



## Agenda

### Public Trust Board

**Date:** Thursday 28 March 2024

**Time:** 9.30 – 12.30

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

#### **Members:**

Professor Sir Keith Willett CBE	Chair
David Eltringham	Chief Executive Officer
Sumit Biswas	Non-Executive Director
Les Broude	Non-Executive Director
Dr Anne Stebbing	Non-Executive Director
Ian Green OBE	Non-Executive Director
Dr Dhammika Perera	Non-Executive Director
Nigel Chapman	Non-Executive Director
Mike McEnaney	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	Chief Medical Officer

#### **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
Nora Hussein	Interim Assistant Trust Secretary
Susan Wall	Corporate Governance & Compliance Officer

#### **Apologies:**

Daryl Lutchmaya	Chief Governance Officer
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Questions received in advance from Board Members for those items marked as 'For Noting' 14 & 16 will be received under agenda item 18, for 20,21,22 & 23 under item 24.

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
<b>OPENING BUSINESS</b>			
1	-	Verbal For Noting	09.30
2	-	Verbal For Noting	
3	-	Page 5 For Approval	
4	-	Page 18 For Approval	09.35
5	-	Page 20 For Noting	09.40
6	-	Page 24 For Noting	09.45
7	-	Page 31 For Noting	09.55
8	SR7 12	Page 35 For Information	10.00
9	SR9 20	Page 39 For Assurance	10.15
<b>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.</b>			
10	SR1 12	Page 45 For Assurance	10.40
11	SR1 12	Page 54 For Assurance	10.50
12	SR2 20	Page 59 For Assurance	10.55
13	SR9 20	Page 71 For Assurance	11.05

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>	
14	<b>Assurance Report</b> Quality and Safety Committee, 14 March 2024 Dhammika Perera	SR1 12	Page 75 For Noting	-
<b>Finance &amp; Sustainability</b> – We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partner.				
15	<b>Finance Update Month 11</b> Stuart Rees	SR5 20	Page 80 For Assurance	11.15
16	<b>Assurance Report</b> Finance and Performance Committee, 19 February and 20 March 2024 Les Broude	SR5 20	Page 87 For Noting	-
17	<b>SCAS Green Plan 2023-2028</b> Stuart Rees	SR5 20	Page 89 For Approval	11.35
18	<b>Questions submitted by Board Members on agenda items: 14 and 16</b>	-	-	
<b>5 MINUTES COMFORT BREAK 11.45</b>				
<b>People &amp; Organisation</b> – We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.				
19	<b>Freedom to Speak Up Q3 report</b> Melanie Saunders	SR7 12	Page 97 For Assurance	11.50
20	<b>National Staff Survey</b> Melanie Saunders	SR7 12	Page 108 For Noting	12.00
21	<b>Assurance Report</b> People and Culture Committee 18 January 2024 Ian Green	SR7 12	Page 110 For Noting	-
<b>Partnership &amp; Stakeholder Engagement-</b> We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans.				
22	<b>Communications Update</b> Gillian Hodgetts	SR4 12	Page 113 For Noting	-
<b>Technology transformation</b> – We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.				
23	<b>Chief Digital Officer's Report</b> Craig Ellis	-	Page 120 For Noting	-
24	<b>Questions submitted by Board Members on agenda items: 21, 22, 23 &amp;24</b>	-	-	
<b>Well Led</b> – 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	<b>Board Assurance Framework</b> Executive Director Leads	SR9 20	Page 125 For Approval	12.10
26	<b>Assurance Report</b> Improvement Programme Oversight Board Update February 2024	SR9 20	Page 146 For Noting	

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
Mike Murphy			
<b>CLOSING BUSINESS</b>			
<b>27</b>	<b>Any Other Business</b>	-	<b>Verbal For Noting</b> 12.15
<b>28</b>	<b>Questions from observers (items on the agenda)</b> Keith Willett	-	<b>Verbal For Noting</b>
<b>29</b>	<b>Review of Meeting</b> Non-Executive Director: Sumit Biswas Executive Director: Mark Ainsworth	-	<b>Verbal For Noting</b> 12.20
<b>30</b>	<b>Date, Time and Venue of Next Meeting in Public</b> Thursday 25 April 2024 at 9.30 Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN	-	<b>Verbal For Noting</b> -

# 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:** 25 January 2024

**Time:** 9.30 – 12.15

**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
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
Dr John Black	Chief Medical Officer
Craig Ellis	Chief Digital Officer

**In Attendance:**

Stuart Rees	Interim Director of Finance
Gillian Hodgetts	Director of Communications, Marketing & Engagement
Mark Ainsworth	Director of Operations
Kate Hall	Intensive Support Director, NHSE
Dipen Rajyaguru	Head of Equality, Diversity & Inclusion
Kofo Abayomi	Head of Corporate Governance & Compliance
Nora Hussein	Interim Assistant Trust Secretary
Susan Wall	Corporate Governance & Compliance Officer

**Apologies:**

Mike McEnaney	Non-Executive Director
Mike Murphy	Chief Strategy Officer

Item No.	Agenda Item
1	<p><b>Chair's Welcome, Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting. The Chair introduced Kofo Abayomi, Head of Corporate Governance and Compliance who recently joined the Trust. Apologies were noted as above.</p>
2	<p><b>Declarations of Interests</b></p>

2.1	Melanie Saunders declared that she was cited in an ongoing employment tribunal, this is currently privileged information. It was noted that detailed information was shared with the Chair.
2.2	Les Broude declared that he was no longer Executive Coach at ella Forums.
2.3	Nigel Chapman declared that he was no longer Vice Chair/Trustee of Care International UK. He also declared that he is now Chair of Elmore Community Services, Oxford.
2.4	The Board noted the declarations of interests.
<b>3</b>	<b>Minutes from the meeting held on 30 November 2023</b>
3.1	The minutes were agreed as an accurate record of the meeting, subject to the following amendments: <ul style="list-style-type: none"> <li>• Page 6 Item 2, add Interim Director of Finance after Stuart Rees</li> <li>• Page 12, add run-rate forecast</li> <li>• Add Gillian Hodgetts, Director of Communications, Marketing &amp; Engagement to attendance.</li> </ul>
<b>4</b>	<b>Matters Arising and Action Log</b>
4.1	The action log was reviewed, and the following action was agreed to be closed: <ul style="list-style-type: none"> <li>• Action 1 - Governors to be invited to participate in 'triple aim' duty with regard to community engagement.</li> </ul>
<b>5</b>	<b>Chairs Report</b>
5.1	Keith Willett thanked Sumit Biswas for chairing the last Board meeting in his absence. He informed the Board that since the last meeting, he met with three of the four Integrated Care Board (ICB) Chairs. The relationship with the ICBs are getting stronger and constructive. He summarised the ongoing deprivation and access work in the region. The Board noted that Keith Willett had taken up Chair of the Research and Innovation Committee of Bedfordshire, Luton and Milton Keynes ICS.
5.2	Keith Willett noted that the Fit for the Future programme is critical, important and unavoidable for the organisation in readiness for the future. He stated that in order to achieve this, long standing issues raised by staff must be addressed, all staff must work efficiently and agile. Issues of over-centralisation and lack of connection between frontline and Board must be addressed.
5.3	Keith Willett mentioned that at a recent Chairs Advisory Group of NHS England, a discussion took place around elections and what to expect for the NHS, there is currently nothing from the political parties to suggest a move away from integration and place-based care, and for SCAS place-based care relates to county-based hub model of care which is line with the travel of direction for the NHS.
5.4	The Board were informed that modernisation and financial improvement are critical for the organisation, and it is important that this is done the right pace. Keith Willett reiterated the importance of the Fit for the Future programme which launched in December 2023. He emphasised that the Board, Governors and Staff all have a role to play to achieve the objectives.
5.5	The Board <b>noted</b> the Chairs Report.
<b>6</b>	<b>Chief Executive Officer's Report</b>
6.1	David Eltringham provided the following key highlights from his Chief Executive Officer's report:

- Visits undertaken since the last Public Trust Board meeting
- SCAS strategy relaunch: Fit for the Future programme. The Board noted that a series of engagement events were held in December to launch the Trust's strategy, care navigation and Fit for the Future programme. The events were well attended by staff and information provided were well received. It provided staff with the opportunity to ask questions about changes to the organisation.
- David Eltringham recorded his thanks to staff and volunteers particularly members of the PTS, 999 and 111 teams for their hard work serving SCAS's patients and population during the festive and new year holiday period.
- The Board were informed of the operational challenges around CAT performance and hospital handover delays. These remained a key focus for the leadership team. David Eltringham summarised actions in place to support improvement. He also summarised ongoing work with system partners detailed in the Chief Executive report.
- SCAS was shortlisted in the Charity of the Year category for the Thames Valley Business & Community Awards.
- Elections for Council of Governors had now concluded, 13 constituency seats were elected unopposed, and two seats were successfully filled for the Berkshire constituency. Two seats remained unfilled, one in Oxfordshire and one in the staff constituency. The Chief Governance Officer is currently exploring options to fill the vacant seats

6.2 The Board welcomed the system approach in resolving handover challenges and queried what more can be done to see further changes and improvements. David Eltringham explained that areas of best practice around admission avoidance or frailty will be considered and how these can be best managed through other pathways. Focus also remained on discharge and in addition, the leadership team will focus on two or three additional areas to deliver impact.

6.3 In response to the query raised by Nigel Chapman around the timescale on delivery of the actions put in place, and a request for assurance that hospitals are achieving the thirty minutes handover targets, David Eltringham stated that in terms of the timescale, the team will shortly be reviewing available data to find opportunities that will deliver impact. Mark Ainsworth responded to the handover target query by stating that South East Coast Ambulance Service (SECamb) is one of the top performing Trusts in this area, SCAS will take learnings from SECamb and there is ongoing discussions with SECamb Chief Operating Officer. The Board noted that because of actions implemented, SECamb achieved a 75% reduction in handover delays. Mark Ainsworth informed the Board that SCAS has a hospital handover policy in place which was previously not implemented. SCAS has now written to hospital trusts advising them of the policy and working with them for implementation. The Board noted the policy had successfully been implemented at John Radcliffe Hospital. It was noted that the implementation has particularly been challenging at the Queen Alexandra Hospital, mitigations include surge capacity and Mark Ainsworth's team are working with the Clinical leadership of the hospital to progress this. Further mitigations put in place were highlighted to the Board.

6.4 Les Broude expressed concern around funding Fit for Future programme changes in light of the current financial constraints. He sought assurance that there have been adequate financial discussions with the Integrated Care Boards. David Eltringham explained that there is a steer from the Hampshire and Isle of Wight ICB that patients are kept safe and the need to get to patients as quickly as possible, therefore their position is that SCAS is not constrained by costs.

6.5 Dhammika Perera advised that patient safety and mitigating harm should be the core focus of addressing performance issues. He further stated that the team should keep track of actions that truly deliver optimal impact. Anne Stebbing felt that measures in place still lacked a baseline and advised the need for focussed actions/delivery plan. David Eltringham explained



6.6	<p>that there is an improvement methodology in progress and that the organisation is getting better at using data to drive conversations for improvement.</p> <p>The Board <b>noted</b> the Chief Executive Officer Report.</p>
7 7.1	<p><b>Update to the Public Board on the previous Private Board meeting held on 30 November 2023</b></p> <p>The Board <b>noted</b> the update to the Public Board on the previous Private Board meeting held on 30 November and 14 December 2023.</p>
8 8.1	<p><b>Staff Story</b></p> <p>The staff in question was unable to attend this meeting due to illness, the item was therefore deferred to the next public Trust Board meeting. <b>Action 1: staff story deferred to March meeting.</b></p>
9 9.1 9.2 9.3 9.4	<p><b>Integrated Performance Report</b> Executive Directors provided updates to the Board on sections of the Integrated Performance Report.</p> <p><b><u>Operational Performance</u></b> Mark Ainsworth summarised operational performance for the reporting period and highlighted that December 2023 was a busy month for the 111 team. Focus remained on Category 1 performance. Hospital handover delays impacted Category 2 performance and operational hours. In the current reporting period, a critical incident was declared on Tuesday 23 January, this was due to increased number of patients waiting (over 270 patients). During the incident, patients presented with greater acuity, requiring ambulance response rather than telephone and clinical triage.</p> <p>Sumit Biswas sought assurance that insufficient hours provided by private providers is being managed and there is a trajectory to close the gap. Mark Ainsworth explained that private providers are contracted to provide 5000 hours weekly and currently they are delivering 85% of the required hours. There were challenges around issuing contracts to the private providers however this has now been resolved and private providers will be held accountable for delivery of their contractual hours. The Board noted that additional funding for Urgent and Emergency Care covered additional hours from private providers via a short term three months contracts. Mark Ainsworth explained that the additional contractual hours are still not being delivered due to staff shortage, he highlighted that these issues are impacting the Trust's Category 2 performance.</p> <p>Ian Green noted that the Trust is 5% off target for vehicles off the road and sought assurance that delivery of the fleet from February through July is still on track. Stuart Rees explained once the prototype is delivered and approved in February, delivery will follow in tranches between July and September. Mark Ainsworth provided an update on the number of ambulances off the road between November and January, He explained that a lot of work is ongoing to ensure that vehicles are back on the road as soon as possible. There are still crew members arriving at the start of their shift without vehicles available.</p> <p>Nigel Chapman raised two issues relating to the capability of private provider crews i.e., whether they were providing the right mix of paramedics; and impact of end of shift and meal break policies on capacity issues, he queried whether there are issues that needed to be brought to the attention of the Board. Mark Ainsworth explained that the current arrangement with private providers is that 73-75% of the ambulance crews are paramedic led however they are struggling to meet this target. The Trust has had to accept technician led ambulances to mitigate capacity issues. In regard to end of shift and meal breaks, Mark Ainsworth highlighted that this has been more successful for staff, he also mentioned that there has been significant</p>

	<p>cost implication associated with the meal break model because crews are going back to their stations for this. The Board noted that South West Ambulance Trust recently implemented an end of shift policy which closely aligns with SCAS policy, but the difference is meal breaks are taken at the closest location to site rather than station of origin. This approach has been successful with significant benefits. Mark Ainsworth reiterated the purpose of meal breaks and explained that consideration have been given to adopting a similar model to South West Ambulance Service however this has been challenged by union colleagues due to unpaid time.</p>
9.5	<p>Les Broude expressed concern about the unavailability of parts for the Fiat model ambulances and highlighted that since the new fleet are the same model, there is a likelihood of this issue reoccurring. Les Broude also pointed out there are bigger issues around contracts with private providers for the provision of paramedic led crews as they are currently providing lower than contractually agreed. Lastly, he expressed concern around the lack of due diligence carried out on providers and the lack of robustness around procurement and contracts. <b>Action 2: Les Broude requested that the contract and procurement team are invited to the Finance and Performance Committee meeting for a deep dive discussion.</b></p>
9.6	<p>Anne Stebbing queried what measures will be in place to ensure that contractual hours are met and to increase the Trust capacity of vehicles on the road. Mark Ainsworth reported that that a presentation was delivered to the Executive Management Committee highlighting the gaps and measures put in place. He summarised these measures to the Board and agreed to circulate the presentation to Non-Executive Directors. <b>Action 3: Mark Ainsworth to circulate the SCAS hours analysis to Non-Executive Directors.</b> Anne Stebbing further queried whether there is a plan with a trajectory that will deliver the planned hours, this will allow transparency around the level of difficulty experienced by the Trust. David Eltringham added that whilst there are a lot of immediate actions to cover the gaps, the Trust strategy is to shift the balance and close the workforce gap with less reliance on private providers. He noted that the workforce plan will address this issue. Melanie Saunders confirmed that there is a draft workforce plan which addresses current gaps and issues to be able to deliver Category 2 performance, this will be submitted as part of the operational plan in February. Melanie Saunders and Stuart Rees are scheduled to meet with Hampshire and Isle of Wight ICB on 15 February to present the plan.</p>
9.7	<p>Keith Willett advised that in future the overview section of the Integrated Performance report should include issues, reasons for these, the action plan with timescale to deliver the plan. He emphasised that the report need to be more robust. He thanked Mark Ainsworth and his team for all their hard work.</p>
9.8	<p><b><u>Quality and Patient Safety</u></b> Helen Young provided key highlights within the Integrate Performance Report. The Board were informed that 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. Helen Young explained that a thematic review of incidents where delay were a significant contributory factor has found a number of themes which need to be addressed, namely the vacancy levels of clinical staff, deployment of the end of shifts, deployment of meal break policy and hospital handover delays.</p>
9.9	<p><b><u>Workforce</u></b> Melanie Saunders summarised the report and asked the Board to note the update on operational staffing and statutory &amp; mandatory training.</p>
9.10	<p>Dharmika Perera noted that there was a sudden increase in the percentage of disabled staff and BME group which later decreased, he advised that this should be reviewed for accuracy.</p>

9.11	Anne Stebbing noted that there both the People and Culture Committee and Quality & Safety Committee were receiving different training data advised that there should be consistency in reporting.
9.12	<p><b>Finance</b></p> <p>The Board noted the finance update within the Integrated Performance Report.</p> <p>The Board <b>noted</b> the Integrated Performance Report.</p>
<p><b>10</b></p> <p>10.1</p> <p>10.2</p> <p>10.3</p> <p>10.4</p> <p>10.5</p> <p>10.6</p> <p>10.7</p> <p>10.8</p> <p>10.9</p>	<p><b>Quality and Patient Safety Report</b></p> <p>Helen Young provided the Board with an update on the Quality and Patient Safety Report for the reporting period of October to November 2023.</p> <p>Key highlight from the report was the emerging risk in safeguarding with continued number of incidents relating to the ICT (Information Technology) and BI (Business Intelligence/reporting) that supports the end-to-end safeguarding referral system.</p> <p>The Board noted that the end-to-end referral process have been reviewed and deemed safe however further improvements can be made to the process. SCAS and DocWorks are working together to resolve the issue with an estimated timeframe of six months to have the issue fully resolved.</p> <p>Nigel Chapman sought clarity on the highlighted issues and those raised by the CQC around SCAS IT resilience. He sought assurance that the organisation is in a position to demonstrate robustness of the IT systems. Craig Ellis clarified the issues and provided assurance that a process of checking and monitoring of the DocWorks issue is now in place. Helen Young clarified that issues relating to safeguarding infrastructure highlighted by the CQC is still work in progress. She summarised that although the organisation has moved from the position of requires improvements to further improvements needed to make the system safer and more robust.</p> <p>In response to the query around DocWorks back up issues, Craig Ellis responded that South East Ambulance Service have the same system issues and SCAS is working collaboratively with them to resolve these with DocWorks.</p> <p>Helen Young mentioned that there have been press interest around the impact on the Trust's emergency service and explained that the issue only impacted 999 service and not 111 private providers or patient transport service.</p> <p>Keith Willett informed the Board that he attended several safeguarding team meetings and provided confirmation that significant amount of work have been done by this team in mitigating safeguarding issues.</p> <p>Sumit Biswas was not assured that issues raised by the CQC have been adequately dealt with neither had the level of improvement needed been achieved. He expressed disappointment that similar IT issues have reoccurred.</p> <p>Dharmika Perera summarised discussions at the Quality and Safety Committee meeting and highlighted in the committee upward report to the Board. He noted that there is an increase in the number of serious incidents reported and reflected that it is positive that staff are now encouraged to report serious incidents.</p> <p>Anne Stebbing was not assured that the safeguarding issues were now resolved and queried the robustness of mitigations and controls in place to manage these risks.</p>

10.10	The Board <b>noted</b> the Quality and Patient Safety Report.
<b>11</b>	<b>Medical Director's Report</b>
11.1	John Black presented the report, noting that clinical performance indicators and time-based indicators were performing below national mean, variations in the last few months have remained unchanged.
11.2	John Black provided an update on research and innovation. He reported that a partnership with the University Hospital has been formed, and that a direct referral pathway for major stroke patients will be launched in February 2024. Patients will be directly transfer to the hospital for mechanical stroke thrombectomy which is an effective intervention for patients. The Board noted that this will be done in conjunction with Exeter, Newcastle and Northumbria Universities.
11.3	Keith Willett noted all the acute hospitals pathways in the report and highlighted that this was a positive example of system working in terms of access and demand. John Black explained that this had been shared with Chief Medical Officers of Trusts within the region and the ICBs for their support.
11.4	The Board were informed that utilisation of the pathways are monitored via the SCAS connect application. Anne Stebbing advised that measures/metrics should be put in place that evidence effectiveness of the pathways. She also queried whether there were any clinical exclusions to using the pathways. John Black explained that there were no exclusions and explained how the intervention worked and benefits to patients who would not have previously qualified.
11.5	The Board <b>noted</b> the Medical Director's Report.
<b>12</b>	<b>Operations Report – 999, 111 and Other</b>
12.1	Mark Ainsworth reported on Category 2 performance for the month of January. The Board were informed that the Executive Management Committee approved negotiations to renew the Buckinghamshire, Oxfordshire and West Berkshire (BOB) urgent care tender due to expire in September 2024. There are ongoing discussions on extending this contract and service specification until April 2026. The Board noted that there are also ongoing discussions around extending the Frimley 111 EOC contract until April 2026. All 111 contract end dates will now be aligned to March 2026.
12.2	The Board noted the Executive Management Committee received an update on the Manchester Arena inquiry recommendations. Mark Ainsworth explained that there is a requirement to meet the statutory requirements and other recommendations arising from the inquiry. The Board noted that there are financial costs attached to this. NHS England will be communicating funding plans further to costings and bid provided by NHS Trusts. Mark Ainsworth explained that proactive internal planning around existing structures and processes have begun whilst awaiting further information from NHS England.
12.3	Mark Ainsworth provided an update on the Forbury Terrace Garden attack at the Old Bailey week commencing 15 January, the Board noted that despite the difficulty of the situation, there was positive staff representation. There was also negative press report about the Trust's response to the incident. Mark Ainsworth stated that staff have been well supported. The Chair requested that the Board's gratitude is expressed to members of staff concerned.
12.4	The Board <b>noted</b> the Operations Report – 999, 111 and Other.
<b>13</b>	<b>Assurance Report:</b>
13.1	<b>Quality and Safety Committee 11 January 2024</b> The Board <b>noted</b> the Quality and Safety Committee Assurance Report.

