory infections over the winter months. We have been actively supporting these campaigns, which aim to encourage uptake amongst eligible groups.

Media activity with partners and stakeholders

Whilst our focus has most definitely been on signposting the public to the most appropriate services for their needs and on using 999 and 111 services wisely, we have also been working in partnership with both our public and private partners to communicate other initiatives, successes, and national campaigns. Sharing messages and supporting each other is helping to strengthen both the message but also the relationships between our organisations.

A joint press was issued with partners across Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board, regarding the launch of the urgent community response and hospital at home services and BBC Radio Berkshire interviewed Laura Mathias following a joint press release issued by Slough Borough Council and SCAS regarding the distribution of publicly accessible emergency bleed kits across the area. Joint messaging with Fire and Rescue services released safety advice for the public, urging them to follow the Firework Code.

A visit to the Blue Light Hub in Milton Keynes on 18 November by the Chancellor and Chief Secretary to the Treasury, Jeremy Hunt, a win at the Ambulance Leadership awards and a fundraiser for the South Central Ambulance Charity with Wycombe Wanderers, all attracted media interest. Regional and national campaigns such as the NHS England prescription saving scheme, NHSE 'Help Us Help You' – early symptoms of lung cancer and Road Safety Week's 'Let's talk about SPEED' were all supported locally by SCAS Communications.

SCAS Strategy relaunch: 'Fit for the future'

On Tuesday 5th December, David Eltringham Chief Executive, Keith Willett SCAS Chair and the Executive directors, supported by the communications team, visited sites across SCAS, engaging with staff to relaunch the SCAS vision and strategy 2024-2029. Sites visited included, Adderbury, Queen Alexandra Hospital Portsmouth, Southern House Emergency Operations Centre, Oxford Radcliffe Hospital, Nursling, Milton Keynes Hospital, 111 Partis House MK, Winchester and Eastleigh. This followed on from a number of engagement events that were held over the summer, when David talked to staff across the Trust, identifying challenges as well as areas of good practice. As a result, the 10 Point Plan was developed to focus on getting the basics right. This sat alongside a review and reconnection exercise with the long-term strategy, to establish if it was still fit for purpose.

The aim of the Strategy launch day was to make staff, volunteers and Trade Union representatives aware of the refreshed strategic ambitions of the organisation, to encourage ownership and to invite questions and discussion. David presented on four webinars, talking about how the strategy refresh focuses on modernising SCAS quickly to make it 'fit for the future'. These ran throughout the day and were attended by both staff and volunteers and for those unable to attend, recordings of the meetings were made available on the SCAS Hub, as well as photos from the day and on the internal social platform, Viva Engage. The Trust's Council of Governors were included in the briefings and other stakeholders and partners were sent communications on SCAS's ambitions, the first of many to come.

Since the launch event, feedback has been captured from the day itself, through a number of SCAS staff webinars, from the 'Freedom to Speak up' team and directly from staff themselves. All the questions asked are being addressed through a comprehensive 'Frequently Asked Questions' document and this is being posted widely to enable as many staff as possible to find answers to the questions they have.

Following this work, it has become clear the Trust's strategy remains the right one but that the organisation needs fundamental reform to be fit enough to deliver it. Challenges with staff recruitment/retention, the changing demands and complexity of the patients we care for, an ageing estate and the ongoing difficulties of financial balance and performance all mean a significant change in the way we operate is needed, if we are to get anywhere close to delivering what we need to in the years ahead.

Over the next few weeks and months, there will be a series of communications both internally and externally to further engage and communicate the plans.