<b>14</b>	<b>Finance Update- Month 9</b>
14.1	Stuart Rees informed the Board that In December (Month 9) 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.
14.2	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. The run rate forecast for the financial year is a deficit of £22.3m.
14.3	The Board <b>noted</b> the Finance Update- Month 9.
<b>15</b>	<b>Assurance Report</b> Finance and Performance 18 January 2024.
15.1	Melanie Sanders informed the Board that the mutually agreed resignation scheme is scheduled for closure on 31 January 2024. There is an ongoing discussion at the Executive Management Team meeting on extending the deadline for a further two-week period. A decision on the way forward will be discussed at the next Executive Team meeting.
15.2	Nigel Chapman commented on whether recurrent savings can be identified for next financial year and advised that Board focus should be on this area.
15.3	Keith Willett reflected on the enormous contributions by SCAS volunteers and stated that Board level recognition is required to demonstrate appreciation and value of their contributions to the organisation. He advised that consideration should be given to how their contribution can be articulated and reported possibly within the Integrated Performance report.
15.4	In response to Keith Willett's comment on the yet to be issued planning guidance from NHS England, David Eltringham stated that the team are aware of the requirements from previous experience and have proactively commenced work whilst awaiting the guidance. He also informed the Board that the organisation is working with Hampshire and the Isle of Wight ICB in preparation.
15.5	The Board <b>noted</b> the Finance and Performance Assurance Committee Report.
<b>16</b>	<b>Assurance Report</b> Audit Committee, 15 January 2024
16.1	In Mike McEnaney's absence, Keith Willett summarised points raised at the Audit Committee meeting held on 15 January 2024.
16.2	The Board <b>noted</b> the verbal Audit Committee Assurance Report.
<b>17</b>	<b>Assurance Report</b> Charitable Funds Committee, 10 January 2024
17.1	The Board <b>noted</b> the Charitable Funds Committee Assurance Report.
<b>18</b>	<b>Questions submitted by Board Members on "For Noting" agenda items: 13, 15, 16 &amp; 17</b>
18.1	No questions received.
<b>19</b>	<b>Freedom to Speak Up Policy</b>

<p>19.1</p> <p>19.2</p> <p>19.3</p> <p>19.4</p> <p>19.5</p> <p>19.6</p>	<p>Melanie Saunders presented the Freedom to Speak Up Policy and informed the Board that the policy was considered at the last People and Culture Committee. She summarised feedback from the Committee which included discussions on whether to replace job titles with names. The Freedom to Speak Up national guardian advised that names should be included to make the policy more accessible. There is a requirement to publish the policy by 31 January 2024.</p> <p>Ian Green provided assurance that the policy is in line with the national Freedom to Speak Up guidance. He also informed the Board that there were challenges highlighted by the People and Culture Committee around the language used in the policy and feedback has been provided to the National Guardian's office.</p> <p>Anne Stebbing advised that named staff within the policy should be advised of this approach. Sumit Biswas added that photos of the named individuals should be added and advised that a review date is also added to the policy.</p> <p>Dharmika Perera commented that language in sections of the policy is not appropriate for the ambulance service, as this has been fed back to the National Guardian's office, he advised that this should be looked out for in the next iteration.</p> <p>Keith Willett informed the Board of Mike McEnaney's support of the policy however he advised that changes between the old policy and new policy should be highlighted and awareness of this created among SCAS staff.</p> <p>The Board <b>approved</b> the Freedom to Speak Up Policy.</p>
<p><b>20</b></p>	<p><b>Gender Pay Gap Report</b></p> <p>The Board received the Gender Pay Gap report which related to March 2023 data. Melanie Saunders highlighted the governance process and audit trail for the report and informed the Board that there is ongoing work to understand the variances and granular details.</p> <p>The Chair queried whether there was output based on the NHS agenda for change data. Melanie Saunders agreed to do some work to extract information of ESR.</p> <p>Ian Green queried whether there was a level of disparity in the level of scrutiny.</p> <p>Anne Stebbing advised that the report is shared with the staff groups for feedback and insight into areas requiring organisation's focus.</p> <p>The Board <b>approved</b> the Gender Pay Gap Report.</p>
<p><b>21</b></p> <p>21.1</p> <p>21.2</p> <p>21.2</p>	<p><b>Equality Delivery System (EDS) 2023/24 Report</b></p> <p>Melanie Saunders presented the report, noting that there were discussions around the layout of the template for the EDS, these have been fed back to the national team future iterations.</p> <p>The Board were informed that the EDS assessment was undertaken independently. Dipen Rajyaguru worked with Buckinghamshire, Oxfordshire and West Berkshire and Hampshire and Isle of Wight ICBs and Staff Union colleagues on details of the EDS. Open and transparent scoring of the indicators was carried out at the Equality and Diversity Steering Group with staff networks representatives in attendance. Melanie Saunders reflected that a number of evidence were not available which impacted on scoring, work will be done in advance of 2024 report.</p> <p>Board approval was sought to publish the EDS report and the Board was asked note that it will feed into the Equality Diversity and inclusion, WRES and WDES action plans.</p>

21.3	Ian Green reiterated that the process is subjective and there were learnings on gathering of evidence and engagement with relevant stakeholders. He also commented that there were challenges around language which the People and Culture Committee felt lacked inclusion.
21.4	Dhammika Perera advised that a set of actions and deliverables for the organisation would achieve better results and the ability to show required evidence for the EDS in future.
21.5	Further to comments and discussion, it was agreed that feedback received and challenges around completion of the process is communicated to the Equality Diversity and Inclusion team of NHS England.
21.6	Nigel Chapman advised that EDI action plan should be considered at a future board development seminar.
21.7	The Board <b>approved</b> the Equality Delivery System (EDS) 2023/24 report.
<b>22</b>	<b>Assurance Report People and Culture Committee 18 January 2024</b>
22.1	The Board <b>noted</b> the verbal People and Culture Committee Assurance Report.
<b>23</b>	<b>Communications Update</b>
23.1	The Board <b>noted</b> the Communications Update.
<b>24</b>	<b>Questions submitted by Board Members on “For Noting” agenda item 23</b>
24.1	No questions received.
<b>25</b>	<b>Board Assurance Framework</b>
25.1	Daryl Lutchmaya reported that each board committee with the exception of the Finance and Performance Committee considered their Board Assurance Framework (BAF) risks. The Board were informed of movements in the BAF which showed a level of stability.
25.2	Anne Stebbing sought clarification on stability of the BAF risks referred to by the Chief Governance Officer. Daryl Lutchmaya explained that controls in place have been maximised and acknowledged that further work is required. Keith Willett requested that a further review of the amber risks is undertaken to understand why the amber risks are static. Dhammika Perera advised that two or three actions are developed to strengthen controls in place which should turn the risks green. It was recommended that risks are considered at a Board seminar.
25.3	Craig Ellis informed the Board that he is scheduled to meet with the Chief Governance officer to articulate a risk around cyber security not covered by the transformation risk.
25.4	The Board <b>noted</b> and <b>approved</b> the Board Assurance Framework Update.
<b>26</b>	<b>Improvement Programme Oversight Board Update- 10 January 2024</b>
26.1	David Eltringham presented the Improvement Programme Oversight Board update. The Board were informed of the outcome of the TPAM meeting on well-led and governance with actions received by the Chief Governance Officer. He also reported that the exit criteria from NHS Oversight Framework (NOF) 4 were approved with the exit date set for September 2024.
26.2	The Board <b>noted</b> the Improvement Programme Oversight Board Update- 10 January 2024.

<b>27</b>	<b>Questions submitted by Board Members on agenda item 26</b>
27.1	No questions received.
<b>28</b>	<b>Any Other Business</b>
28.1	<u>National Staff Survey</u> Melanie Saunders informed the Board that the organisation received the result of the embargoed National Staff Survey, this is embargoed until March 2024.
28.2	<u>Measles Epidemic</u> Keith Willett highlighted the emerging measles epidemic and requested that briefing/guidance is issued. John Black confirmed that this is in progress.
28.3	<u>Fit for the Future Programme</u> Paul Kempster informed the Board that a core team is now in place and immediate priority for the team is the delivery of governance framework effective from February 2024. Learnings have been taken from teams who have delivered large scale transformation worldwide.
28.4	The Board were informed of outcomes of the Fit for Future programme webinars and events, these were received positively by staff however there were some concerns raised. Paul Kempster summarised themes from concerns raised. The team are working through feedback received and a “Frequently Asked Questions” will be developed and uploaded on the Hub.
28.5	Nigel Chapman inquired whether there is dedicated communications resource for the Fit for Future Programme. Gillian Hodgetts explained that she is in discussion with Paul Kempster and Stuart Rees on progressing this, a business case will shortly be considered.
28.6	Keith Willett on behalf of the Board, thanked Loretta Light (Public Governor) who had come to the end of her term. The Board expressed their appreciation and thanked her for all her hard work and support to the Board.
<b>29</b>	<b>Questions from observers</b>
29.1	A question was received from Loretta Light ahead of the meeting which related to unavailability of ambulance for crews at the beginning of their shift. It was noted that a written response was provided with assurance that this issue will be mitigated by the arrival of the new fleet of ambulance.
29.2	In addition to the above, Loretta Light queried whether the organisation is keeping track and recording wasted hours resulting from unavailability of ambulance vehicles. She felt that the wastage should be recorded as a risk under Strategic Risk No 1: “if we have insufficient clinical workforce capability or inefficient equipment and vehicles”. She also pointed out that ambulance were returned in poor sanitary conditions, and some had defective equipment thereby causing further delays. She queried whether these issues were also being recorded.
29.3	Lastly, she highlighted that requests for alternative pathways by the ambulance crews are sometimes not responded to despite patients being known to the system.
29.4	She requested that the Board ensure that these failures are noted and recorded.
29.5	Ian Sawyer (Staff Governor) raised an issue relating to vehicles, he stated that within his operational role, there have been issues of delay getting crews logged into vehicles thereby impacting patient safety. He also stated that the immediate handover policy has caused concerns with colleagues and could cause potential harm to patients.



29.6	Ian Sawyer sought assurance that other private provider contracts can provide reliable service in future.
30	<p><b>Non-Executive Director Review of the meeting</b></p> <p>Dharmika Perera reflected that the Board:</p> <ul style="list-style-type: none"> <li>• There have been consistent improvements in the quality of reports although more work still needs to be done.</li> <li>• Reports need to be less descriptive and more analytic</li> <li>• First pack of Board papers issued was timely however improvement in required to meet the five working days before the meeting.</li> <li>• Timeliness of the meeting: the meeting started at pace, there was a full agenda, more thought should be given to timing of reports for papers that require board discussions so the are discussed adequately.</li> <li>• Robust discussion and challenges, answers were also honest, transparent, and detailed</li> </ul> <p><b>Executive Director Review of the meeting:</b></p> <p>Melanie Saunders reflected that the Board:</p> <ul style="list-style-type: none"> <li>• Papers are getting better however there is still scope for improvements</li> <li>• PDF papers linked to reports are challenging to navigate</li> <li>• In terms of quality of papers, more work is required to reduce duplication, particularly in the Integrated Performance Report</li> <li>• Useful information still hidden in the reports, particularly in the research paper, this would have been better as a report i.e., out of hospital cardiac arrest piece of work – this would have been worthy of an update report, this was a missed opportunity to bring this to the board as a standalone item.</li> <li>• Reports are still lengthy, with a lot of data in the texts, which could have been illustrated with PowerPoint presentations.</li> <li>• Summary in the reports can be more concise.</li> <li>• There are more challenges and questioning from NEDs, but more of this is needed from Executive colleagues.</li> <li>• NEDs made more references to Board Committee discussions at this meeting and provided assurance to the Board.</li> </ul>
31	<p><b>Date, Time and Venue of Next Meeting in Public</b></p> <p>Thursday 28 March 2024</p>

## Board Meeting in Public 28 March 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	Propose to Close	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	Propose to Close	This report will present at the meeting on 28 <sup>th</sup> 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	May 24	Open	Date to be identified by EDI lead and governance team.
1	25/1/24	8	Staff Story deferred to March Trust Board meeting.	Chief People Officer	March 24	Propose to Close	On agenda for March meeting
2	25/1/24	9	Contract and Procurement team to be invited to a future Finance and Performance Committee meeting for a deep dive discussion.	Interim Director of Finance	TBC	Open	Timeline to be reviewed for completion.

3	25/1/24	9	Mark Ainsworth to circulate the SCAS hours analysis to Non-Executive Directors	Executive Director of Operations	January 24	Propose to Close	Circulated to Non-Executive Directors.
4	25/1/24	25	Review of amber risks to understand lack of movement/change.	Chief Governance Officer	March 24	Open	Board Assurance Framework review in progress in line with the annual plan and new financial year therefore current may no longer be relevant to the organisation. A fuller review for static risks are carried out each quarter.



## Report Cover Sheet

<b>Report Title:</b>	Chair's Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	5
<b>Executive Summary:</b>	The purpose of the Chair's report is to keep the Board updated of stakeholder engagement and site visits since the Board held in January 2024.
<b>Recommendations:</b>	The Trust Board is asked to note the report.
<b>Accountable Director:</b>	Not Applicable
<b>Author:</b>	Keith Willett, Chair
<b>Previously considered at:</b>	Not applicable
<b>Purpose of Report:</b>	The Board is asked to note the stakeholder engagements and site visits update.
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks

<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not applicable
<b>List of Appendices</b>	Not applicable



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Chair's update
<b>Author</b>	Keith Willett, Chair
<b>Accountable Director</b>	
<b>Date</b>	28 March 2024

### 1. Purpose

The purpose of this Chair Report is to inform the Board of stakeholder engagement and site visits since the Board held in January 2024.

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

#### February 2024

- NHS Confed Chairs Group Meeting
- Membership & Engagement Committee
- Hants ICB Charis Lunch
- ICS Monthly Chairs Meeting
- NHS E CEOS & Chairs Session (virtual)
- BLMK ICS Research and Innovation Network Meeting
- BOB ICB Primary Care Strategy- Briefing Session
- System Leaders' Summit
- NHS E Chairs Advisory Group
- 20230412-RAuxAF Centenary Conference and Dinner

#### March 2024

- BLMK Chairs Interviews
- AACE Board
- BLMK Chairs meeting
- ICS Monthly Chairs Meeting
- Speaker For Schools Talk, Banbury & Bicester College
- SCAS Q&S Committee
- SCAS RemCom
- Speaker For Schools Talk, Henry Box School, Witney
- BOB ICP Meeting
- NED Compliance visit, Partis House, MK (111)
- BOB Chairs Meeting
- BLMK ICS Research and Innovation Network Meeting

## **Other**

- Monthly: SE Senior Leaders Briefings (Anne Eden)
- Various NED and CEO PDRs
- Various meetings re SCAS NED recruitment

## **Recommendation**

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



## Report Cover Sheet

<b>Report Title:</b>	Chief Executive Officer's Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	6
<b>Executive Summary:</b>	<p>The purpose of the CEO report is to keep the Board updated on key events and messages not covered elsewhere on the agenda, since the last Public Board meeting held on 25 January 2024.</p> <p>The CEO report the following:</p> <ul style="list-style-type: none"> <li>▪ Operational Performance</li> <li>▪ Financial Recovery</li> <li>▪ Staff Survey</li> <li>▪ Fit for the Future</li> <li>▪ Kings Coronation Medals and Coins</li> <li>▪ Awards</li> <li>▪ SCAS' first ever Wellbeing Week 2024</li> <li>▪ Site visits and engagements undertaken</li> </ul>
<b>Recommendations:</b>	The Trust Board is asked to note the report.
<b>Accountable Director:</b>	David Eltringham, Chief Executive Officer
<b>Author:</b>	David Eltringham, Chief Executive Officer
<b>Previously considered at:</b>	n/a
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable



<b>Justification of Assurance Rating:</b>	Not Applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	n/a
<b>List of Appendices</b>	Site visits and engagements



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Chief Executive Officer's Update
<b>Author</b>	David Eltringham, Chief Executive Officer
<b>Accountable Director</b>	David Eltringham, Chief Executive Officer
<b>Date</b>	28 March, 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 January 2024.

### 2. Background and Links to Previous Papers

This update is based on information relating to February-March 2024.

### 3. Executive Summary

The CEO Report includes the following:

- Operational Performance
- Financial Recovery
- Staff Survey
- Fit for the Future
- Kings Coronation Medals and Coins
- Awards
- SCAS' first ever Wellbeing Week 2024
- Summary of Visits and Engagement and Events
- Thank you to all staff

### Introduction

As we transition from winter into early spring, we continue to see the NHS functioning under considerable pressure with sustained demand and ongoing periods of industrial action from Junior Doctors.

In the report which follows, I set out key areas of focus for the SCAS leadership team all of which reflect the need to balance quality and safety, operational performance, workforce wellbeing and money.

## **Operational Performance**

Category 2 mean response times are a critical performance indicator and we have been working hard to deliver a Category 2 mean performance of less than 30 minutes. This is the subject of discussions every day in our Executive Safety Huddle. Focussing on delivering the highest possible number of ambulance hours on the road is a critical success factor, as is the relationship we have with hospital partners. We have been working closely with the Portsmouth and South East Hampshire system on a series of Firebreak weeks to attempt to improve hospital handover delays in this area and are seeing the green shoots of improvement.

SCAS has been working closely with the media to educate and inform the public and others of the challenges affecting ambulance services and the NHS system as a whole. More information to be found in the Communications report.

## **Financial Recovery**

We continue to focus on our Financial Recovery Plan which has now been agreed and which will see us deliver a number of challenging savings targets over the next two years. All of this will be done at the same time as we continue to improve clinical safety and look after the health and wellbeing of our staff.

## **Staff Survey**

Our staff survey results were published this month. Whilst it's pleasing to see the rate of response improving along with improvements against a number of measures there is still much work to do.

Incidents of bullying and harassment and inappropriate sexual behaviour, against all our staff are utterly unacceptable and the Trust will take further action to deal with this. This includes cases where the perpetrator is a member of staff. SCAS is working with Association of Ambulance Chief Executives on campaigns to publicise case studies of staff affected by unacceptable verbal and physical behaviours in the course of their work and to highlight the police action being taken.

SCAS was proud to celebrate International Women's Day and launched a new sexual safety poster as part of its hard work to ensure SCAS is a safe place to work for all our staff. At a local level, SCAS staff together with colleagues from Bucks Fire and Rescue and Thames Valley Police recognised and celebrated the day together at the Milton Keynes Blue Light Hub. Professor Helen Young, our Executive Director of Patient Care and Service Transformation/Chief Nurse sent a message of

appreciation to all staff who identify as women, for the contribution they make every day to life and to SCAS.

### **Fit for the Future**

As well as a focus on the delivery of services in real time, the leadership team are heavily focussed on developing plans for our transformation programme 'Fit for the Future'

Later in the meeting we will hear about the development of the strategic case for change, the focus we will have on three priority areas to get started with the programme and ideas about how we establish proof of concept for the change.

### **Kings Coronation Medals and Coins**

Many members of staff will be receiving their Kings Coronation Medals over the coming weeks.

This medal is awarded to staff who were available to respond to emergencies or were involved in planning the Coronation or in the events which surrounded it.

Staff who are not eligible for the medal will receive a commemorative coin which has been commissioned by AACE and funded by the Charity.

Two members of staff received their medal at an NHS SE regional event on Thursday 8<sup>th</sup> March. Medals were presented by Regional Director, Anne Eden, to Graeme Few and Paul Jefferies.

Our many long-standing members of staff will have their Long Service recognised in July at our Long Service Award ceremony. Meanwhile we have been nominating staff from across our service for 'Unsung Heroes' awards in Berkshire and for invitations to Buckingham Palace Garden Parties in conjunction with our Lord Lieutenants.

### **Awards**

As a FutureQuals approved Centre, SCAS is delighted to have been shortlisted for the fourth award category 'the Emergency Response Ambulance Driving (ERAD) Employer Provider of the Year 2024 Award, for the highest Achievement Rate'.

Well done from myself and the Executive team to all involved in this achievement and good luck to you and the other Ambulance Trusts for the final part of the process!

## **SCAS' first ever Wellbeing Week 2024**

Supporting the health and wellbeing of our staff remains a top priority for us as a leadership team and as a whole organisation. During the week commencing 18-23 March, our health and wellbeing team will lead a number of activities that focus on one of our pillars (Working Conditions, Emotional, Financial, Mental, Physical and Benefits and Discounts). There will be a mixture of in person activities, webinars and workshops finishing with a physical challenge on the Saturday. On Thursday 21 March, we are very appreciative of The Samaritans who are going to facilitate a workshop on how to spot signs of when someone is struggling to cope, as well as sharing ideas on how we can look after ourselves and each other when times are tough.

## **Summary of Visits and Engagement and Events**

The senior leadership team continue to focus on being out and about in the organisation, sharing information and hearing directly from our staff. This feedback is brought back and discussed at Executive team meetings and most recently has focused particularly on the response to the 'Fit for the Future' proposals. Members of the team are also involved in many meetings with stakeholders who have a relationship with SCAS. A summary of this activity is attached at Appendix 1.

## **Thank you**

Our staff work incredibly hard, and I would like to take this opportunity to put on record my personal thanks.

Everyone who works for SCAS makes a contribution to our patients and our communities wherever in the service they work, be that on the front-line, in our PTS service, in one of our call centres or in one of our corporate services and I am very grateful for this.

David Eltringham  
**Chief Executive Officer**

**March 2024**

## **Appendix 1 Summary of Visits and Stakeholder Engagement Activities**

### **Site visits and engagements**

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

- 31 January: Ride Out (Didcot)
- 2 February: MK BLH
- 14 February: WERC, EPRR Team, QA ramp
- 15 February: NH Contact Centre (Bicester)
- 22 February: HIOW AA shift (Portsmouth)
- 29 February: Blenheim Palace Emergency Services Reception
- 14 March: QA Ramp



## Report Cover Sheet

<b>Report Title:</b>	Update to the Public Board on the previous Private Board meeting held on 25 January and 29 February 2024
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	7
<b>Executive Summary:</b>	The report details agenda items that were received by the Private Trust Board, decisions made, and items noted at the meetings held on 25 January and 29 February 2024.
<b>Recommendations:</b>	The Board is asked to note the update.
<b>Accountable Director:</b>	David Eltringham, Chief Executive Officer
<b>Author:</b>	Kofo Abayomi, Head of Corporate Governance
<b>Previously considered at:</b>	n/a
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives

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





## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Update to the Public Board on the previous Private Board meeting held on 25 January and 29 February 2024
<b>Author</b>	Kofo Abayomi, Head of Corporate Governance and Compliance
<b>Accountable Director</b>	David Eltringham, Chief Executive Officer
<b>Date</b>	25 January 2024

### **Private Board 25 January 2024**

#### **DocWorks Safeguarding ICT update**

The Board received a verbal update on the DocWorks safeguarding ICT issues.

#### **Asset Management System Project: Full Business Case**

The Board approved the asset management system project full business case. The asset management system was to enable better management of clinical assets, thereby increasing operational effectiveness, realising significant financial savings and improving patient safety.

#### **Financial Planning Report**

The Board received the first cut financial plan and the next steps set out to further develop the financial plan and budgets.

#### **2023-24 Financial Forecast Review**

The Board approved the revision of the Trust's financial forecast to £21.9m deficit.

#### **Telephony Contract Renewal – Mini Tender Outcome**

The Board approved a five-year contractual award for the Trust's IT telephony and voice recording platforms

#### **National Staff Survey Update**

The Board received the embargoed National Staff Survey results

## **Update on Engagement with Local Care Systems and Partnership Developments**

The Board received an update on engagement with local care systems and partnership developments.

## **Legal and Regulatory**

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

## **Non-Executive Director Site Visits 2023 – 24**

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

## **Private Board February 2024**

### **Integrated Performance Report**

The Board received the Integrated Performance Report.

### **Fit for the Future Programme Update**

The Board received the Fit for the Future Programme Update.

### **Improvement Programme Update**

The Board received the Improvement Programme update.

### **Finance Month Update 10**

The Board noted the Finance Month 10 Update.

### **999 Category 3 and 4 GP Validation Pilot**

The Board approved the 999 Category 3 and 4 GP Validation Pilot.

### **Frontline Private Provision – 2024-25**

The Board approved the proposal for frontline private provision and the £1.17 million cost of the additional hours.

### **SCAS HIOW NEPTs Variations Lot 1 and Lot 2 for financial period 2022 / 23**

The Board approved the contract variations.

## **Strategy Update including engagement with Local Care Systems and Partnership Developments**

The Board received an update on engagement with local care systems and partnership developments.

## **Legal and Regulatory**

The Board received a report that provided an update from the last report presented in January 2024.



## Report Cover Sheet

<b>Report Title:</b>	Freedom To Speak Up: Staff Story
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	Item 8
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• They were asked to approach Access to Work for funding, which was agreed in January 2023.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Learning: review of reasonable adjustments process and publishing of Disability policy; To improve the Speak Up, Listen Up Follow Up culture.</li> </ul>

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



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Staff Story (Freedom to Speak Up)
<b>Author</b>	Christine McParland
<b>Accountable Director</b>	Melanie Saunders
<b>Date</b>	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

<b>Report Title:</b>	IPR February 2024 Report
<b>Name of Meeting</b>	SCAS Public Board
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	9
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>• The format of the IPR, and content presented, now follows the style presented to each of the committees and the KPIs requested for inclusion by the Committee chairs.</li> <li>• We have reduced the production cycle of the document down to the 8th working day of the month, with the exception of some clinical data and the finance information, which is not available until the 10th working day.</li> <li>• We continue to develop the IPR in terms of flow, format and content and have developed a plan which is under discussion with Execs prior to broader discussion.</li> <li>• Executive leadership for the co-ordination and development of the IPR has passed to Stuart Rees Interim CFO. However, the accountability for the document is held by all members of the executive team.</li> <li>• The performance reflected in the IPR illustrates a February period where demand was marginally above expected levels but challenges in resource hours, vehicle availability and handover delays impacted our ability to deliver ARP standards.</li> </ul>
<b>Recommendations:</b>	<p>The Board is asked to:</p> <p>Discuss the content of the report and appendices</p>
<b>Accountable Director:</b>	Stuart Rees, Interim Director of Finance
<b>Author:</b>	Stuart Rees, Interim Director of Finance
<b>Previously considered at:</b>	<p>Executive Management Committee</p> <p>Finance and Performance Committee</p> <p>Quality and Safety Committee</p> <p>People and Culture Committee</p>

<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <b>Assurance Level Rating: No Assurance</b>
<b>Justification of Assurance Rating:</b>	Responsibility for the development of the IPR has been transferred to the Interim CFO and a plan for further development is now under discussion with the Executive team.
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not applicable
<b>List of Appendices</b>	Integrated Performance Report





## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Integrated Performance Report
<b>Author</b>	Mike Murphy, Chief Strategy Officer
<b>Accountable Director</b>	Mike Murphy, Chief Strategy Officer
<b>Date</b>	28 March 2024

### Trust Overview

The Trust continues to plan and forecast demand relatively accurately within the 9's service. However, ARP standards are still to be delivered. The sensitivity that exists regarding performance is illustrated by the experience of the recent firebreak activity within the South East region of Hampshire. On days when flow through the acute sector is maintained and our own staff and vehicle capacity is assured, Cat 2 performance improves considerably. However, the ability to meet these standards consistently can be compromised by a range of factors not all within the control of SCAS or the acute sector. In effect, this means that delivery of ARP standards can only be achieved through coordinated and consistent delivery by all partners within our ICB systems.

In recent months we have also experienced increased handover delays across all acute trusts so whilst focused activity in the South East has yielded a benefit to our performance, there is a growing risk in other areas, which highlights the increasing sensitivity to demand across our entire footprint as opposed to one specific area.

### Performance 999 and 111

SCAS forecast 999 incident demand for February was 49,211 and our actual demand was 0.3% above forecast at 50,781 incidents. Category 1 performance for February was 8 minutes 41 seconds, which is a 15 second improvement from January, however, remains 1:41 above the national target. Category 2 performance improved to 31:48, from 42:11 in January, which was still above our trajectory of 27:25 for the month, with the main impact coming from increased handover delays.

The average handover time in the north hospitals was 3 minutes above plan, adding 1minute 45 on to our cat 2 performance, and the south was 15 minutes above plan, adding 5 minutes to our cat 2 performance. The total hours lost at

handover reduced to 6,296 hours, from 9,677 in January, with the QAH reducing to 2,795 from 5,033 in January. SCAS operational hours improved by 1% above planned hours and enabled us to improve cat 2 by 1 minute 20 seconds. 999 call answer time increased by 5 seconds to 22 seconds which is 12 seconds above national target and 4 seconds above our improvement plan.

Following the recent AACE review the EOC has a robust action plan to review processes and structure for our Emergency Call takers to reduce our average handling time and increase availability. Hear & treat was 12% for the month against an improvement trajectory of 12.5%, with See & treat achieving 34% against the improvement trajectory of 35%. The combination from these has been a marginal increase in ST&C to ED to 49.3%, an increase of 0.3% from January and 0.3% above trajectory. Calls offered to 111 in February was 4.42% above short term forecast at 135,459, a step up of 1.6% from January. Call answer performance was impacted at 61.14% with abandonment rate of 6.84%, in part due to a reduction in logged hours. Both remain outside of national KPI but above trajectory.

### **Quality and Patient Safety**

Safeguarding Level 3 adult and childrens training will reach the target of 90% by the end of April and be in the high eighties by end of March 24. This is ahead of other NHS organisations and has been commended by ICS and NHSE as excellent progress in year. Level 1 and 2 adults and children's SG training is currently sitting at over the 95% target on our education portal as this excludes students and those on honorary contracts who are trained in their employing organisation. Our IPR data set includes these two additional staff groups and therefore shows a lower level of compliance. The Executive Management Committee are addressing the definitions for inclusion so accurate and aligned data is seen through the IPR.

This month we have continued to see higher levels of reporting of patient safety incidents which is a positive indicator of awareness of need to report and learn. On assessment, the majority of incidents reported have been of no or low harm.

The Safety Review Panel continues to review incidents brought from the daily review of reported patient safety incidents and it then forwards those incidents that may meet the criteria for declaration of a serious incident.

IPC audits on buildings, vehicles and hand hygiene continue to demonstrate hit and miss on the numbers undertaken to provide assurance, so work to consistently improve these three areas is now being scoped in line with feedback from Q&S and IPC committee.

## Workforce

Recruitment and retention overall remains positive across all workforce plans, with all plans reporting above forecast at M11 resulting in **180 more staff** than forecast across the three integrated workforce plans. Of particular note, 999 attrition has consistently remained below forecast from M1 through to M11. We are focused on continued improvement through participation in Cohort 2 of the NHS People Promise exemplar, which will provide additional focus on NQP and Clinician retention. Performance of the workforce plans continue to be monitored by the People and Culture Committee.

PDRs have continued to demonstrate slight improvement rising from 74% to 76% in M11. NEPTS operations have achieved 95% target in the majority of areas, 999 continue to show improvement across most nodes. Additional focus is needed in Corporate Directorates and Contact Centres, this will be monitored through the Executive Management Committee.

Statutory and Mandatory training has shown a slight decline in some subjects during M11 following consistent improvements since September, this will be closely monitored to year-end through local teams and the Trusts Quality & Safety Committee. The Trust has identified a group of staff listed in the IPR as “Honorary” and an Executive Paper for March will formally seek to remove this grade from regular reporting as this is providing erroneous figures, early examination of removing this group would see an improvement by 6- 8% depending on subject.

## Finance

The Trust’s financial position year-to-date (YTD) at month 11 (February) is £19.5m deficit with the in-month position showing a £1.3m deficit, although this is a deficit position, meaning Trust is missing one of its duties, this is showing a continues with the recent improved run rate. With the Trust continues to forecast delivery of a £21.9m deficit outturn position.

The Trust’s cash balance at the end of January stood at £28.4m. There was a net cash inflow in M11 due to the receipt of backdated commissioner contract income. The Trust’s cash balance has decreased by £21.6m 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.

The February month end debtors analysis of debts over 90 days old. The over 90-day debt has decreased this month and now stands at £267k (down from £637k in January). This decrease is due to Buckinghamshire Healthcare NHS Trust (BHT) paying £309k of their Non-Emergency Patient Transport Services (NEPTS) Service Level Agreement (SLA) charges. With the Total Sales Ledger debt has decreased this month and now stands at £1.59m (down from £2.15m in January).

The 90-day category debt has decreased to 16.79% of the total sales debt (down from 29.63% in January).

The Trust's capital spend YTD is £12.8m. The Trust is currently forecasting to underspend against its available capital allocation by £8.7m. This is made up of a £5.2m overspend against internal capital departmental resource limit (CDEL) offset by a £13.8m underspend against International Financial Reporting Standard (IFRS) 16 (which is Guidance on accounting for leases).

The Trust continues to forecast £9.9m of savings from the Financial Sustainability Programme (FSP), of which £4.8m (48%) is recurrent. In addition, the Trust is also showing £6.3m of other non-recurrent benefits to deliver the plan submitted of £16.2m of cost savings at the start of the year.



## Report Cover Sheet

<b>Report Title:</b>	Quality and Patient Safety Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	10
<b>Executive Summary:</b>	<p>The purpose of the report is to provide the Board of Directors with a summary against the statutory quality and safety processes necessary to deliver safe, effective clinical care to our patients and our people.</p> <p>Progress continues to be made against the objectives outlined in The <i>Patient Safety Improvement Plan</i>. All oversight and assurance meetings continued during the reporting period.</p> <p>The top risks for the Trust continue to be Handover Delays at the Queen Alexandra Hospital (25), Handover Delays at other hospitals (25) and Safeguarding System Outage (25).</p> <p><b>Compliance</b>          Two pilot sites for accreditation have been completed and recorded on the online audit system and visits are planned to be completed by the first week of March 2024.          The first cohort of the bespoke QI champions course is progressing well, with positive feedback. The second cohort will commence in April 2024.          The Quality Improvement strategy will be presented to a future board.</p> <p><b>Infection Prevention and Control (IPC)</b>          During the reporting period the number of audits completed (vehicles and buildings) remained below trajectory, but compliance against the standard remained high. This position has improved during February 2024 with an increase in the number of audits completed.</p> <p><b>Medical Devices</b>          The Zoll system update has now captured over 86% of devices. The remainder are being identified as they bare not currently on operational vehicles.          ZOLL are reviewing issues experienced since the update and a trial is being undertaken at Kidlington to test a new program setting. If this works, the Trust will re-run the update roll-out. These issues relate to user error, <b>no patient harm has been identified during the upgrade.</b></p> <p><b>Safeguarding</b>          The Safeguarding Improvement metrics all remain above trajectory, apart from Level 3 Safeguarding which is slightly behind at 82% against a 90% target.</p>

Further training is being sourced and it is anticipated target will be achieved in April 24.

**The most significant risk remains the ongoing challenges with the Doc-Works referral system** A systematic end to end review of the system and associated processes is in progress by a recently formed task and finish group.

#### **Mental Health**

During the reporting period there has been a significant increase in dispatch of the Hampshire MHRV. Following a management review, the vehicles are now dispatched by the Urgent Care Desk. **The see and treat rate has increased to 90% of all dispatches, thus avoiding the use of other SCAS resources or unnecessary conveyance to hospital.**

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

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

#### **PSIRF**

During the reporting period the PSIRF Plan has been submitted to the ICB. The Trust is working closely with ICB colleagues to complete key actions to meet the April 24 transitional deadline.

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

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

- **Year to date (63) SIs** have been identified under the (2015) National Framework.
- **The Trust has seen an** increase in the number of SCAS declared SIs with 1.1% of total patient safety incidents being identified as Serious Incidents with “Delay” continuing to be the main theme.
  - (11) are SCAS declared SIs.
  - (4) incidents declared is a System SI
  - (1) are being investigated as a cross organisational SI.
  - (3) have current stop the clock due to ongoing police investigations
- (1) SIs are currently breaching the 60-day completion target.

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 996 Patient Safety Incidents** were reported across this period:

- 66 (6.6%) were reviewed by the Safety Review Panel.
- 27 (3.7%) were escalated for further review and investigation due to level of harm.

#### **Patient Experience (PE) and Engagement**

**Trust wide there was a 13% (603) decrease** in the total number of PE contacts raised from previous report.

**99 new formal complaints** were received, 157 informal concerns and 347 HCP feedback requests, during the reporting period.

	<p><b>602 cases were responded to and closed of which 65% were either fully or partly upheld</b> when the investigations were concluded compared to 64% in the previous reporting period. This is comparative to previous reports.</p> <p>The inaugural Patient Panel was held in January 2024.</p> <p><b>PHSO</b> There are currently (3) open cases being reviewed by the PHSO – the same as the previous update. (1) - 111 Thames Valley, (1) - EOC North, (1) - NW OPS/HEMS</p> <p><b>Compliments</b> During the reporting period the Trust received (249) compliments for the care and service delivered by our staff. This is comparative to previous reports.</p>
<b>Recommendations:</b>	The Trust Board is asked to: receive the paper and note the key quality and patient safety issues.
<b>Accountable Director:</b>	Professor Helen Young, Chief Nurse / Executive Director of Patient Care and Service Transformation
<b>Author:</b>	Sue Heyes, Deputy Chief Nurse / Director of Nursing and Quality
<b>Previously considered at:</b>	Patient Safety and Experience Committee Quality and Safety Committee
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options -</b></p> <p><b>Assurance Level Rating:</b> Acceptable Overall : Partial- Safeguarding Referral System</p>
<b>Justification of Assurance Rating:</b>	Internal and external process of scrutiny against improvements plans (Patient Safety Delivery Group, IPOB, TPAM) External peer reviews (ICS) and system partners
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	SR1 - Safe and Effective Care
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	Safeguarding System Review has commenced and subsequent actions and recommendations to be managed at Patient Safety and Experience Committee and upwardly reported to Quality and Safety Committee.
<b>List of Appendices</b>	Not Applicable



## Board of Directors Meeting in Public

<b>Title</b>	Quality & Patient Safety Report
<b>Author</b>	Sue Heyes, Deputy Chief Nursing Officer
<b>Responsible Director</b>	Professor Helen Young, Chief Nursing Officer / Executive Director of Patient Care
<b>Date</b>	March 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 report presents the data relating to the period (**December 2023 – January 2024 unless otherwise stated**), and will highlight 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 All reporting metrics are on trajectory for delivery by the end of (Q4). However further analysis of Level 3 face to face data is being undertaken as this is reporting a below trajectory position at 82% against a 90% target. Further training is being sourced and it is anticipated the trajectory will be achieved in April 24.
- 2.4 The top risks for the Trust continue to be handover delays at the Queen Alexandra Hospital (25), Handover Delays at other Hospitals (25) and Safeguarding System outages (25).
- 2.5 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. This is currently being reviewed by operational and clinical colleagues.



### 3. Main Report and Service Updates

#### Compliance/Quality Improvement

- 3.1 During the reporting period 21 walkabouts have been completed and recorded on the online audit system.
- 3.2 A pilot of two resource centres has been undertaken utilising the model of accreditation. A session is planned to review the pilot and make any changes to the methodology before moving forward with the plan. Based on feedback from other trusts, qualitative questions have been added to allow teams and leaders to describe (and provide evidence of) improvement, patient safety and team supportive interventions or projects.
- 3.3 The first cohort of the bespoke QI champions course is progressing well with positive feedback. The second cohort will commence in April 2024. The Quality Improvement strategy will be presented to a future board.

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

- 3.4 During the reporting period the IPC Committee requested a specific set of actions be created to assist those areas across the Trust requiring additional support to improve their audit position. This will be monitored through IPCC.
- 3.5 The Education Framework for IPC sets standards and identifies learning outcomes for the professional development and growth of IPC practitioner workforce, promoting confident and leadership skills to ensure practitioners can lead, challenge, and implement safe standards of IPC practice. The Chair requested a review of the framework to ensure the Trust is compliant and or is working towards being compliant against the framework.
- 3.6 During the reporting period the number of audits completed (vehicles and buildings) remained below trajectory, but compliance against the standard remained high. This position has improved during February 2024 with an increase in the number of audits completed.

#### Management of Medical Devices

- 3.7 The update has now captured over 86% of ZOLL. The remaining pieces of equipment are being identified as they are not currently on operational vehicles.
- 3.8 ZOLL are reviewing issues experienced since the update and a trial is being undertaken at Kidlington to test a new program setting. If this works, the Trust will re-run the update roll-out. These issues relate to user error, no patient harm has been identified.
- 3.9 Compliance remains strong on the highest risk equipment:

Device Type	% Compliant
Zoll	97
Suction Devices	98
Ventilators	98

## Safeguarding

- 3.10 Level 3 face to face Safeguarding data (after 29/02/24) it is unlikely SCAS will achieve the 90% compliance of relevant staff before 31 March 2024 without interventions that have already progressed. Various mitigation and proposals have been put in place and continue to be refined with an amended date of April 24 submitted to ICB.
- 3.11 The Trust continued to experience challenges with the safeguarding referral system, a combination of factors that included human factors and legacy systems and processes. A task and finish group has been mobilized to complete an end-to-end review of system processes.
- 3.12 Three members of the Safeguarding team received a national award from NHSE for their contribution to outstanding leadership in Safeguarding, this is a significant achievement for the Trust.

## Mental Health

- 3.13 There has been a delay in the mobilization of MHRV vehicles in the North due to ICBs reviewing the funding. Alternative plans are currently being considered.
- 3.14 During the reporting period there has been a significant increase in dispatch of the Hampshire MHRV. Following a management review, the vehicles are now dispatched by the Urgent Care Desk. **The see and treat rate has increased to 90% of all dispatches, thus avoiding the use of other SCAS resources or unnecessary conveyance to hospital.**
- 3.15 Hampshire police are due to introduce a police coordination post to work with SCAS and Southern Health. This post aims to reduce the number of Section 136 detentions across Hampshire and provide safe and effective care to patients, by alerting the MHRV earlier and to better inform Hampshire police under *Right Care Right Person* on when SCAS staff require police assistance.