Modernisation programme communications

Significant issues became apparent with SCAS finances and operational performance which led to the need for immediate financial and performance recovery programmes. Whilst several actions were taken quickly, these issues necessitated a longer-term modernisation programme which is sufficiently challenging to be



Report Cover Sheet

Report Title:	Board Assurance Framework
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	25
Executive Summary:	<p>BAF risks have been aligned to high rated risks (15+) in the Trusts risk register.</p> <p>BAF risk 1: Score 12 Risk remains at 12 (Major x Possible) with actions ongoing to move the Trust to PSIRF ongoing (plan being sent to Programme Board on 25 January and then to the ICB in February). The medicines team have now moved into the new site and have sent the Controlled Drugs license application.</p> <p>BAF risk 2: Score 20 Risk remains at 20 (Catastrophic x Likely) due to the ongoing operational pressures. Handover delays continue to be an issue impacting performance. A Clinical Pathway lead is embedded in the QA SLT to help develop non-ED pathways and conduct front door audits to help improve overall performance at the hospital. The Trust has switched convertors and expect 53 vehicles to be delivered this Financial Year and an additional 72 in the next Financial Year.</p> <p>BAF risk 3: Score 12 Risk remains stable at 12 (Major x Possible) with the Trust working with the ICBs and other stakeholders.</p> <p>BAF risk 4: Score 12 Risk remains stable at 12 (Moderate x Likely) with the Trust working with the ICBs and other stakeholders to ensure that they understand what we are delivering. There are no risks relating to this BAF risk rated 15+ on the Trust's risk register.</p> <p>BAF risk 5: Score 20</p>

	<p>Risk remains high (20 Major x Almost Certain) with the multi-year Financial Recovery Plan complete and a medium-term financial plan in progress. Risk is closely monitored by the Interim Director of Finance and the Financial Recovery Group.</p> <p>BAF Risk 6: Score 16 Risk rating remains high, 16 (Major x Likely), but stable. Work remains ongoing through the Culture workstream. New actions added relating to the approval of a 5-year workforce plan for the Trust and the Trust being an exemplar for employee retention.</p> <p>BAF Risk 7: Score 12 Risk rating remains stable at 12 (Major x Possible). Sexual safety charter is due to be refreshed and relaunched and a culture diagnostic is due to take place to provide feedback on the Trusts culture and the work taken place. There are no risks relating to this BAF risk rated 15+ on the Trust’s risk register.</p> <p>BAF risk 8: Score 20 Risk to be reviewed with Interim CDO and new substantive CDO once in place to ensure that actions remain relevant now that the interim CDO has reviewed the status.</p> <p>BAF risk 9: Score 20 Risk is rated 20 (Catastrophic x Likely) however the Governance and Assurance Accountability Framework (GAAF) has been approved at the Board and is now reflected in the controls section.</p>
Recommendations:	<p>The Board is asked to:</p> <p>Approve the Board Assurance Framework update</p>
Accountable Director:	Daryl Lutchmaya, Chief Governance Officer
Author:	Steve Dando, Head of Risk Management
Previously considered at:	<p>Quality & Safety – 11 January 2024</p> <p>People & Culture Committee – 18 January 2024</p>
Purpose of Report:	Approval
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable

Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	None
List of Appendices	(Board Assurance Framework- see Supporting Information.

capable of delivering radical and long-term change. This will enable the delivery of a modern, sustainable ambulance service capable of providing the best possible care for our patients, populations and communities.

An Operations Modernisation Programme Board has been established. Seven pillars of change have been identified, one of these being Communications and Engagement. A member of the Communications team has started to provide a limited amount of input to the Communications workstream, acknowledging that this programme requires dedicated and embedded full time support.

Communications support has thus far helped to engage SCAS Leaders and staff, via a variety of channels, identified key stakeholders, created content on a dedicated area of the SCAS Hub and new branding has been developed and implemented. Alongside issuing four programme updates, a bi-monthly webinar plan has been drafted and a community group established on Viva Engage for sharing all updates and facilitating ongoing engagement with staff.