## Clinical Incidents

- 3.16 **EOC** There were (132) patient safety incidents reported. EOC South (93) EOC North (39) incidents. The top three reported patient safety incident categories across both EOCs during were Delay, Patient Treatment / Care and other which includes the activation of the Enhanced Patient Safety procedure (EPSP).
- 3.17 **E&UC** there were (548) patient safety incidents reported equating to an **increase of 21%** from the previous reporting period. The severity of cases remaining low with (524) incidents being logged as low or no harm.
- 3.18 The top three reported categories were Patient Treatment / Care (251), Clinical Equipment (94) and Delay (87).
- 3.19 Following work undertaken with Zoll, (SCAS cardiac monitoring device), a phased update of the Zoll X1 software has been completed. The increase in incident numbers in the defect/failure subcategory relate to this change. There has been **no patient harm** reported.

- 3.20 **NEPTS** there were (95) patient safety incidents reported. The top 3 categories continue to be Slip, trip and fall (29), Patient treatment/care (26), Ill Health (15). Slip Trip and Fall. One moderate harm reported with the remainder being classified as low or no harm.
- 3.21 **111** there were (147) patient safety incidents reported. The two most prevalent categories remain Delay and Patient treatment/ Care. All but one incident was graded as low or no harm.

### **Enhanced Patient Safety Procedure (EPSP)**

- 3.22 Enhanced Patient Safety Procedure (EPSP) has been activated (18) times during the reporting period. All patient safety incidents which occur during the EPSP activation are reviewed. There were **no incidents reported** where EPSP activation caused moderate harm or above.

### **Audit Review – Category 1 and 2 Dispositions**

- 3.23 The audit team completed a detailed review of those calls reaching category 1 and 2 dispositions, to identify any learning themes.
- 3.24 The top five themes were, delays in Nature of Call (NoC) selection, ECTs not asking to speak to the patient, which was found to have created some incorrect category 2 dispositions, over probing, merging questions with supporting information, leading to caller confusion and AED process not being followed.

### **Patient Safety Incident Response Framework (PSIRF)**

- 3.25 During the reporting period the PSIRF Plan has been submitted to the ICB.
- 3.26 PSIRF Policy is in draft form and consultation of key sections is progressing with subject matter experts.
- 3.27 The Trust is working closely with ICB colleagues to complete key actions to meet the April 24 transitional deadline.

### **Learning From Patient Safety Events (LFPSE) /Datix**

- 3.28 The LFPSE group agreed to align the LFPSE go live date with the implementation of PSIRF, which has a scheduled go live date for 22 April 2024.
- 3.29 The incident reporting policy is under review for PSIRF and LFPSE to create an overarching policy.
- 3.30 A full review of the Risk Assessment for LFPSE took place on 11 March 24 to assure on any outstanding actions.

### **Serious Incidents**

- 3.31 Year to date the Trust has identified 63 Serious Incidents with 16 identified during the reporting period. The Trust has continued to see an increase in the number of SCAS declared SI's with 1.1% of the total number of patient safety incidents reported year to date being identified as Serious Incidents, with 'Delay' continuing to be the main theme, and unchanged from previous reports.

11 are SCAS declared SI's.  
4 declared are a System SI.  
1 is being investigated as a cross organisational SI.

- 3.32 There are no SI's currently breaching the 60-day completion target (3) SI's have current "stop the clocks" due to ongoing police investigations and (1) SI was closed during the reporting period.
- 3.33 The Trust continues to see **Delay being the main theme** of all SI's declared.
- 3.34 There are 38 actions relating to SI's that are still reporting as overdue on the Datix system. Quality and Safety Committee have requested an updated position statement and action plan at the next meeting in March 2024.
- 3.35 The *Thematic Review relating to 'Delay'* was presented to Quality and Safety Committee and has now been shared with all ICB's.
- 3.36 One overarching action plan is being created to align objectives from all relevant workstreams. This will be monitored through Patient Safety & Experience Committee (PSEC).
- 3.37 In recent months the Trust has seen SI's declared in relation to obstetric emergencies. This includes the recognition and management of women experiencing obstetric complications. As such a thematic review of all maternity cases is being undertaken and is currently at scoping stage with support from ICB colleagues.

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

- 3.38 A total of **996 Patient Safety incidents were reported** across this reporting period. This is consistent with previous reporting periods,
1. 66/996 (6.6%) patient safety incidents were subsequently then reviewed at Safety Review Panel (SRP).
  2. 27/66 (3.7%) patient safety incidents were then escalated to the Executive led Incident Review Panel (IRP) for further review due to the level of harm.

### **Patient Experience (PE) and Engagement**

- 3.39 Trust wide there was a **13% decrease** in the total number of PE contacts raised (603) when compared with the previous reporting period (697).
- 3.40 In the same period last year, the Trust received (540) PE cases, a **9% increase year on year**.
- 3.41 (602) cases were responded to and closed during the same period, of which 65% (392 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**.
- 3.42 Healthcare Professional Feedback is currently 60% of the total PE workload, unchanged from the previous two months. The 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. **Initial analysis**

**suggests up to 69% of feedback does not require a safety event response.**  
Work is continuing to review a more effective model of feedback.

- 3.43 During the reporting period the Trust received (99) new formal complaints, (157) informal concerns and (347) HCP feedback requests.

Table 1, Breakdown of patient experience activity across departments.

<b>PE Contacts December/January</b>	<b>2023/24</b>	<b>% of Trust Total</b>	<b>% change from previous reporting period</b>
NHS 111 incl GP CAS & MHTS	<b>141</b>	23	Up 5%
<b>PTS</b>	<b>269</b>	45	<b>Down 12%</b>
999 Operations	<b>118</b>	20	Up 4%
EOC	<b>73</b>	12	Up 6%
<b>Trust total</b>	<b>603</b>	<b>100%</b>	<b>Down 13%</b>

- 3.44 Formal complaints responded to within agreed timescales (Target 95%): **December 100%, January 98%.**

## **PHSO**

- 3.45 There are currently (3) open cases being reviewed by the PHSO – the same as the previous update. (1) - 111 Thames Valley, (1) - EOC North, (1) - NW OPS/HEMS

## **Compliments**

- 3.46 During the reporting period the Trust received (249) compliments for the care and service delivered by our staff

## **Patient Engagement**

- 3.47 The inaugural Patient Panel Meeting was held on 21 February 2024. This was a great success with excellent attendance and opportunity to develop future workstreams.
- 3.48 There is currently fluctuation in survey response rates for NHS111 & PTS Surveys. The PE team have put forward a proposal for an SMS based surveys for NHS111 & an app to be used by PTS service users which will increase response rates. Whilst this is under consideration an MS forms survey will be utilised.

## **4. Recommendations**

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

**Sue Heyes, Deputy Chief Nurse**

**Date: 18 March 2024**



## Report Cover Sheet

<b>Report Title:</b>	Chief Medical Officer's Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	28 March 2024
<b>Agenda Item:</b>	11
<b>Executive Summary:</b>	The purpose of the paper is to update the Board on key clinical issues relating to: <ol style="list-style-type: none"> <li>1. Clinical Research Update</li> <li>2. ACQI Update</li> <li>3. On scene times for Acute Stroke</li> <li>4. JRCALC Clinical Guidelines Update March 2024</li> </ol>
<b>Recommendations:</b>	The Trust Board is asked to <b>note</b> the contents of the Chief Medical Officer's report.
<b>Accountable Director:</b>	John Black Chief Medical Officer
<b>Author:</b>	Martina Brown Research Steering Group  Jane Campbell Assistant Director of Quality  John Black Chief Medical Officer
<b>Previously considered at:</b>	Not Applicable
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>

<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	High Quality Care & Patient Experience
<b>Links to BAF Risks or Significant Risk Register:</b>	SR1 - Safe and Effective Care
<b>Quality Domain(s)</b>	Clinical Effectiveness
<b>Next Steps:</b>	
<b>List of Appendices</b>	<ol style="list-style-type: none"> <li>1. Acute Stroke Ambulance On-Scene Times in England.</li> <li>2. JRCALC Clinical Practice Guidelines Update Summary</li> </ol>



## Board of Directors Meeting in Public

<b>Name of Meeting</b>	SCAS Public Board
<b>Title</b>	Chief Medical Officer's Update
<b>Author</b>	Martina Brown Jane Campbell John Black
<b>Accountable Director</b>	John Black
<b>Date</b>	March 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)
- On-scene times for Acute Stroke Patients
- JRCALC Clinical Practice Guidelines update

### 2. Executive Summary

#### Clinical Research Update

2.1 Research Dispatcher/Research Assistant has now commenced a 12-month secondment with the research team. The overall objective of the role is to increase access to research opportunities for our patients by embedding research-related dispatching into the BAU dispatch plan. This will be achieved by dispatching Research Rapid Response Vehicles (r-RRVs) to relevant clinical incidents and by alerting crews to opportunities for research enrolment.

#### Recruitment to open studies

Table 1 shows the participant's recruitment into the currently opened research projects in the trust, all progressing well.

Study title/acronym/IRAS number	Current recruitment/ Participants type (data cut of 12 Mar 2024)	NIHR endorsement



Randomised controlled trial of the clinical and cost-effectiveness of cervical spine immobilisation following blunt trauma ( <b>SIS Trial</b> ); IRAS 316755	64/patients	Non-commercial NIHR portfolio study
Early surveillance for autoimmune diabetes ( <b>ELSA</b> ); IRAS 309252	413/patients	Non-commercial NIHR portfolio study
Intramuscular tranexamic acid for the treatment of symptomatic mild traumatic brain injury in older adults: a randomised, double-blind, placebo-controlled trial ( <b>CRASH4</b> ); IRAS 283157	318/patients	Non-commercial NIHR portfolio study
Pre-hospital randomised trial of medication route in out-of-hospital cardiac arrest ( <b>PARAMEDIC3</b> ); IRAS 298182	657/patients	Non-commercial NIHR portfolio study

- 2.2 **SIS trial** extended by 6 months to facilitate recruitment by other UK Ambulance Services.
- 2.3 CABARET Head-Up CPR cardiac arrest study (IRAS 329970) ready to open pending contract signing with UHS.
- 2.4 Equipment will be carried only by Research RRVs and HLOWAA response cars.
- 2.5 Press release and information for staff has been prepared and will be released immediately prior to launch.
- 2.6 SCAS has contributed to the In-Time Naloxone Stage 2 Grant Application (drones for emergency delivery of naloxone to scene project).
- 2.7 Medical student research placements going well in the Hampshire area; 93 students have completed ½ day placement with SCAS since mid-January. 3<sup>rd</sup> cohort of 12 Oxford Medical Students are seconded to 111 Service in Bicester working as Health Advisors.
- 2.8 The first of our quarterly evaluation reports to the Take Home Naloxone project commissioners has been submitted and reviewed. Once finalised the report and any suggested actions will be reviewed at Clinical Review Group.
- 2.9 We have disseminated our research findings within the healthcare community; SCAS staff have authored 5 publications in peer-reviewed journals in this last reporting period.
- 2.10 SCAS was the only Ambulance Service to recruit patients in the HARMONIE Respiratory Syncytial Virus Vaccination Trial. The Government is now considering the role out of the trial vaccine to the NHS.

### **3. Ambulance Clinical Quality Indicators (ACQI)**

The clinical auditor has recently been given access to the electronic patient records (EPR) for the period prior to the SCAS ePR outage. A plan is in place for completing the monthly audits that the trust was unable to complete and submit to the national team.

The timetable of completion is reliant on additional capacity in the clinical audit team but the plan at present is to have completed these by September 2024.

The trust has completed the submission for October cases and will balance the ongoing uploads with the catch-up plan.

Commentary for the time-based elements of ACQIs is included in the IPR.

### **4. Acute Stroke on Scene Times**

**Appendix 1** shows the on-scene times for England's 10 Regional Ambulance Services in 2022 which has been collated by the North-East Ambulance Service. SCAS has the lowest consistent mean on-scene time in this dataset (approximately 30 minutes). SCAS has emphasised the importance during staff training the importance of keeping on-scene times as short as possible for one of the most time-sensitive clinical emergencies (Time is Brain). This data may be incorporated into future National Acute Stroke ACQI.

### **5. JRCALC Clinical Practice Guideline Updates**

**Appendix 2** summarises the principle Clinical Practice Guideline updates that was approved by CRG in March 2024. This will be released on the JRCALC App by the end of this month. Staff have been alerted to these changes via SCAS staff communications and are available on the clinical hub, and specific elements will be incorporated into face-to-face training where required.

### **6. Recommendations**

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

John JM Black  
Chief Medical Officer  
20th March 2024



## Report Cover Sheet

<b>Report Title:</b>	Operations Report – 999, 111 and Other
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	12
<b>Executive Summary:</b>	This report is to update the board on SCAS 999 and 111 performance for February. Category 1 performance for February was 8 minutes 41 seconds, which is a 15 second improvement from January, however, remains 1:41 above the national target. Category 2 performance improved to 31:48, from 42:11 in January, which was still above our trajectory of 27:25 for the month, with the main impact coming from increased handover delays. Calls offered to 111 in February was 4.42% above short term forecast at 135,459, a step up of 1.6% from January. Call answer performance was impacted at 61.14% with abandonment rate of 6.84%, in part due to a reduction in logged hours. Both remain outside of national KPI but above trajectory.
<b>Recommendations:</b>	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.
<b>Accountable Director:</b>	Mark Ainsworth
<b>Author:</b>	Mark Ainsworth, Exec Director of Operations
<b>Previously considered at:</b>	Operations Reports are presented at every Board meeting in public.
<b>Purpose of Report:</b>	Note/Assure
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b>  <b>Assurance Level Rating: Partial</b>

<b>Justification of Assurance Rating:</b>	Partial assurance rating due to the unsustainable levels of handover delays impacting on Category 2 delivery. We have increased operational hours to mitigate some of the impact, however we are unable to deliver the hours to offset the impact of QAH delays. Continuing to work with PSEH system to reduce impact
<b>Strategic Objective(s):</b>	High Quality Care & Patient Experience
<b>Links to BAF Risks or Significant Risk Register:</b>	SR1 - Safe and Effective Care
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	On going monitoring of progress against the cat 2 trajectory with a focus on reduce handover times and increasing operational hours
<b>List of Appendices</b>	1.1 - 999 Call Demand and call answer mean, 1.2 - 111 Demand, 1.3 - 111 Call Answer Mean, 1.4 – Hospital Handover delays, 1.5 – S&T and ST&C Operational Hours, 1.6 - CET update



## Board Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Operations Report – 999, 111 and Other
<b>Author</b>	Mark Ainsworth, Mark Adams, Dan Holliday, Rob Ellery, Ruth Page
<b>Accountable Director</b>	Mark Ainsworth
<b>Date</b>	28 <sup>th</sup> March 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 February 2024. 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 Category 1 performance for February was 8 minutes 41 seconds, which is a 15 second improvement from January, however, remains 1:41 above the national target. Category 2 performance improved to 31:48, from 42:11 in January, which was still above our trajectory of 27:25 for the month, with the main impact coming from increased handover delays. The average handover time in the north hospitals was 3 minutes above plan, adding 1minute 45 on to our category 2 performance, and the south was 15 minutes above plan, adding 5 minutes to our category 2 performance. The total hours lost at handover reduced to 6,296 hours, from 9,677 in January, with the QAH reducing to 2,795 from 5,033 in January. Handover delays remain our highest risk for delivery of our category 2 trajectory and improving our response to patients. SCAS operational hours improved by 1% above planned hours and enabled us to improve category 2 by 1 minute 20 seconds. 999 call answer time increased by 5 seconds to 22 seconds which is 12 seconds above national target and 4 seconds above our improvement plan. Calls offered to 111 in February was 4.42% above short term forecast at 135,459, a step up of 1.6% from January. Call answer performance was impacted at 61.14% with

abandonment rate of 6.84%, in part due to a reduction in logged hours. Both remain outside of national KPI but above trajectory.

### EOC

- 3.2 SCAS remains an outlier with our 999 call answer times with us achieving 16 seconds for January and 21 seconds in February, against the national target of 10 seconds. WMAS continue to support via the NHS Digital pilot and are now taking calls when SCAS estimated wait time is 1 minute 45 seconds and there is availability of 1 ECT in WMAS.
- 3.3 The EOC leadership team have developed a robust improvement plan to improve our call answer times following the recent AACE review which highlighted areas where improvements could be made. The focus of this plan is to reduce average handling time and ensure performance focussed room management from the leadership team in EOC. In February Average Handling time (AHT) was 10 minutes 14 seconds, which is 5 ½ minutes above our current workforce planning assumptions. This results in the disconnect between establishment numbers and logged in hours, with our call answer performance, as our ECTs are spending longer dealing with each call.
- 3.4 Our recruitment and retention into the ECT role remains strong with us having 178.36 WTE in post (including IOW), which is the highest level we have achieved. There are 33.40 WTE currently in training and coaching meaning we have 133.8 staff deployed in the ECT role. As part of the improvement plan, coaching timeframes and quality processes are being reviewed in line with NHS Pathways licensing, to identify how we reduce the gap from finishing training to becoming work effective.
- 3.5 Hear and Treat performance was 12%. A comprehensive data review of CSD performance is being undertaken to identify how we get maximum efficiency from our CSD and UCD clinicians. In February we hosted the Clinical Ambassador for Category 2 segmentation who identified areas for potential improvement. The volume of calls undergoing segmentation remains low, challenged by clinical staff availability. The EOC leadership team have a recovery plan in place for H&T and this will be supported with additional actions from the next AACE review which will focus on H&T.

### 111

- 3.6 Calls offered in January 2024 decreased significantly from December 2023, however, still a large increase from November 2023. There was a dip in demand in the first 2 weeks of January then demand increased and continued through February. This demand is seen through an increase in weekday 'in hours' demand due to challenges in Primary Care. January 2024 call demand was up by 20,309 (13.9%), a month-on-month increase can be seen from September 2023 from 4,701 calls per day to currently 5,783 calls per day on average.

- 3.7 There has been a positive increase in the recruitment and work effective Health Advisors, with WTE currently at 265, although a shortfall of 71 WTE to achieve performance. SCAS remains in the top half of 111 providers for our call answer performance. Clinical staffing is 73.69 WTE, a shortfall of 14.43 WTE, however this has improved from the recruitment of our international nurses. Attrition remains below expected levels. Partis House is now open 24/7 and this has enabled the night rota to be filled resulting in no vacancies overnight for health advisors. A recruitment open day for Partis House will take place in March.
- 3.8 We continue in discussions with BOB and Frimley ICB regarding the potential extension of the 111/IUC contract past September 2024.

#### Hospital Handover Delays

- 3.9 Handover delays dropped slightly in February to 6,296 hours from 9,677 in January. This is however 2,259 hours higher than February 2023. The Queen Alexandra Hospital remains the outlier with us losing 2,795 hours in February (901 hours Feb 23). (Appendix 1.4). We continue to deploy our immediate handover policy to reduce delays and this procedure was invoked 7 times in February 2024, 4 times at QAH on the 6<sup>th</sup>, 15<sup>th</sup>, 16<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup>, 1 x UHS on the 6<sup>th</sup> February, 1 x JRH on the 6<sup>th</sup> February and 1 x RBH on the 6<sup>th</sup> February. There were a further 4 considerations given by tactical commanders for immediate handover to be invoked at QAH but improvements were seen, so immediate handover was not activated as a result.

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

- 3.10 ST&C has risen this month by 0.26% meaning more patients taken to ED. This is the first time in 4 months we have seen a slight increase and this is in line with a drop in ST&C to Non-Ed locations. The change from non ED, to ED, will be due to the availability of beds in non ED locations for staff to convey to. (Appendix 1.5)
- 3.11 The Clinical Pathway's team continues to work with ICS's and acutes to improve Non-Ed pathways and also access to community pathways. An analysis of the differences in private provider and SCAS crew end disposition is also being conducted to further understand the drivers being the differences in S&T, Non-Ed destination outcomes. 'Fit to Sit/Rapid drop and go' pilots at Portsmouth University Hospital and Milton Keynes General Hospital will be analysed to monitor impact on patient safety and improvements in turnaround times.

#### Resilience & Specialist Operations

- 3.12 In February we had the Junior Doctors industrial action for a five-day period which passed with minimal impact to the wider health system to include SCAS. As we have seen in previous periods of IA the acute trusts tend to have less handover delays and as such the impact has a positive effect on SCAS performance.

- 3.13 **Threat Level:** The current threat level to the UK from terrorism is **Substantial An attack is likely**).
- 3.14 **Organisational Learning/ Manchester Arena Inquiry:** The SCAS bid for funding to deliver the mandatory recommendations has now been submitted to commissioners for funding. The likely outcome is this will be pushed to the national team for review from all Ambulance Trusts.

#### 999 U&E Roster Review

- 3.15 Currently all three South Nodes (Hampshire) have progressed to voting on roster choices. The South North has completed staff voting and progressing to the build phase. South West encountered some late queries surrounding certain roster patterns and we have increased local engagement to ensure staff have the required information prior to voting. South East has completed the gateway review and moving towards staff voting. Plans for the North Nodes (Thames Valley) rollout is being presented at the March Project Board.

#### EOC Roster Review

- 3.16 ECT staff questionnaire has been completed and reviewed at the last Project Board to accommodate some additional staff requests. The 999 call taker staff champions have now been released to allow for redesign work to progress and new roster designs have been created and shared with the EOC and Trade Union teams, before commencing the staff consultation process.

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

- 3.17 Control Room Solution (CRS) configuration and testing has now been completed. We successfully transitioned to the new CRS on the 13<sup>th</sup> March with no interruption in service delivery. Operational staff training for NMA (vehicle data screens) will be online and will commence at the end of February. Mobile Data Vehicle Solution (MDVS) vehicle installation plan with SCFS and the project team is being finalised, ready to commence in April.

#### 999 & 111 CAD Replacement Programme

- 3.18 The current 999 I/CAD solution will be moving to new SQL architecture by April 2024, this will ensure the system is stable whilst the replacement work is in track. Presently the 999 CAD replacement system is out to formal tender, this closes in March 2024 then the evaluation tender and selection process can begin.

## 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.** The volume of hours has been increasing and we are now at 85% of required hours.



## **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**

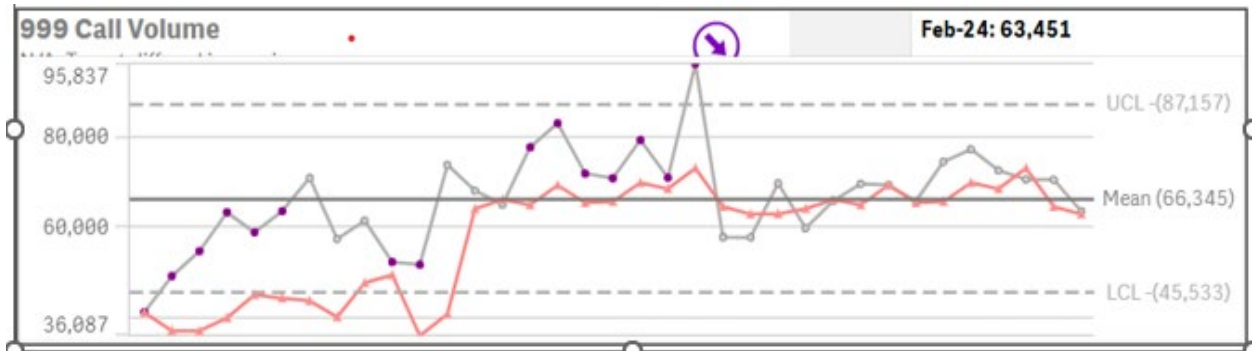
- 7.1 The Executive Director of Operations is responsible for delivery and monitoring of the improvements within the Operational Board Report.

## **8. Recommendations**

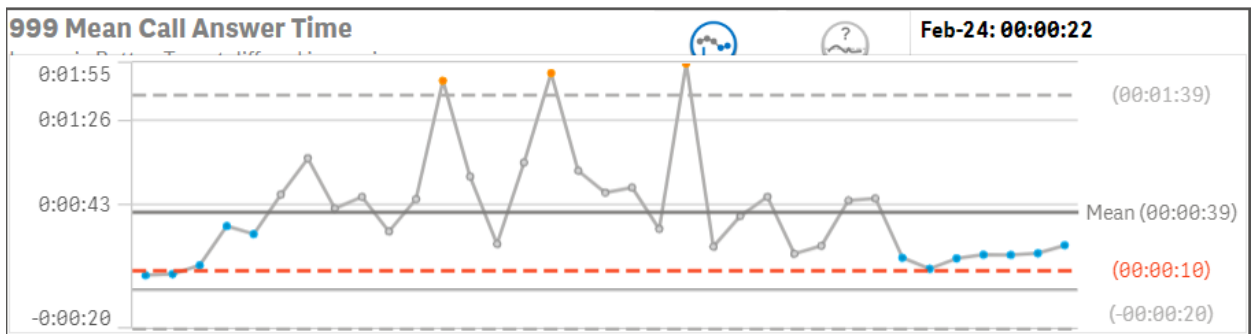
- 8.1 The Board is asked to **note** the contents of the report.

## Appendices

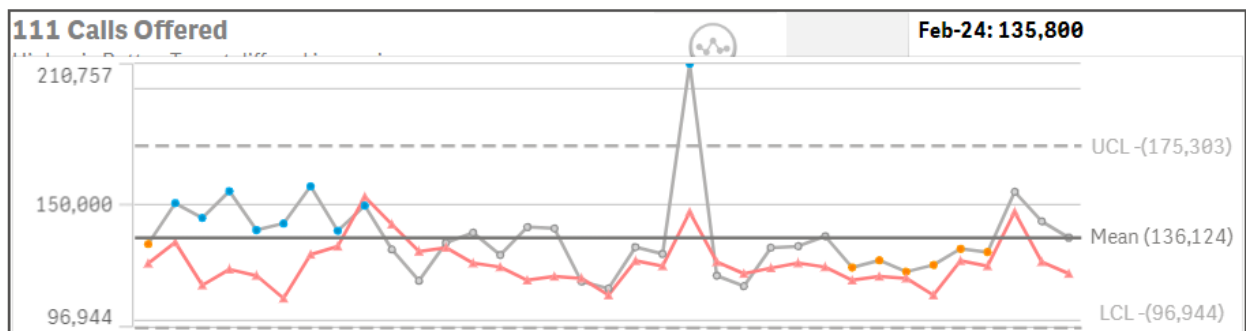
### 1.1 999 Call Demand



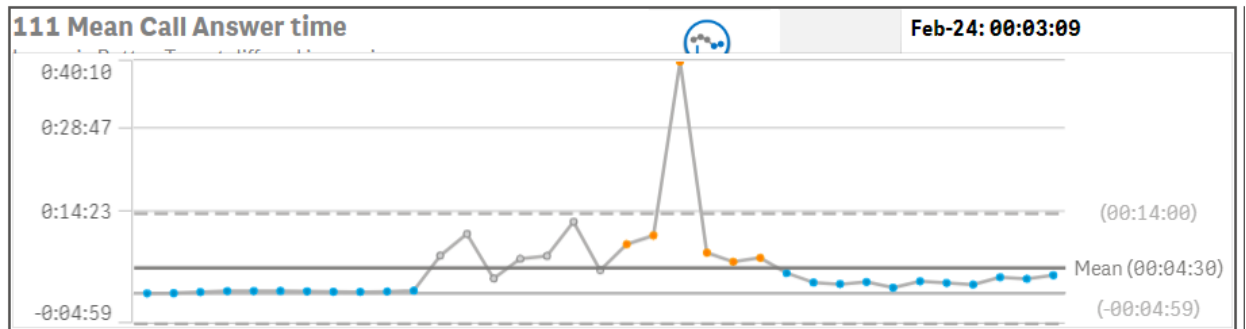
### 999 call answer mean



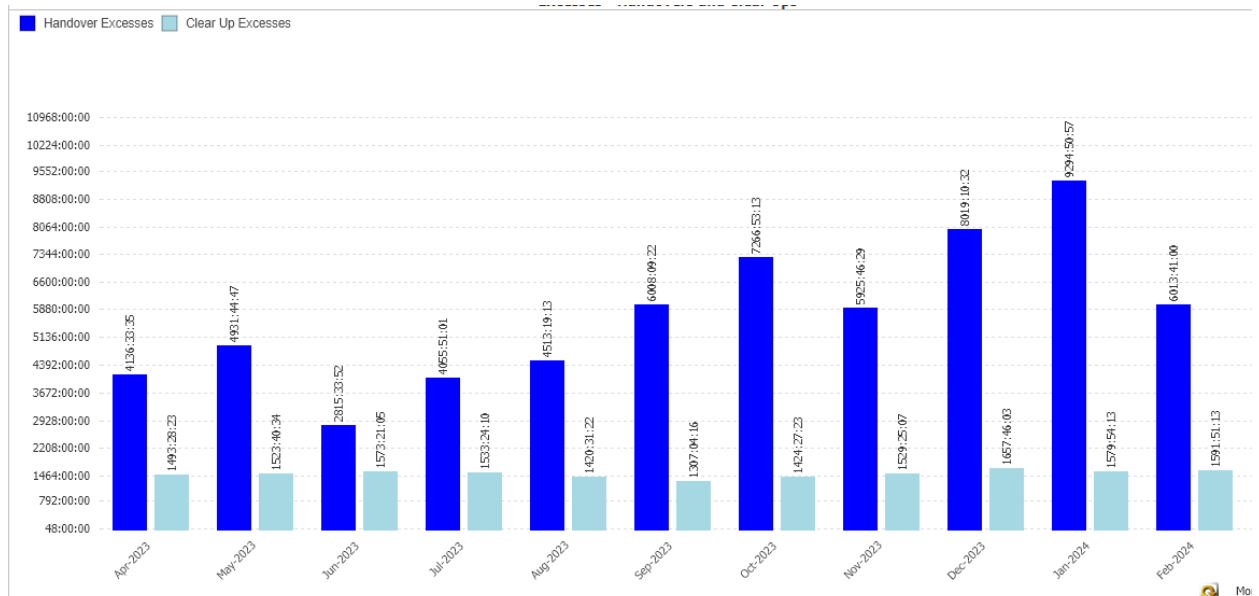
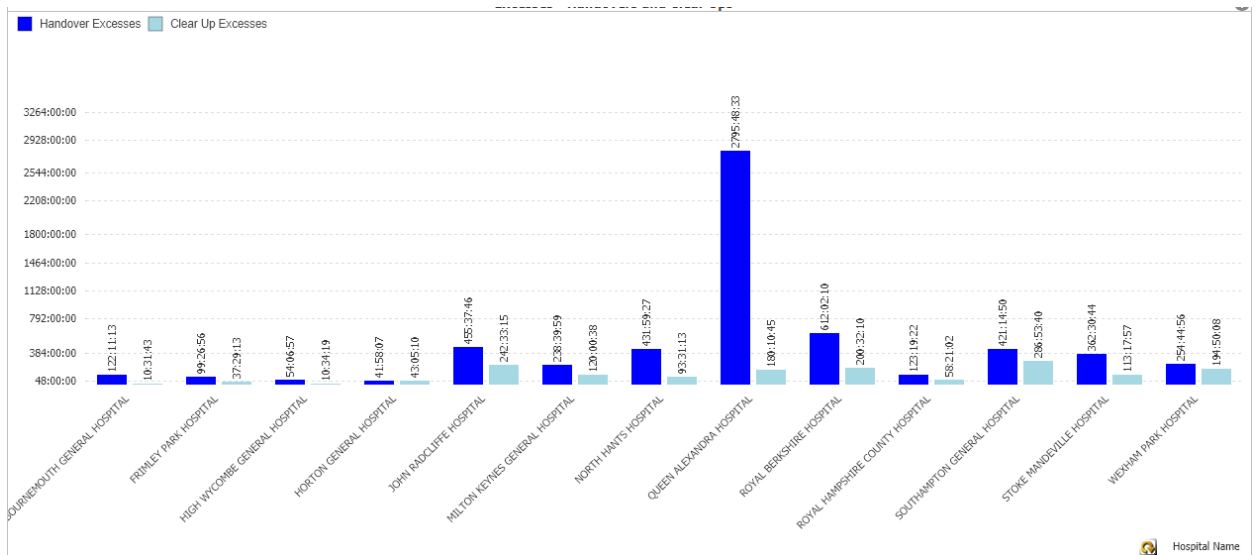
### 1.2 111 Demand



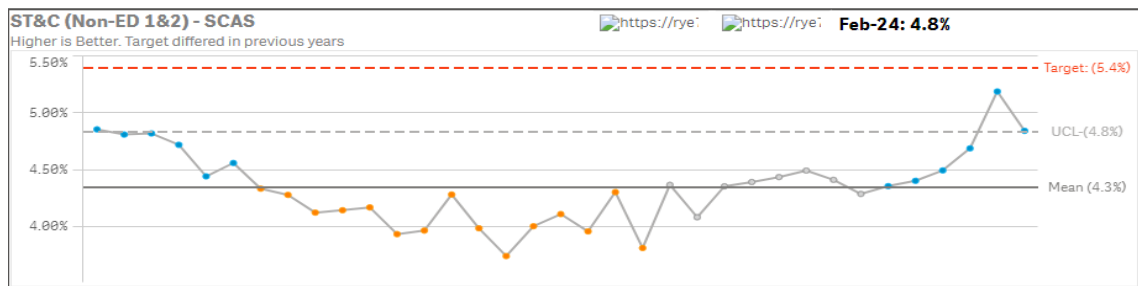
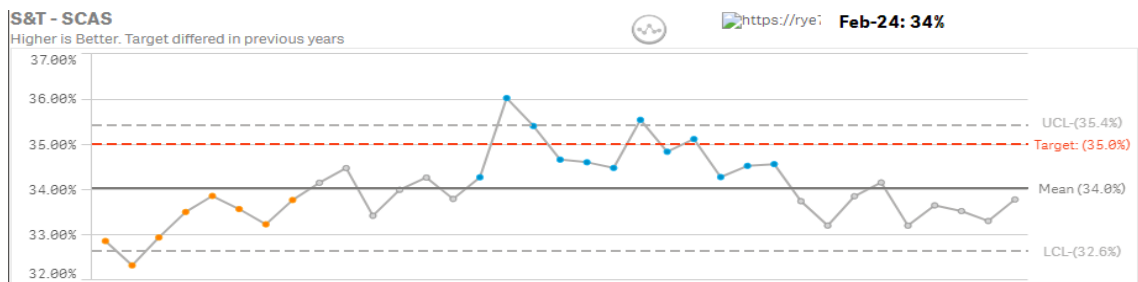
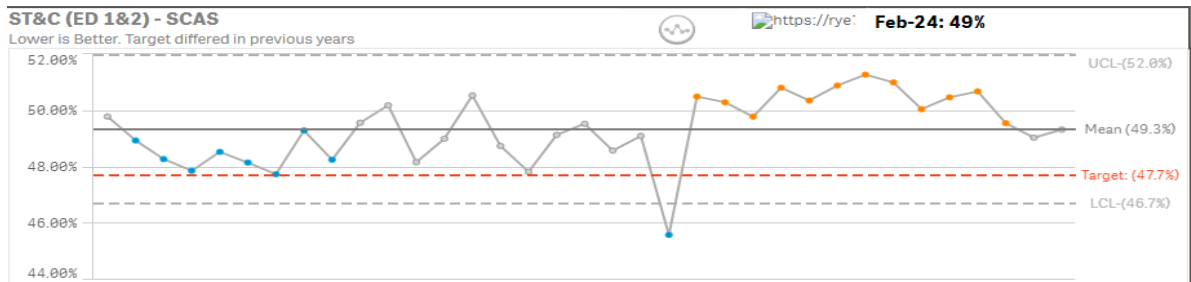
### 1.3 111 Call Answer Mean



### 1.4 Hospital Handover Delays



## 1.5 See & Treat, See, Treat and Convey & See, Treat and Convey non-ED



## 1.6 Indirect Resources

During the month of February we are pleased to report that our Community Engagement Team again made a significant contribution to the Trust Category 1 performance, continuing to reduce the overall response by 29 seconds. Our responders attended 433 Category 1 calls, being the first and only resource on scene within 7 minutes at 299 (69%) of these. Additionally, 122 of the incidents were out of hospital cardiac arrests. Although the number of Category 1 calls decreased overall in February, the overall number of those attended as a first and only resource from CET increased.

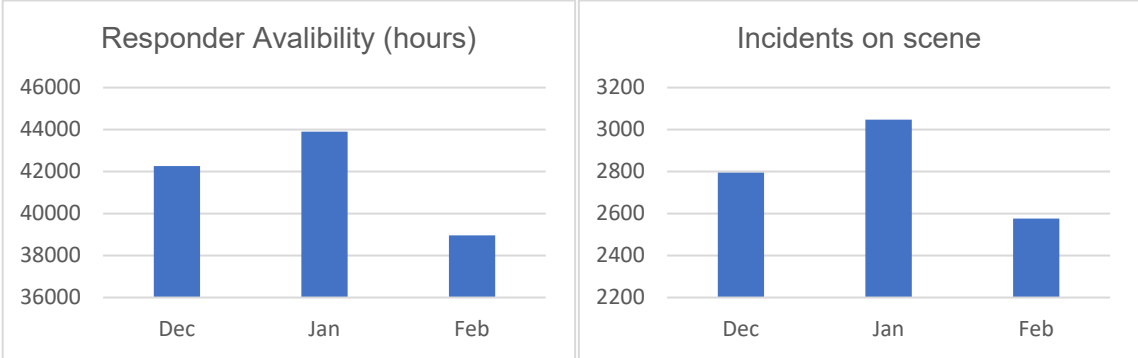
The total calls that our responders arrived on scene at was 2,576 which was a slight decrease from January, due to the associated decrease in call volume and half term. The hours that our responders continue to give is high, with 38,958 hours of availability which is a drop on the previous two months and is made up of a small reduction in availability across a number of areas, which we are reviewing. The main reason for responders reducing their availability is their recent experience of long waits on scene for backup at lower acuity calls, which we are addressing by allowing the ability to book on for Category 1/2 calls only.

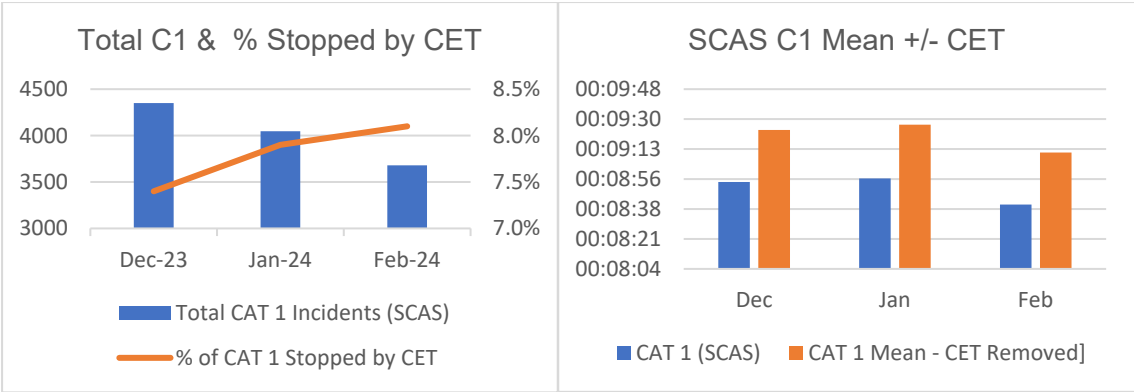
At the end of February, we placed an order with GoodSam, who are an international provider of a cardiac arrest alerting system for members of the public. System testing is due to take place in April 2024, following a CAD upgrade. This will allow us to deploy staff, stakeholders and eventually members of the public to out of hospital cardiac arrest incidents in their locality, which is anticipated to have a positive effect on our out of hospital cardiac arrest survival. This is a significant investment and huge step for the Trust.

Our responders have continued to attend Category 3 and 4 emergencies, during February and attended 130 non injury falls and concern for welfare incidents. Seventy-nine of these incidents were able to be dealt with by the responder only, with input from the urgent care desk, thus saving the attendance of a physical resource.

In terms of being able to increase this number, we are in the final stages of being able to utilise the livelinks video calling facility on the new responder phones, which we anticipate will be able to give our colleagues working remotely on the UCD, some additional reassurance as to the patient's condition, as opposed to having a voice call only. To encourage responders to be available to attend more Category 3 and 4 calls, we need to be able to either back them up to avoid long waits on scene once they have identified that a resource is needed or, get them released from the scene by the UCD where appropriate.

We are currently working with the Business Intelligence Team to further understand the value of our responders in terms of financial efficiency when compared to providing the same performance with a paid workforce. We are also working with them to have sight on reporting the coverage of the Indirect Resources dispatch desk, as we are currently unable to quickly have sight of this information. We hope to have this by the end of March 2024.







## Report Cover Sheet

<b>Report Title:</b>	Fit for the Future Update
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	13
<b>Executive Summary:</b>	The attached presentation is intended to provide an update on actions taken during March 2024, confirmation of the agreed drivers for change and planned actions for April 2024 within the Fit for the Future programme.
<b>Recommendations:</b>	The Trust Board is asked to note the report
<b>Accountable Director:</b>	Paul Kempster - Chief Transformation Officer
<b>Author:</b>	Tina Lewis - Fit for the Future Programme Manager
<b>Previously considered at:</b>	Executive Management Committee – 19 <sup>th</sup> March 2024 Finance and Performance Committee – 20 <sup>th</sup> March 2024
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Internal
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Not applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not applicable
<b>List of Appendices</b>	Not applicable



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Fit for the Future Programme
<b>Author</b>	Tina Lewis – Fit For the Future Programme Manager
<b>Accountable Director</b>	Paul Kempster – Chief Transformation Officer
<b>Date</b>	28 <sup>th</sup> March 2024

### 1. Purpose

The purpose of the paper is to provide the Trust Board with an update on actions taken during March 2024, confirmation of agreed drivers for change and planned actions for April 2024 within the Fit For the Future Programme.

### 2. Background and Links to Previous Papers

This paper builds upon discussions and updates that have previously occurred at Trust Board in relation to the Fit for the Future Programme. It also details the next steps required to ensure that the organisation can deliver its strategy.

### 3. Rationale for Public Paper

The paper outlines the current status of the Fit For the Future Programme.

### 4. Executive Summary

The Fit For the Future Programme was set up as part of the SCAS strategy relaunch that took place in December 2023. Significant work has been undertaken to develop a Strategic Case for Change aligned to six high level drivers for change, which are as follows:

1. **Our Operating model** needs to evolve to better meet the needs of our patients.
2. **Our people** tell us that our buildings, vehicles, management models and processes / policies are not people focussed.
3. **Our Organisational culture** requires improvements to ensure that our people feel safe, respected, supported, and valued.
4. **Our Estate** does not meet the design or capacity of a modern Ambulance Service
5. **Our current Fleet** is unable to consistently meet our organisational requirement now or our net zero model of the future.



6. SCAS are not able to meet the **national requirements** of an ambulance service without implementing its Strategy.

During March 2024 the following key activities have occurred:

- Workshop has been undertaken with the SCAS Executive to review the Fit For the Future Programme (FFFP).
- Agreement reached that the FFFP is the delivery vehicle for the SCAS Strategy.
- Five cases model approach has been agreed and adopted to develop the overarching business case.
- The Strategic Case, which is the first stage of the five-case model, has been presented to the Executive Management Committee and the Finance & Performance Committee for review.
- A timeline for developing a full business case, including scoping of options to address drivers for change, followed by the Financial, Commercial and Management consideration has been provisional agreed.
- Use of “Proof of Concept(s)” utilising Quality Improvement tolls has been agreed as mechanism to test principles.