A decision will be needed quickly on the request to fund full time dedicated communication resource, to deliver this huge programme of work. There are already many actions that need delivering including:

- Publishing the 'Frequently Asked Questions'
- Crafting 'Message from the Executive',
- Delivering further programme updates and scheduling/delivering SCAS webinars
- Developing the Viva Engage community page
- Further population of the Hub site
- Creating content/presentations for the Council of Governors meetings
- Delivering ongoing and up to date content for the public website

With all the current 'business as usual' pressures, (exacerbated by the Winter but not exclusively so), there is a risk that communications support to the programme may be limited and financial restrictions may also have profound impact on the ability to produce the range of materials needed to support such an extensive programme of modernisation communications.







4. Responsibility








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





5. Recommendations

Consideration of the need to secure additional dedicated communication resource in order to successfully deliver the modernisation programme is requested.

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

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same  Improved  Worsened 	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
				APR	MAY	JUN	JUL				
SR1 IF we have insufficient clinical workforce capability or ineffective equipment and vehicles, THEN we will fail to provide safe and effective care LEADING TO poor clinical outcomes.	High quality care and patient experience Helen Young / John Black	We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.		APR 15	MAY 15	JUN 12	JUL 12	Inherent 20	Quality & Safety January 2024	Partially Effective	Partially Effective
				AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC 12	JAN 12	FEB	MAR	Target 9			
SR2 IF we do not have or use effective operational delivery systems, THEN we may not be able to meet demand and provide a responsive service to patients in need of emergency care, LEADING TO delays in treatment and increased morbidity and mortality.	High quality care and patient experience Mark Ainsworth / Helen Young / John Black	We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes		APR 20	MAY 20	JUN 15	JUL 15	Inherent 20	Quality & Safety January 2024 Finance & Performance November 2023	Partially Effective	Partially Effective
				AUG 15	SEP 15	OCT 20	NOV 20	Current 20			
				DEC 20	JAN 20	FEB	MAR	Target 10			
SR3 IF the organisation fails to engage or influence within systems, THEN there may be a disproportionate focus in one system over the others and capacity provided may not align with expectations, LEADING TO performance that is not achievable or credible and possible poor outcomes for patients and the communities we serve.	Partnership & Stakeholder Engagement Mike Murphy	We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans		APR 20	MAY 20	JUN 20	JUL 20	Inherent 25	Finance & Performance November 2023	Effective	Effective
				AUG 20	SEP 12	OCT 12	NOV 12	Current 12			
				DEC 12	JAN	FEB	MAR	Target 4			

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same  Improved  Worsened 	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
				APR	MAY	JUN	JUL				
SR4 IF we fail to engage with stakeholders and partners, THEN partners will fail to understand who we are and what we do, LEADING TO failure to innovate and influence and an inability to identify opportunities within systems.	Partnership & Stakeholder Engagement Mike Murphy	We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans		APR 12	MAY 12	JUN 12	JUL 12	Inherent 16	Finance & Performance November 2023	Effective	Effective
				AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC 12	JAN	FEB	MAR	Target 6			
SR5 IF demand, operational standards and external factors (such as inflation, interest rates, taxation and cost of living) continue to increase, THEN the total costs to deliver our services will increase and result in a deficit, LEADING TO additional pressures on our ability to deliver a sustainable financial plan and safe services.	Finance & Sustainability Stuart Rees	We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partners.		APR 20	MAY 20	JUN 20	JUL 20	Inherent 20	Finance & Performance November 2023	Partially Effective	Partially Effective
				AUG 20	SEP 20	OCT 20	NOV 20	Current 20			
				DEC 20	JAN	FEB	MAR	Target 12			
SR6 IF we fail to implement resilient and sustainable workforce plans, THEN we will have insufficient skills and resources to deliver our services, LEADING TO ineffective and unsafe patient care and exhausted workforce.	People & Organisation Melanie Saunders	We will develop plans to deliver inclusive, compassionate culture where our people feel safe and have a sense of belonging.		APR 16	MAY 16	JUN 16	JUL 16	Inherent 20	People & Culture January 2024	Partially Effective	Partially Effective
				AUG 16	SEP 16	OCT 16	NOV 16	Current 16			
				DEC 16	JAN 16	FEB	MAR	Target 12			
SR7 IF we fail to foster an inclusive and compassionate culture,	People & Organisation	We will develop plans to deliver inclusive, compassionate culture where our people feel		APR 16	MAY 16	JUN 16	JUL 16	Inherent 20	People & Culture January 2024	Partially Effective	Partially Effective