Key activities planned for April 2024 are:

- Preparation of business cases to secure Subject Matter Experts
- Development of Communication and Engagement plans covering internal and external parties
- Establishment of initial stakeholder workshops
- Commencement of work on economic and social case
- Mapping of interdependencies between workstreams and development of initial delivery plans.

## **5. Areas of Risk**

No specific risks to share as part of this update.

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

The programme links to the delivery of the organisation strategic objectives.

## **7. Governance**

None.

## **8. Responsibility**

Paul Kempster – Chief Transformation Officer

## **7. Recommendations**

The purpose of this paper is to provide the Public Board with an update of current status and plans for the next period for the Fit For the Future Programme.



## Report Cover Sheet

<b>Report Title:</b>	Quality and Safety Upward Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	14
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>• Draft Integrated Performance Report was shared, a number of key quality and safety KPIs to be agreed and tracked for improvement. Data sources that are pulled through to IPR to be fully aligned</li> <li>• Hospital delays and associated harms continue being monitored by Committee and the actions to prevent some of these harms have been described in the action plan from the Thematic Review into Delays, so EMC and Q&amp;S are overseeing progress against this action plan.</li> <li>• Clinical Risk Register and Board Assurance Framework noted, risk scores, mitigations and BAF actions to be reviewed and presented to next Committee.</li> <li>• Patient Safety Improvement Plans noted progress against KPIs, ongoing governance and reporting.</li> <li>• Eleven policies were ratified by Committee.</li> <li>• Excellence – Safeguarding training compliance levels have been commended and recognised as one of the highest achieved in the S.E. and three members of the Safeguarding team awarded a national NHSE Star Award.</li> </ul>
<b>Recommendations:</b>	<p>The Trust Board is asked to:</p> <p>Note</p>
<b>Accountable Director:</b>	Dharmika Perera, Chair of Quality and Safety Committee, Non-Executive Director
<b>Author:</b>	Dharmika Perera, Chair of Quality and Safety Committee, Non-Executive Director
<b>Previously considered at:</b>	Not applicable.
<b>Purpose of Report:</b>	Note

<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <b>Assurance Level Rating: Acceptable</b>
<b>Justification of Assurance Rating:</b>	Applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Actions to be monitored by Q&S Committee.
<b>List of Appendices</b>	Not applicable.



## Upward Report

<b>Name of Committee reporting upwards</b>	<b>Quality and Safety Committee</b>
<b>Date Committee met</b>	<b>14 March 2024</b>
<b>Chair of Committee</b>	<b>Dhammika Perera</b>
<b>Upward reporting to</b>	<b>Board of Directors Meeting in Public</b>

Items	Issue	Action owner	Action update
<b>Points for Escalation</b>			
Integrated Performance Report (IPR)	<p>The draft IPR was shared as the final version of IPR not available until 10<sup>th</sup> working day of each month.</p> <p>Significant number of quality and safety KPIs are falling within the hit and miss category making it difficult to track improvement in key areas.</p> <p>Data sources are different and not yet fully aligned (e.g., in training)</p>	<p>Chief Governance Officer</p> <p>Chief Nurse</p> <p>Chief People Officer and Chief Financial Officer</p>	<p>CGO to align Committee dates in 2024 to allow finalised IPR to be shared with sub committees of Board.</p> <p>A proposal to Q&amp;S that highlight 5-6 key indicators that will have improvement targets set with clear timescales.</p> <p>Executive Management Committee to agree the sources of data to be used for reporting training compliance and the relevant definitions of measures that are pulled through to the IPR.</p>
ICT update on wider learning from Safeguarding serious incidents and possible weakness with other clinical applications.	A full review of all clinical applications will take place over the next 12 months, in priority order informed by clinical risks, to meet our NHSE clinical ICT guidance and requirements.	Chief Digital Officer	Q&S will receive assurance by sight of the plan to do this work and progress updates on the plan as the clinical applications are reviewed.
<b>Key issues / business matters to raise</b>			
Impact of handover delays on patient safety.	QA hospital delays continue. Several other hospitals also show lesser but significant delays. These impact on our response times and subsequently the risk of patient harm.	Chief Nurse	The Q&S Committee are monitoring the progress against the action plan from the Thematic Review into Delays in care.

Abdominal Aortic Aneurisms taken to hospitals without appropriate care	There is a possibility that other similar ‘mismatches’ occur.	Director Operations	Maintain a log of similar mismatches that result in patient harm and identify any learning for SCAS.
<b>Areas of Concern and / or Risks</b>			
Clinical Risk Register.	Main risks remain: 1) delay in care leading to potential patient harm due to handover delays and our lack of ability to meet rising demand and acuity. 2) reliability of the application supporting Safeguarding referrals and other clinical applications.	Chief Governance Officer and Deputy Chief Nurse	The risk scores and mitigations will be reviewed before the next Q&S Committee in May 2024 with revised document presented.
The Board Assurance Framework (BAF)	Residual risk scores allocated to some clinical risks might be too high, leading to a possibly misleading risk mitigation score for the Directorate.  7 actions related to the BAF require review by the Clinical Directorate as the dates have passed.	Chief Governance Officer and Deputy Chief Nurse	
Workforce Planning and recruitment against plan and triangulation with patient safety incidents.	The Committee discussed the impact of a gap in registrant staff in front line 999 including EOC and 111 services on patient care and harm.	Q&S and People & Culture Committees Chief People Officer/ Chief Nursing Officer	Q&S Committee will monitor the improvement in recruitment against the workforce plan and receive assurance about progress to towards the 70/30 target.
<b>Items for information / awareness</b>			
Patient Safety Improvement Plans	Q&S Committee noted the progress against the KPIs in the various Patient Safety Improvement workstreams.	Chief Nursing Officer	Ongoing as Q&S will receive updates of progress against CQC “must do”/“should do” and improvement KPIs shared at Patient Safety Delivery Group, IPOB and TPAM.
Ratified Policies	The following were all ratified by Q&S Committee. There was a request for minor edit to policies 4 & 5, and an action for policy 11 for to add an Executive Summary. 1. Claims Management policy 2. Quality Impact Assessment (QIA) policy 3. Patient Experience policy 4. Safeguarding Children policy 5. Safeguarding Adults policy 6. Safeguarding Supervision policy	Children Named Professional (policies 4&5) Chief Digital Officer (policy 11)	

Q&S Terms of Reference	7. Managing Allegations against people who work with children/young people or adults at Risk policy 8. PREVENT policy 9. Domestic Abuse (Staff) policy 10. Mental Capacity Act (2005) policy 11. Digital Clinical Safety Policy V1.0.	Q&S Chair	
Annual report on Learning from Deaths (LFD) received	Received and noted by Committee.  Received and agreed additionally the Clinical Review group will upwardly report to Q&S the issues from their quarterly reports on LFD reports.	Chief Medical Officer	
<b>Best Practice / Excellence</b>			
Excellent and best practice to bring to Board attention	Safeguarding Training compliance levels have been commended and recognised as one of the highest achieved in the S.E.  Three members of the Safeguarding team have received a national NHS Star award.  Patient Safety Training compliance in preparation for PSIRF was noted to be high despite significant performance demand.	Q&S Committee	
The Quality Impact Assessment Panel demonstrated evidence of refusal of schemes that would have an impact on patient safety or staff welfare and all the schemes have now been assessed.	Reports of cost saving schemes rejected by the QIA now reported to Q&S with full financial information regarding ongoing savings achieved.	Chief Nurse	
<b>Compliance with Terms of Reference</b>			
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:** 21 March 2024



## Report Cover Sheet

<b>Report Title:</b>	M11 Finance Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	15
<b>Executive Summary:</b>	<p><u>I&amp;E Position</u></p> <p>The Trust recorded an in-month deficit of £1.3m in M11, increasing the YTD deficit to £19.5m. The underlying factors driving the deficit remain unchanged, noting that the underlying position has improved slightly from the start of the year. The Trust is currently forecasting a year-end outturn of £21.9m deficit.</p> <p>The Trust's forecast position continues to assume receipt of £5.2m of national funding to support improved operational performance. This funding is yet to be received and is a significant risk to delivery of the £21.9m deficit forecast.</p> <p><u>Capital</u></p> <p>The Trust's capital spend YTD is £12.8m. The Trust is currently forecasting to underspend against its available capital allocation by £8.7m. This is made up of a £5.2m overspend against internal CDEL offset by a £13.8m underspend against IFRS16.</p> <p>The forecast overspend on internal CDEL means that HIOW ICS is at risk of breaching its annual CDEL allocation. NHS England are attempting to find capital cover for the overspend, including potential scope to formally offset this against the reduction in IFRS 16 capital</p>



	<p>impact spend, noting that the overspend has been caused by factors outside of SCAS's control. Options to internally mitigate the overspend are being explored.</p> <p><u>Cash</u></p> <p>The Trust's cash balance at the end of February stood at £28.4m. There was a net cash inflow in M11 due to the receipt of backdated commissioner contract income.</p> <p>The Trusts cash balance has decreased by £21.6m 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.</p>
<b>Recommendations:</b>	The Committee is asked to note the report.
<b>Accountable Director:</b>	Stuart Rees, Interim Director of Finance
<b>Author:</b>	Sam Dukes, Deputy Chief Financial Officer
<b>Previously considered at:</b>	Finance and Performance Committee, 19 March 2024
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	Finance & Sustainability
<b>Links to BAF Risks or Significant Risk Register:</b>	SR5 - Increasing Cost to Deliver Services
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	N/A

<b>List of Appendices</b>	N/A
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## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	M11 Finance Report
<b>Author</b>	Sam Dukes, Deputy Chief Financial Officer
<b>Accountable Director</b>	Stuart Rees, Interim Director of Finance
<b>Date</b>	28 <sup>th</sup> March 2024

### 1. Purpose

This report is produced monthly to update the committee on the latest financial position and any risks to achievement of financial objectives.

### 2. Background and Links to Previous Papers

The Trust's annual financial plan for 2023/24 is:

- Breakeven income and expenditure.
- £22.8m of capital expenditure (including leases accounted for under IFRS16).

The YTD I&E position at Month 10 was £18.2m deficit. The Trust Board has approved a Financial Recovery Plan to return the Trust to an underlying breakeven position by March 2025 through the delivery of £32.6m of recurrent savings.

The Trust's financial performance is measured as part of the wider Hampshire and Isle of Wight Integrated Care System (HIOW ICS). At Month 10 the Trust was forecasting a £21.9m deficit outturn, as part of a combined system deficit forecast outturn of £138.1m.

### 3. Executive Summary

#### Income and Expenditure

The Trust recorded an in-month deficit of £1.3m in M11, increasing the YTD deficit to £19.5m. The underlying factors driving the deficit remain unchanged, noting that the underlying position has improved slightly from the start of the year. The Trust is currently forecasting a year-end outturn of £21.9m deficit.

£m	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	YTD
Plan	(1.0)	(1.0)	(1.0)	(1.0)	0.0	0.0	0.0	0.0	0.0	1.0	1.0	(2.0)
Actual	(1.8)	(2.3)	(2.5)	(3.0)	(2.3)	(1.7)	(1.7)	0.0	(1.4)	(1.6)	(1.3)	(19.5)
Variance to Plan	(0.8)	(1.3)	(1.5)	(2.0)	(2.3)	(1.7)	(1.7)	0.0	(1.4)	(2.6)	(2.3)	(17.5)

The Trust continues to forecast delivery of a £21.9m deficit outturn position and is reporting this position externally.

	£m	Month 11			Year to Date			Forecast		
		Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
999	Income	20.4	18.6	1.8	204.1	201.4	2.6	227.7	220.1	7.6
	Expenditure	(16.6)	(15.3)	(1.3)	(171.6)	(165.1)	(6.5)	(189.7)	(180.4)	(9.3)
	<b>Contribution</b>	<b>3.8</b>	<b>3.3</b>	<b>0.4</b>	<b>32.5</b>	<b>36.3</b>	<b>(3.9)</b>	<b>38.0</b>	<b>39.7</b>	<b>(1.7)</b>
	<b>%</b>	<b>18.5%</b>	<b>17.9%</b>		<b>15.9%</b>	<b>18.0%</b>		<b>16.7%</b>	<b>18.0%</b>	
111	Income	3.4	3.3	0.1	36.7	36.0	0.7	40.0	39.3	0.7
	Expenditure	(3.3)	(2.9)	(0.4)	(33.8)	(32.0)	(1.8)	(37.3)	(34.9)	(2.4)
	<b>Contribution</b>	<b>0.0</b>	<b>0.4</b>	<b>(0.3)</b>	<b>2.9</b>	<b>4.0</b>	<b>(1.1)</b>	<b>2.7</b>	<b>4.4</b>	<b>(1.7)</b>
	<b>%</b>	<b>1.2%</b>	<b>11.1%</b>		<b>7.9%</b>	<b>11.2%</b>		<b>6.7%</b>	<b>11.2%</b>	
PTS	Income	5.9	5.4	0.5	63.1	59.7	3.4	69.0	65.1	3.9
	Expenditure	(6.1)	(4.4)	(1.7)	(64.8)	(48.5)	(16.3)	(70.7)	(52.9)	(17.8)
	<b>Contribution</b>	<b>(0.1)</b>	<b>1.0</b>	<b>(1.2)</b>	<b>(1.8)</b>	<b>11.2</b>	<b>(12.9)</b>	<b>(1.7)</b>	<b>12.2</b>	<b>(13.9)</b>
	<b>%</b>	<b>-2.5%</b>	<b>18.8%</b>		<b>-2.8%</b>	<b>18.8%</b>		<b>-2.5%</b>	<b>18.8%</b>	
<b>Operations Total Contribution</b>		<b>3.7</b>	<b>4.7</b>	<b>(1.0)</b>	<b>33.6</b>	<b>51.6</b>	<b>(18.0)</b>	<b>39.0</b>	<b>56.3</b>	<b>(17.3)</b>
<b>%</b>		<b>12.4%</b>	<b>17.3%</b>		<b>11.1%</b>	<b>17.3%</b>		<b>11.6%</b>	<b>17.3%</b>	
Corporate		(5.0)	(3.7)	(1.2)	(53.1)	(53.6)	0.5	(61.2)	(56.3)	(5.0)
<b>Surplus/(Deficit)</b>		<b>(1.3)</b>	<b>1.0</b>	<b>(2.3)</b>	<b>(19.5)</b>	<b>(2.0)</b>	<b>(17.5)</b>	<b>(22.3)</b>	<b>(0.0)</b>	<b>(22.3)</b>
Reporting Adjustments		0.0	0.0	0.0	0.2	0.0	0.2	0.3	0.0	0.3
<b>Reportable Surplus/(Deficit)</b>		<b>(1.3)</b>	<b>1.0</b>	<b>(2.3)</b>	<b>(19.2)</b>	<b>(2.0)</b>	<b>(17.2)</b>	<b>(21.9)</b>	<b>(0.0)</b>	<b>(21.9)</b>

The main points to note for Month 11 performance are:

- Expenditure on private ambulance providers remains below forecast due to reduced availability of hours compared to contractual expectations.
- Planned contribution in 111 is lower as a percentage than other service lines due to a significant proportion of service income and expenditure relating to pass-through subcontracts on which no contribution margin is made.
- The Hampshire and Isle of Wight ICS has been allocated £105.4m of non-recurrent national funding, resulting in an improvement to the system forecast position which is now £25.3m deficit. SCAS was not allocated any of this funding.
- The Trust's forecast position continues to assume receipt of £5.2m of national funding to support improved operational performance. This funding is yet to be received and is a significant risk to delivery of the £21.9m deficit forecast.

### Financial Sustainability Programme (FSP)

The Trust continues to forecast £9.9m of savings from the FSP, of which £4.8m (48%) is recurrent. In addition, the Trust is also showing £6.3m of other non-recurrent benefits to deliver the external plan of £16.2m of cost savings. The forecast is consistent with previous months. The current focus of Trust resource is preparing for the delivery of recurrent savings in 2024/25.

### Capital

The Trust's capital spend YTD is £12.8m. The Trust is currently forecasting to underspend against its available capital allocation by £8.7m. This is made up of a

£5.2m overspend against internal CDEL offset by a £13.8m underspend against IFRS16.

	£m	Year to Date			Forecast		
		Actual	Plan	Variance	Actual	Plan	Variance
Estates	Internal CDEL	4.8	7.3	(2.5)	5.5	7.9	(2.5)
	IFRS16	0.5	5.3	(4.9)	0.5	5.8	(5.3)
	<b>Total</b>	<b>5.2</b>	<b>12.6</b>	<b>(7.4)</b>	<b>5.9</b>	<b>13.7</b>	<b>(7.8)</b>
Digital	Internal CDEL	1.0	1.7	(0.7)	1.4	1.9	(0.4)
	PDC	0.3	1.0	(0.7)	0.3	1.1	(0.8)
	PDC Income	0.0	(1.0)	1.0	(0.3)	(1.1)	0.8
	<b>Total</b>	<b>1.3</b>	<b>1.7</b>	<b>(0.4)</b>	<b>1.4</b>	<b>1.9</b>	<b>(0.5)</b>
Fleet (22/23 DCA Cohort)	Internal CDEL	1.0	(2.1)	3.1	1.7	(2.3)	3.9
	IFRS16	0.0	3.9	(3.9)	0.0	4.2	(4.2)
	<b>Total</b>	<b>1.0</b>	<b>1.8</b>	<b>(0.8)</b>	<b>1.7</b>	<b>1.9</b>	<b>(0.3)</b>
Fleet (23/24 DCA Cohort)	Internal CDEL	3.2	0.0	3.2	3.2	0.0	3.2
	IFRS16	0.0	4.5	(4.5)	0.0	4.9	(4.9)
	<b>Total</b>	<b>3.2</b>	<b>4.5</b>	<b>(1.3)</b>	<b>3.2</b>	<b>4.9</b>	<b>(1.7)</b>
Fleet (Non-DCA)	Internal CDEL	(0.1)	(0.9)	0.8	(0.0)	(1.0)	0.9
	IFRS16	0.6	0.0	0.6	0.6	0.0	0.6
	<b>Total</b>	<b>0.6</b>	<b>(0.9)</b>	<b>1.5</b>	<b>0.6</b>	<b>(1.0)</b>	<b>1.6</b>
Internal CDEL Total		9.9	6.0	3.9	11.7	6.5	5.2
IFRS16 Total		1.1	13.7	(12.6)	1.1	14.9	(13.8)
PDC Total	Expenditure	0.3	1.0	(0.7)	0.3	1.1	(0.8)
	Income	0.0	(1.0)	1.0	(0.3)	(1.1)	0.8
<b>Total</b>		<b>11.3</b>	<b>19.6</b>	<b>(8.3)</b>	<b>12.8</b>	<b>21.4</b>	<b>(8.7)</b>

Key drivers of the current capital position are:

- Delivery of the 22/23 and 23/24 DCA cohorts have been significantly delayed due to supply chain issues affecting the conversion of the chassis into DCAs. The first delivery from the 22/23 cohort arrived in February, with 8 vehicles forecast to be delivered by the end of this financial year. No vehicles from the 23/24 cohort are expected to be delivered this financial year.
- The delay in delivery of the DCAs means that these vehicles cannot be sold and leased back to SCAS within the financial year as planned. This means that costs incurred to date are allocated against internal CDEL rather than IFRS16.
- The Estates programme is projected to underspend by £7.4m. £4.9m of this is due to delays to the proposal to build a new resource centre in High Wycombe in partnership with Buckinghamshire County Council.

The forecast overspend on internal CDEL means that HIOW ICS is at risk of breaching its annual CDEL allocation. NHS England are attempting to find capital cover for the overspend, including potential scope to formally offset this against the reduction in IFRS 16 capital impact spend, noting that the overspend has been caused by factors outside of SCAS's control.

The following actions are being explored to try and mitigate the overspend before the end of the financial year:

- £0.7m opportunity to further slip expenditure into 24/25, subject to internal review of impact.
- £0.8m capital to revenue transfer (subject to availability of headroom in the Trust's revenue forecast outturn at Month 12, noting risk related to receipt of the £5.2m performance income).
- £0.9m sale and leaseback opportunity on non-DCA vehicles aiming for completion before 31st March. This will reduce Internal CDEL spend but increase IFRS16 spend so net neutral overall.
- The wider HIOW ICS continues to review opportunities to support the system position noting other Trusts have their own pressures.

## Cash

The Trust's cash balance at the end of February stood at £28.4m. There was a net cash inflow in M11 due to the receipt of backdated commissioner contract income.

The Trust's cash balance has decreased by £21.6m 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.

2023/24	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	27.7	27.2	38.5	29.4	28.3	29.6	30.1	28.1	28.6	30.3	33.7	34.9
Expenditure	(31.2)	(28.3)	(38.1)	(35.6)	(31.8)	(31.4)	(30.7)	(29.6)	(28.9)	(34.8)	(32.8)	(31.2)
Net inflow/(Outflow)	(3.5)	(1.1)	0.4	(6.2)	(3.5)	(1.8)	(0.6)	(1.4)	(0.3)	(4.5)	0.9	3.7
<b>Cash Balance</b>	<b>46.5</b>	<b>45.4</b>	<b>45.8</b>	<b>39.6</b>	<b>36.1</b>	<b>34.3</b>	<b>33.7</b>	<b>32.3</b>	<b>32.0</b>	<b>27.5</b>	<b>28.4</b>	<b>32.1</b>

2024/25	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	28.2	28.2	28.2	33.8	28.3	37.1	28.4	28.4	28.4	28.4	28.4	37.2
Expenditure	(35.4)	(30.7)	(35.6)	(30.7)	(30.7)	(34.4)	(31.4)	(33.2)	(33.9)	(33.9)	(33.9)	(32.4)
Cash Support Required										0.8	5.9	
Net inflow/(Outflow)	(7.1)	(2.4)	(7.4)	3.2	(2.3)	2.7	(3.0)	(4.8)	(5.5)	(4.7)	0.4	4.7
<b>Cash Balance</b>	<b>25.0</b>	<b>22.6</b>	<b>15.1</b>	<b>18.3</b>	<b>16.0</b>	<b>18.7</b>	<b>15.7</b>	<b>10.9</b>	<b>5.4</b>	<b>0.6</b>	<b>1.0</b>	<b>5.8</b>

The 90-day debtor total improved by £0.4m from January to February and now stands at £0.3m.

## 4. Areas of Risk

The risk of not delivering financial targets is monitored as part of the Board Assurance Framework and is currently rated as 20 ('Major' impact, 'Almost Certain' likelihood).

## 5. Recommendations

The Committee is asked to note the report.



**UPWARD REPORT**

<b>Name of Committee reporting upwards:</b>	Finance and Performance Committee
<b>Date Committee met:</b>	20th March 2024
<b>Chair of Committee:</b>	Les Broude, Non-Executive Director/ Senior Independent Director
<b>Reporting to:</b>	Board of Directors Meeting in Public 28 March 2024

**1. Points for Escalation**

- The IPR and content were discussed with a remaining concern about the content and ownership of the various elements within the report, as well as the pace of progress. Further work is needed.
- The Committee noted the need to monitor non-emergency patient transport services (NEPTS) and 111 performances.

**2. Key issues / business matters to raise**

- The committee was presented with the draft plan and was assured on the activity, performance, workforce and finance triangulation and alignment. Please see Areas of Concern and / Risk.

**3. Areas of Concern and / or Risks**

- The Committee were presented with a paper that discussed the 24/25 planning assumptions for operational performance, workforce and finance and there was good debate and challenge, with a recommendation to the Board that an extraordinary committee and board meeting to agree the plan prior to final submission to allow further and final scrutiny before submission. Areas considered where further analysis was needed were:
  - Risks and Mitigation
  - Workforce attrition
  - Financial Plan (£19.7m Deficit, Underlying run rate balance by March 2025), noting the possible trade-offs and opportunities
  - Staffing assumptions regarding vacancies and the Cat 2 target
  - The assumptions within the plan to deliver Cat 2 performance (Including those relating to Handover Delays)
  - Clarity sought on the metrics to monitor the PTS financial recovery plan delivery
  - The risk to the Trust's capital expenditure limits note the double crew ambulance (DCA) conversions delays.
  - Further clarity on risks and opportunities
- Clear control and management of the CIPs challenges to ensure early warning of missing targets was required.

**4. Items for information / awareness**

- The Committee was presented with the month 11 positions for Finance and Operational Performance against national targets and local trajectories for future months. The committee was pleased with the quality of the reports.
- The committee agreed to review it's Term of reference and forward workplan at the April committee.
- The committee agreed to send feedback on the Governance Assurance and Accountability Framework (GAAF)

**5. Best Practice / Excellence**

- The committee was presented with the new Contract Register. They were positive over the quality of the report and the high level of governance it will bring to the Trust.

**6. Compliance with Terms of Reference**

- The meetings were quorate.

Author: Les Broude

Title: Non-Executive Director/ Senior Independent Director

Date: 21<sup>st</sup> March 2024





## Report Cover Sheet

<b>Report Title:</b>	SCAS Green Plan 2023-2028
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	17
<b>Executive Summary:</b>	<p>In compliance with Section 18.2 of the NHS Standard Contract 2023/24, The Provider (if it is an NHS Trust or an NHS Foundation Trust) must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance.</p> <p>CQC now include a quality statement for “Environmental Sustainability” against which we will be inspected and rated. An approved Green Plan will address this requirement.</p> <p>The Green Plan includes a feasible Carbon Reduction Plan that demonstrates how SCAS can meet the minimum targets for CO<sub>2</sub> emissions stated in the statutory guidance issued by NHS England in “Delivering a Net Zero NHS” July 2022.</p> <p>For the emissions we control directly, Transport accounts for 85%. When we also factor in the additional emissions we influence, from Procurement, Transport accounts for 63% of the total and Procurement 25%.</p> <p>The Carbon Reduction Plan focuses primarily on reducing Transport emissions. This can be achieved through programme of Fleet electrification in alignment with NHS England’s Travel &amp; Transport Strategy 2023.</p> <p>The cost of Fleet electrification and upgrades to Estate will be met from the operational savings of running electric vehicles (£59million per year across the NHS).</p> <p>Procurement targets will be met through contractual obligations and deploying ‘smart’ software to analyse spending.</p>

<b>Recommendations:</b>	The Board is asked to:  Approve
<b>Accountable Director:</b>	Stuart Rees, Interim Director of Finance
<b>Author:</b>	Jonathan Guppy, Sustainability Manager
<b>Previously considered at:</b>	Extra-Ordinary Finance & Performance Committee Meeting 19 <sup>th</sup> February 2024 (Approved)
<b>Purpose of Report:</b>	Approve
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b>  <b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Not applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not Applicable
<b>List of Appendices</b>	Appendix 1 – Green Plan



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	SCAS Green Plan 2023-28
<b>Author</b>	Jonathan Guppy, Sustainability Manager
<b>Accountable Director</b>	Stuart Rees, Interim Director of Finance
<b>Date</b>	28 <sup>th</sup> March 2024

### 1. Purpose

To meet SCAS Net Zero obligations, an updated Green Plan is required.

The Green Plan demonstrates how SCAS can comply with legislation and sets out a Carbon Reduction Plan to meet the statutory carbon emissions targets set out by NHS England.

The plan identifies Transport and Procurement activities being responsible for the majority of SCAS carbon emissions, Transport accounting for 85% of direct emissions.

The plan sets out a roadmap for electrifying the Fleet, in alignment with the NHS England Travel & Transport Strategy 2023 and outlines how Procurement emissions can be addressed.

The Board is being asked to approve the Green Plan so that it can inform the wider SCAS Modernisation Programme being undertaken.

### 2. Background and Links to Previous Papers

- A Sustainable Development Management Plan was adopted by SCAS in 2020 but is now out of date.
- A Green Plan is required to reflect new legislation (Health & Care Act 2022) which enshrines NHS carbon reduction targets in law, and Statutory Guidance issued by NHS England.
- Section 18.2 of the NHS Standard Contract 2023/24 states “The Provider (if it is an NHS Trust or an NHS Foundation Trust) must maintain and deliver a Green Plan, approved by its Governing Body, in accordance with Green Plan Guidance”.
- CQC now include a quality statement for “Environmental Sustainability” against which we will be inspected and rated. An approved Green Plan will address this requirement.

### **3. Rationale for Private Paper**

The paper is still in draft form and is not yet official Trust policy. Once approved, it will be published on the Trust website. As such, the draft paper qualifies for Freedom of Information Act exclusion under:

“Section 22 – information intended for future publication.

This exemption applies if, when you receive a request for information, you are preparing the material and definitely intend for it to be published, and it is reasonable not to disclose it until then. You do not need to have identified a publication date. This exemption does not necessarily apply to all draft materials or background research. It will only apply to the material you intend to be published.”

### **4. Executive Summary**

Climate change has been identified as the greatest threat to human health this century by the World Health Organisation. Such is the scale of the problem, several local authorities within the SCAS region have already declared a Climate Emergency. Climate change will have a regional impact on SCAS through increased risk of flooding and heatwaves, increasing the demands on our services whilst impacting on our ability to deliver them.

The NHS became the first health system to have its commitment to Net Zero embedded in legislation, through the Health and Care Act 2022. Statutory guidance mandates the NHS to achieve Net Zero by 2040, with an interim target of an 80% reduction against 1990 emission levels by 2028.

By measuring our carbon footprint and identifying its sources, we can see that:

- 1) Our Fleet is responsible for 85% of the emissions we control directly.
- 2) Procurement accounts for 25% of our wider emissions, including those we influence. Of this larger combined emissions total, Fleet accounts for 63%.

The measured data shows that on our current trajectory, we are not on target to meet Net Zero.

Within the Green Plan, a Carbon Reduction Plan has been developed to correct this and bring us back on track. It prioritises the overwhelming need to reduce vehicle emissions by electrifying the fleet, and to ensure that our procurement process compels suppliers to reduce their carbon footprint and contribute to other sustainable measures.

The Green Plan provides specific, measurable steps to show how SCAS can get back on track to meet its Net Zero targets. The most important steps are:

- 1) 100% Electric Vehicle Fleet (excluding Double Crewed Ambulances; these will come later). As a minimum, the rate of adoption of electric vehicles must follow the pathway set out by the October 2023 NHS Net Zero Travel & Transport Strategy.
- 2) Installation of sufficient electric vehicle chargers to support the entire Fleet.
- 3) Implement mandatory Carbon Reduction Plan requirements to all Procurement contracts, along with other Social Value Theme clauses
- 4) Reducing Nitrous Oxide emissions by 50%
- 5) Using synthetic fuels such as HVO to replace diesel and reduce emissions from DCAs on older vehicles with higher emissions and where the warranties have expired.

### Green Plan Priority 1 – Fleet Electrification:

#### Why is Fleet electrification the preferred option?

The Government's Transport Decarbonisation Plan 2021 identified electrification as the dominant zero emission technology for passenger cars and vans in the UK. The alternative, hydrogen, is deemed only likely to be more effective in transport in areas 'that batteries cannot reach' such as heavy industry, shipping, construction and HGV transport. A comprehensive electricity distribution network is already in place, with the number of EV chargers being installed rising at an exponential rate. No hydrogen network exists. Manufacturing of 'green' hydrogen is almost non-existent, whilst the cost associated with its manufacturing and distribution is much higher than electricity, so running electric vehicles will be cheaper.

All these factors mean that hydrogen does not form part of the NHS Net Zero Travel & Transport Strategy 2023

#### What are the quality/patient experience benefits?

As a major consumer of diesel, we are a large contributor to carbon dioxide emissions and dangerous air pollution in the communities we serve, causing harm. NOx and airborne particulates exacerbate many existing health conditions and are linked to a range of illnesses including asthma, chronic bronchitis, coronary heart disease (CHD), and strokes.

We have an ethical duty to respond accordingly, to protect our patients, staff and society as a whole from pollution and the impacts of climate change. Electrifying the fleet will result in reduced airborne pollution and CO<sub>2</sub> emissions. It is the single most important measure we can take for the benefit of all.

#### Cost-v-benefit of fleet electrification

The NHS Net Zero Travel & Transport Strategy 2023 identifies significant savings in the running costs of electric vehicles compared to diesel or petrol vehicles, based on

observations of vehicle trials. Operating costs over the EV lifecycle are calculated to be 21% lower. Overall savings to the NHS are estimated to be £59 million per annum, with ambulance trusts benefitting significantly due to the size of their fleets. These long-term savings will recoup the upfront costs of upgrading the estate infrastructure. Ofgem reforms to the way new grid connections are funded means the charging infrastructure requirements represent a modest capital investment.

Non-financial benefits of electrification include eliminating exhaust pollution and carbon dioxide emissions, as well as operating a modern fleet of vehicles.

### Green Plan Priority 2: Procurement:

Procurement is the second priority area of focus. Using smart software to analyse purchases of non-pay goods and services will not only identify opportunities to reduce carbon emissions, but has the potential to identify significant savings. Other trusts such as Northern Care Alliance have reported high returns on investment from using the software, up to 5% per annum.

The procurement process offers opportunities to request that suppliers have carbon reduction plans in place, and that they report their progress. This is mandatory for larger contracts over £5m, but smaller providers can also be encouraged to follow suit.

### Green Plan Alignment to Strategic Objectives

The Green Plan incorporates Chief Executive David Eltringham's 10-Point plan and is also in alignment with the green strategies of Berkshire, Oxfordshire & Buckinghamshire ICS and the Hampshire, Isle of Wight ICS.

The steps identified in the Actions & Responsibilities (Chapter 6) will form a programme of sustainable transformation within a wider Trust Modernisation Programme, comprised of a portfolio of projects spanning multiple departments, but particularly focused on Fleet Services, Estates and Procurement. This will lead us towards achieving our sustainability goals and maintain compliance with our legal obligations.

## **5. Areas of Risk**

- Clinical/Quality – main potential risk identified in rapid response vehicle trials related to range and access to charging for electric vehicles. The field trials conducted by the SCAS Mental Health team, using two electric Rapid Response Vehicles, showed that no patient safety incidents arose. The vehicles remain operational.
- Financial\* - there is an upfront cost associated with upgrading the vehicle charging infrastructure. From 1<sup>st</sup> April 2023, Ofgem have changed the way that

new connections are funded, with the costs spread across all electricity consumers, which will be highly beneficial to SCAS. However, the electrical work required for individual sites is subject to site surveys and will vary from site to site. The long-term cost of operating an electric vehicle is estimated to be 21% lower than petrol/diesel vehicles, according to analysis by Cenex and NHS England. Overall savings to the NHS are predicted to be £59million per annum, much of which will accrue to ambulance trusts.

- Business – implementing Green Plan measures will require some changes in behaviour, though these should be easily managed and not adversely impact on the business. (e.g. driver training for electric vehicles; changing nitrous oxide to alternative analgesic; modal shift to alternative transport for commuting). The Green Plan should improve the business in the longer term. Not having a Green Plan could be to the detriment of the Business, especially if the CQC mark the Trust down on Environmental Sustainability.
- Reputational – failure to have a Green Plan or addressing the huge emissions from the Fleet represent a significant reputational risk to SCAS.
- Performance – implementing the Green Plan as part of a wider Modernisation Plan should improve the overall performance of the Trust, by setting it on a path for sustainable development.

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

The Green Plan is central to meeting the Trust’s sustainability objectives as set out in the “Our Future Vision & Strategy 2022-27”.

## **7. Governance**

The Green Plan is governed by Section 18 (“Green NHS and Sustainability”) of the NHS Standard Contract 2023/4, which sets out the reporting requirements. This includes:

- providing an annual summary of progress on delivery of that plan to the Co-ordinating Commissioner;
- nominate a Net Zero Lead and ensure that the Co-ordinating Commissioner is kept informed at all times of the person holding this position;
- publish in its annual report quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and an overview of the Provider’s strategy to deliver those reductions.

The Green Plan outlines the SCAS response to legislative requirements in the Health & Care Act 2022, and the implementation of Statutory Guidance from NHS England within “Delivering a Net Zero NHS 2022” policy document and the “Travel & Transport Strategy 2023”.

## **8. Responsibility**

Identify who the author/person with responsibility for implementation/area covered within the paper and the responsible Chief Officer.

Responsible Chief Officer : Stuart Rees (Interim Director of Finance)  
Green Plan Author: Jonathan Guppy (Sustainability Manager)

The Actions & Responsibilities outlined in the Appendix to the Green Plan identify numerous actions to be implemented, with the appropriate responsible person identified. This list of actions and responsibilities constitute the “Green Action Plan” approved at the Extra-Ordinary Finance & Performance Committee meeting on 19<sup>th</sup> February 2024.

## **7. Recommendations**

The Board is invited to **approve the Green Plan 2023-2028.**





## Report Cover Sheet

<b>Report Title:</b>	<b>Freedom To Speak Up (FTSU) Quarter three 2023/24 report.</b>
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	19
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>• The third FTSU Guardian position remained unsubstantiated during quarter three, however we are pleased to report this position was successfully substantiated during Q4</li> <li>• A combination of sustained high concern rates, some very complex cases and FTSU Guardian absences during Q3, necessitated a focus for the team on the reactive elements of the process, this was at the cost of the proactive elements of the role.</li> <li>• Markers in the data, such as high numbers of anonymous reporting and high numbers of confidential concerns being brought to the FTSU team are indicators that people are becoming more fearful to raise concerns openly or through other channels.</li> <li>• The themes of ‘fear’ and ‘futility’ continue, it is important to remember that these themes are seen from several sources, and in the whole to understand “<i>what it feels like to speak, listen and follow up around here</i>”.</li> </ul> <p>In Q3 the FTSU team highlighted “Conflicts of Interests” as a barrier, this theme includes perceived “Cliques”, “Clubs”, “Relationships” and “Groups”.</p> <p>This brings into focus the importance of the work that the Trust is undertaking in the areas of Governance including;</p>

	<p>Governance Assurance and Accountability Frameworks, Declarations of Interests and Conflict of Interests policy. Elements of learning from this have been shared with the Ambulance Association Chief Executives (ACCE) Subject Matter Experts (SME's) &amp; National Guardians Office (NGO) and the South East Regional FTSU Group.</p> <ul style="list-style-type: none"> <li>• A theme of people contacting FTSU in relation to requested reasonable adjustments being declined emerged in Q3</li> <li>• This report <b>including</b> the appendices puts us in line with national governance and reporting requirements</li> </ul>
<b>Recommendations:</b>	<p>The Trust Board is asked to:</p> <p>Note and approve the content and information in this report</p>
<b>Accountable Director:</b>	Melanie Saunders, Chief People Officer
<b>Author:</b>	Simon Holbrook, FTSU Guardian Lead
<b>Previously considered at:</b>	People and Culture Committee
<b>Purpose of Report:</b>	Note/Approve/Assure
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options -</b></p> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	All Quality Domains
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	Not applicable
<b>List of Appendices</b>	Not applicable



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	<b>Freedom To Speak Up (FTSU) Quarter three 2023/24 report.</b>
<b>Author</b>	Simon Holbrook, FTSU Guardian Lead
<b>Accountable Director</b>	Melanie Saunders, Chief People Officer
<b>Date</b>	21/03/2024

### 1. Purpose

The purpose of this paper is to:

- provide assurance to the Trust Board via the People & Culture Committee of a healthy and effective Speak, Listen and Follow up culture in line with current best practice & regulatory requirements (NHSE; June 2022 & National Guardians Office (NGO), February 2024) for Quarter three 2023/2024
- provide a concise overview and enough information to allow leaders to make an informed decision on the items highlighted.
- highlight the work undertaken and the key areas for improvement, these would include those underlined in the executive summary below

### 2. Background and Links to Previous Papers

Previous FTSU board reports, People and Culture, Tripartite Assurance, Culture & Staff Wellbeing, and People Voice Meetings

### 3. Executive Summary

- This paper is to highlight the work undertaken (appendices attached) and the key areas for improvement, these include;
  - a) The third FTSU Guardian position remained unsubstantiated during quarter three, however we are pleased to report this position was successfully substantiated during Q4
  - b) A combination of sustained high concern rates, some very complex cases and FTSU Guardian absences during Q3, necessitated a focus for the team on the reactive elements of the process, this was at the cost of the proactive elements of the role.

- c) Markers in the data, such as high numbers of anonymous reporting and high numbers of confidential concerns being brought to the FTSU team are indicators that people are becoming more fearful to raise concerns openly or through other channels.
- d) The themes of 'fear' and 'futility' continue, it is important to remember that these themes are seen from several sources, and in the whole to understand "*what it feels like to speak, listen and follow up around here*".

In Q3 the FTSU team highlighted "Conflicts of Interests" as a barrier, this theme includes perceived "Cliques", "Clubs", "Relationships" and "Groups".

This brings into focus the importance of the work that the Trust is undertaking in the areas of Governance including; Governance Assurance and Accountability Frameworks, Declarations of Interests and Conflict of Interests policy.

Elements of learning from this have been shared with the Ambulance Association Chief Executives (ACCE) Subject Matter Experts (SME's) & National Guardians Office (NGO) and the South East Regional FTSU Group.