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same  Improved  Worsened 	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
				AUG 12	SEP 12	OCT 12	NOV 12				
THEN our staff may feel unsafe, undervalued, and unsupported, LEADING TO poor staff morale, disengagement, low retention and impacts on patient safety and care.	Melanie Saunders	safe and have a sense of belonging.		AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC 12	JAN 12	FEB	MAR	Target 8			
SR8 IF we are unable to prioritise and fund digital opportunities, THEN we will have insufficient capacity and capability to deliver the digital strategy, LEADING TO system failures, patient harm and increased cost.	Technology Transformation	We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.		APR 20	MAY 20	JUN 20	JUL 20	Inherent 25	Finance & Performance November 2023	TBC	TBC
	Barry Thurston			AUG 20	SEP 20	OCT 20	NOV 20	Current 20			
				DEC 20	JAN	FEB	MAR	Target 15			
SR9 IF we fail to deliver the Trusts improvement programme THEN we will not move out of NOF4 or achieve an improved CQC rating LEADING TO a deterioration of the Trust's reputation, additional regulatory oversight and possible further regulatory action.	Well Led	We will become an organisation that is well led and achieves all its regulatory requirements by being rated Good or Outstanding and being at least NOF2.	NEW	APR	MAY	JUN	JUL	Inherent 25	Board January 2024	Partially Effective	Partially Effective
	Mike Murphy			AUG	SEP	OCT	NOV 20	Current 20			
				DEC 20	JAN	FEB	MAR	Target 10			



Report Cover Sheet

Report Title:	Improvement Programme Oversight Board Update 10 th January 2024
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 25 January 2024
Agenda Item:	26
Executive Summary:	<ul style="list-style-type: none"> • The IPOB highlight report is attached as an appendix to this paper. The report will also be presented to the Tri Partite Meeting (TPAM) on the 22nd of January. • The Trust has one outstanding Must Do in the Governance workstream, relating to the governance of risks and risk management. Delays with completion had been caused by capacity but recruitment was undertaken, and a successful candidate joined the Trust in December. • In addition, the Governance Assurance and Accountability Framework was approved at the December Board, subject to amendment. It was agreed that quarterly reviews would be undertaken to keep the document live. The subsequent actions to embed the framework will support transitioning the workstream to an amber rag status. • Discussion at IPOB in December exposed a concern about the completeness of Fit and Proper Person test records in the Trust which the Chief Governance Officer has briefed on. An updated policy will be shared at EMC in January. • The Trust has one outstanding Should Do action in the Performance Improvement workstream relating to the way that the Trust monitors outcomes for patients who are not transferred to hospital. The technical solution for this had been delayed by the ePR outage which has now been resolved with testing underway and completion expected imminently. • In December, the full set of IPOB papers were attached as appendices with the explanation that this was to provide an overview but in future only the IPOB report itself would be attached. • The oversight of the Improvement Programme continues to be reviewed. The Chief Strategy Officer met with Kate Hall (ID) on the 16th of January to discuss proposals for a more focused

	<p>approach to the management of the programme going forward. Changes will be incorporated into our resource plans for 2024.</p> <ul style="list-style-type: none"> • The Sexual Safety Campaign review was an agenda item at IPOB. The 2 slide presentation is also attached for information.
Recommendations:	The Trust Board is asked to note this paper.
Accountable Director:	Mike Murphy, Chief Strategy Officer
Author:	Mike Murphy, Chief Strategy Officer
Previously considered at:	Updates on the Improvement Programme have been provided to full board and board sub committees
Purpose of Report:	Assure
Paper Status:	Private
Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	
List of Appendices	<ul style="list-style-type: none"> • IPOB Report Pack 10th January 2024 • Sexual Safety Campaign Review