- e) A theme of people contacting FTSU in relation to requested reasonable adjustments being declined emerged in Q3
- f) Reported previously, but also undertook during Q3 was the "Summary of FTSU month" and the visit by Suzanne McCarthy, Chair of the National Guardians Office Accountability and Liaison Board
- g) To acknowledge the support from senior leaders and staff in SCAS during FTSU month 2023 in Q3 (previously reported ) which remains ongoing.  
This year was the best ever for face to face support from Executive and Board members including- Trust Chair, Chief Executive Officer, Chief People Officer, Chief Nurse, Chief Operating Officer, Assistant Director of Organizational Development, Assistant Director of Quality, Assistant Director of Commercial Services, support from Subject Matter Experts including; Head of Equality, Diversity & Inclusion, Research Team, local Heads of Operations, Infection Prevention and Control team and the Health and Wellbeing team

#### 4. Areas of Risk

Key areas of risk include:

- **Clinical/Quality-** (fear and / or futility, can result in silence)
- **Financial-** (staff retention, reasonable adjustments, unable to recruit to key roles)
- **Business-** ('Combinations' of changes in Q3; MARS, Transformation / Fit for Future, REAP 4, financial pressures)
- **Reputational-**(Care Quality Commission Well led, NHSE Self-assessment, National Guardians Office guidance)
- **Performance-**(People's capacity to be able to listen and follow up on suggestions for improvement)

#### 5. Responsibility

It is the responsibility of staff and all leaders and managers to role model Speaking,

Listening and Following up, however the FTSU lead is the lead Subject Matter expert and the Chief People Officer is the Executive Lead for FTSU

## **7. Recommendations**

The Board is invited to note the information found in the appendices and agree/approve actions in response to the areas highlighted in the above Executive summary and risks sections

## Appendix A

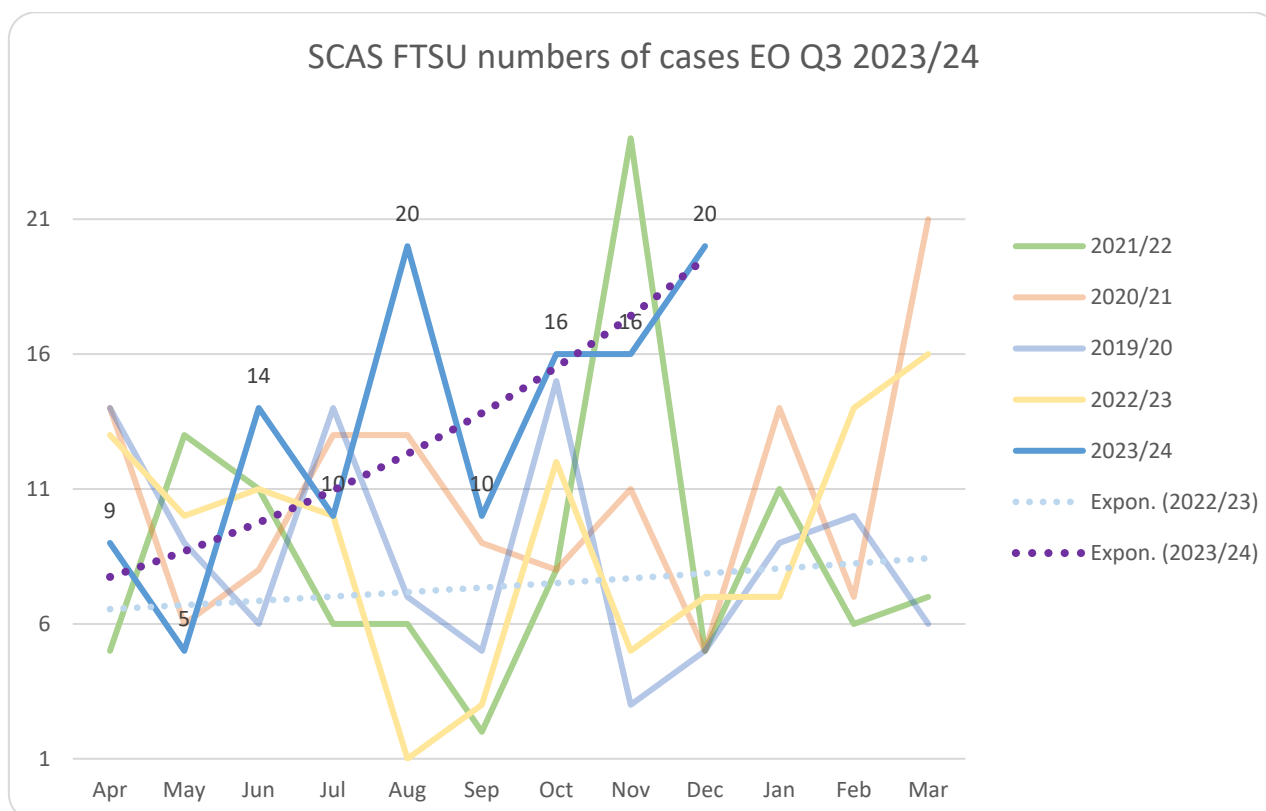
### Freedom To Speak Up Quarter three (Q3) 2023/24 report

#### Purpose

The purpose of this paper is to provide assurance to the Trust Board via the People & Culture Committee of a healthy and effective Speak, Listen and Follow up culture in line with current best practice (NHSE/I; June 2022 & National Guardians Office (NGO); February 2024) for Q3, 2023/2024

#### Assessment of Cases

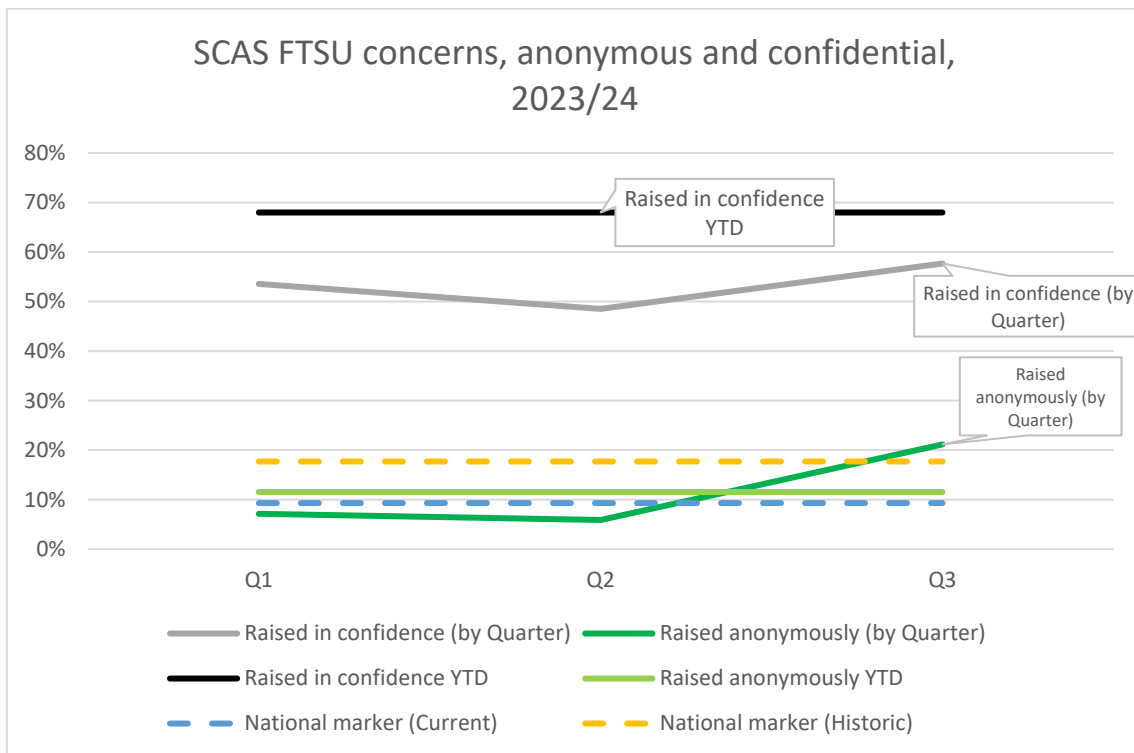
1. The following data and narrative provide information on the numbers and types of cases being dealt with by the SCAS FTSU team.
2. For SCAS, fifty two cases were raised in Q3, the chart below illustrates the numbers of cases by category both for Q3 and the previous years for comparison



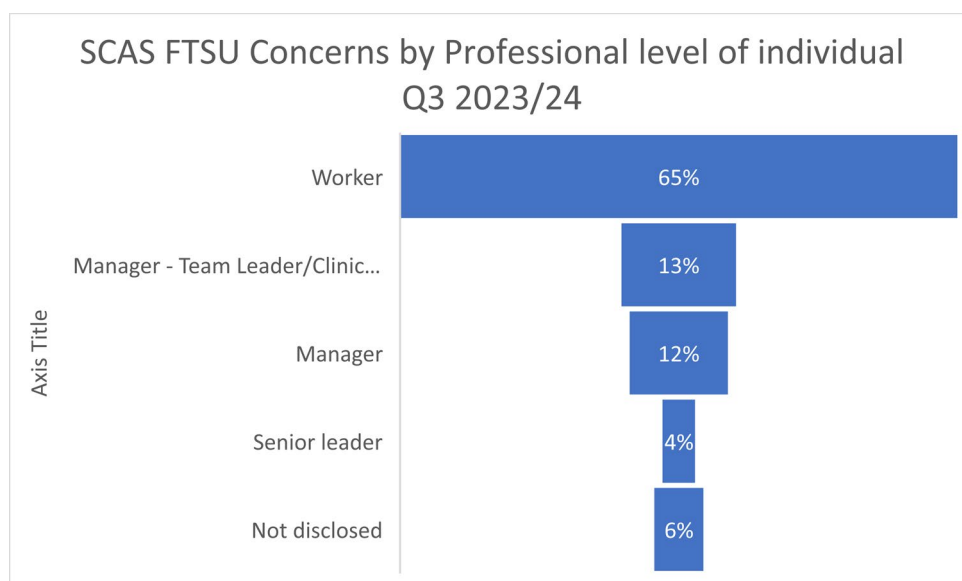
3. It can be shared that these cases were spread across multiple services
4. This increase in concerns occurred at a time when, conventionally, numbers of cases are low.
5. The data continues to indicate our Operations Directorate as having the highest numbers of concerns in both rolling and Q3. This is reflective of the context the operations directorate operates in.
6. In Q3 the percentage of cases raised with the FTSU team confidentially started to increase, also eleven concerns (21%) were raised anonymously (the national annual average (based on 22/23 data) has now dropped to 9.3%).
7. This should be seen as an indicator of people feeling fearful of raising concerns

openly or through other channels.

8. However, people are continuing to contact the FTSU team with protected characteristics or as part of the vulnerable groups.
9. The chart below gives more detail on confidential and anonymous concerns for Q3, year to date and national benchmarks (where available)

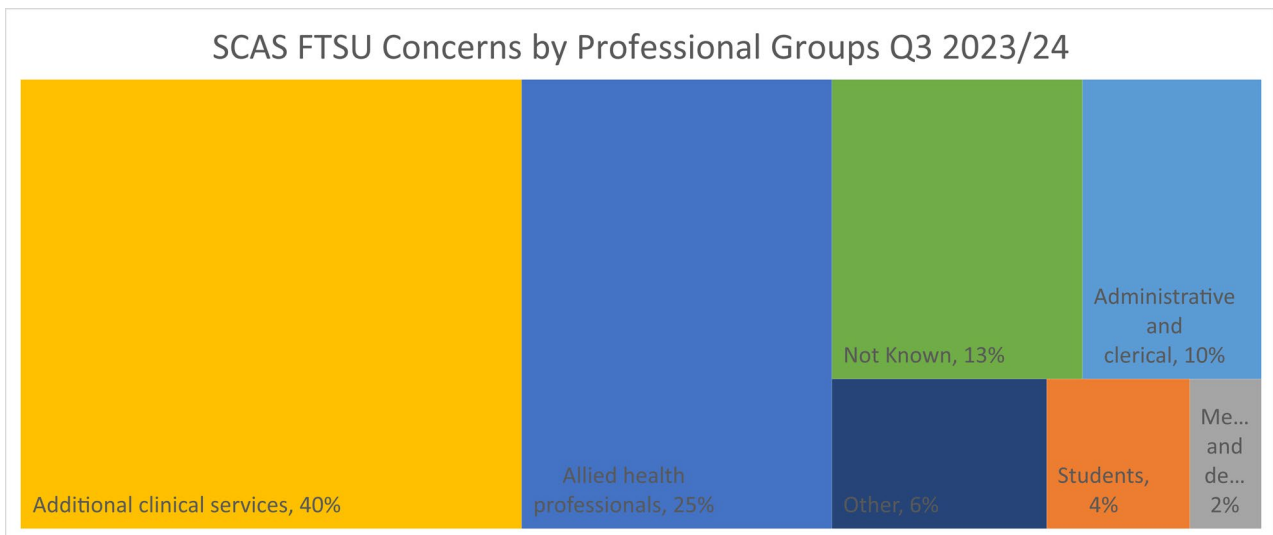


10. In the professional level category chart below, it can be noted that the numbers of managers and team leaders raising concerns continues to increase, this highlights the importance of these roles in fostering a Speaking, Listening and Following Up culture and how setting the tone for the organisation cannot be understated; role-modelling by leaders is essential to set the cultural tone of the organisation.



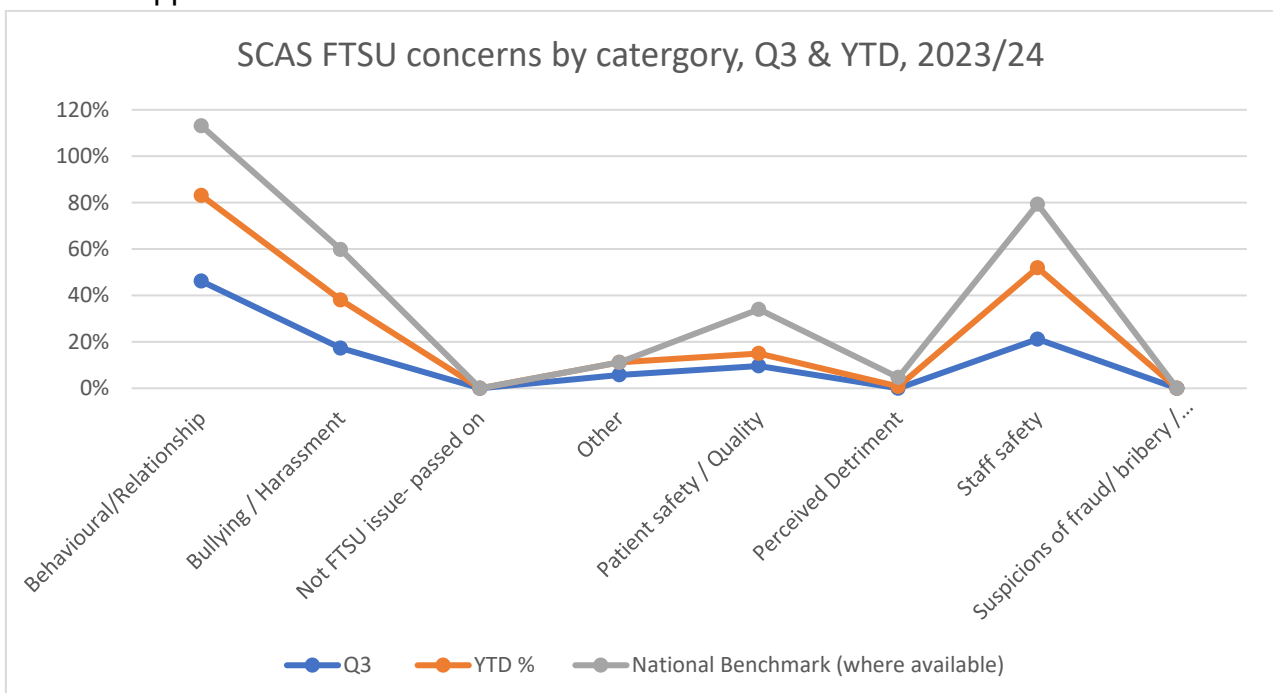
11. The professional groups category data (below) continues to demonstrate that FTSU role is also being accessed by a broad range of professional groups,

notable increases in Q3 include Allied Health Care Professionals (AHCP's), which has increased from 15% in Q2, and Students which has increased from 2% in Q2



### Potential patient safety or worker experience issues

12. The primary category of concerns for Q3 2023/24 compared with 2023/24 rolling can be seen in the graph below, further analysis of the subcategories can be found in appendix B



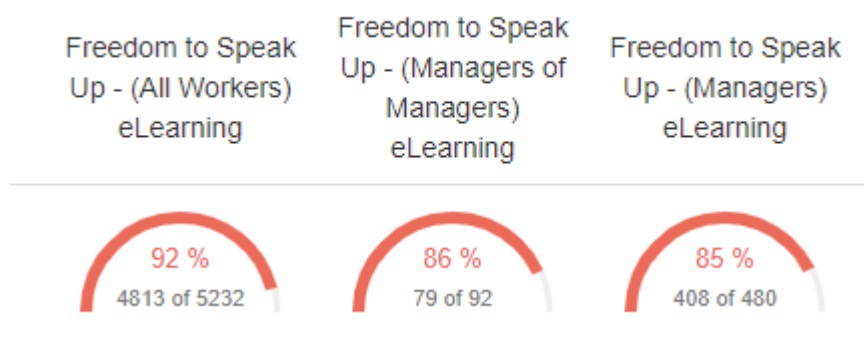
13. There were three patient safety concerns raised in Q3, having been triaged and any immediate mitigations put in place, the following updates can be shared:

- a. One patient safety concern was raised relating to a safeguarding system issue in Q3, this remains with the Clinical Team
- b. One patient safety concern was relating to Zoll monitors (pre the trustwide Zoll upgrade to Version 2.36, which was subsequently rolled out in Q4)
- c. After an initial looking into, one patient safety concern was managed as “system & process” and is being looked into by the local operational management team



14. Following adjustments to the recording system previously discussed, we can report that FTSU received two concerns categorised as 'Sexual Inappropriateness', it can be shared that one is relating to a concern raised by a student and some perceived creepy/ clumsy behaviours, this was resolved by one of our University Education Managers with support from various SME's and the other case was appropriately supported and resolved by local line managers.
15. We continue to see a number of responses from the organisation that can be seen as good practice (cases above as some examples) and some of these include responding to anonymous concerns, which are recognised as being challenging to respond too. The FTSU team captures and share these examples as good practice promoting them at the leaders and managers drop in calls, level one meetings and for the 'what have we learnt from' going forward.
16. During Q2 the FTSU eLearning dashboard was fully illuminated, during Q1 & Q2 there were national technical issues with the 'Managers of managers' modules, compliance rates at the end of Q3 can be seen below.

The "all workers" compliance has increased from 83%, the "Managers of managers" compliance has increased from 62% and the "Managers" compliance has remained the same:



### **Action taken to improve the speak, listen and follow up culture during Q3**

#### **FTSU team have attended (when available):**

- ✓ Various internal SCAS meetings, webinars and groups
- ✓ Regional FTSU meetings & calls on our footprint
- ✓ Association of Ambulance Chief Executives (AACE) National ambulance network meetings
- ✓ National Guardians Office specific webinars
- ✓ Supportive call with NGO

#### **FTSU team have prioritised delivery of:**

- ✓ Training to further cohorts of FTSU Champions, taking the total to 36 FTSU Champions from across services and diverse and vulnerable groups, including students, with concerns being signposted to the FTSU team by these FTSU

## Champions

- ✓ KIT (Keep In Touch) calls with champions
- ✓ Introduction call and shared data with the SCAS PSIRF lead

## **Other activities to improve Speak, Listen, and Follow up culture include:**

- ✓ Continued good attendance at our leaders and managers drop-in sessions, we have an average of 32 attendees per session this FY.
- ✓ FTSU policy was presented to various groups for consultation and governance during Q3, this was in preparation for publication by the mandated deadline of end of month 10 of Q4.
- ✓ Adding information to the “You said we are doing” on People Pulse page.
- ✓ Supported a devolved Ambulance Trust develop their FTSU system and team
- ✓ Attended our universities inductions in Q3
- ✓ Completed and presented an update of our FTSU NHSE Reflection and planning tool to the People and Culture committee
- ✓ Worked closely with our Safeguarding team, supporting events, such as White ribbon and Domestic Violence
- ✓ Attended Frimley ICS FTSU Leads calls
- ✓ Submitted quarterly data to the NGO
- ✓ Continued to work with our BI team on our system specification.
- ✓ Attended as many as possible bespoke team meetings to assist in understanding and share learning
- ✓ Presented FTSU as a main topic at an all SCAS webinar
- ✓ Jointly published a Staff matters article with the Executive Director of Operations
- ✓ Delivered FTSU month in October (previously reported) aligning to the planned national theme of Breaking Barriers to speaking up and linking into black history month
- ✓ Continued working closely and collaboratively with our ED&I lead on the sexual safety campaign and charter
- ✓ Supporting at least two of our neighbouring trusts with advice and guidance on complex FTSU concerns
- ✓ Inputting data and information into the People Voice repository
- ✓ Promoting the availability of FTSU to all of our leaders
- ✓ Keep In Touch calls with our Trust Chair, CEO, Exec lead and NED lead
- ✓ Presented at inductions.
- ✓ Attended SCAS; Learning from Experience Forum, Leadership and all staff webinars, Work force development board, DARE network, ED&I steering group,
- ✓ Undertook external supervision

## Appendix B - further analysis of the subcategories

Primary category					
Bullying or harassment	0%	0%	2%	2%	15%
Other inappropriate attitudes or behaviours	2%	6%	35%	2%	6%
Patient safety/quality	0%	0%	6%	0%	4%
Worker safety or wellbeing	2%	0%	13%	2%	2%
	Bullying or unwanted behaviour related to any of the following: age, disability, gender reassignment, race, sex and sexual orientation	Behaviour that is offensive, intimidating, malicious or insulting	Actions contrary to an organisation's values	Incivility	Behaviour that is an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone
<b>Secondary category</b>					

### Notes:

- The Bullying or harassment and Behaviour that is offensive, intimidating, malicious or insulting grouping has reduced from 12%
- The Other inappropriate attitudes or behaviours and Actions contrary to an organisation's values grouping has increased from 26%
- Worker safety or wellbeing and Actions contrary to an organisation's values grouping has reduced from 24%
- The Bullying or harassment and Behaviour that is an abuse or misuse of power that undermines, humiliates, or causes physical or emotional harm to someone grouping has increased from 3%



## Report Cover Sheet

<b>Report Title:</b>	National Staff Survey 2023-24
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	20
<b>Executive Summary:</b>	<p>The NHS Staff Survey (NSS) describes how our NHS people experience their working lives. Its strength is in providing a national picture alongside local detail, enabling staff voices, providing the data organisations need to improve staff engagement and experience, and tracking progress towards achieving the People Promise.</p> <p>During the Autumn of 2022 SCAS ran the 2023 NSS between September and November 2023, 52% of the eligible workforce participated.</p> <p>The 2023 results are of particular importance given they will go some way to demonstrate whether the Trust programme of improvement, whether cultural, governance, clinical or quality is making a difference to our people.</p> <p>The Trust results showed an improvement across all people promise themes, with 24 scores showing a statistical improvement and only 2 showing a statistical decline from 2022. The presentation attached outline the progress across the Trust along with some further detail on the areas of particular focus during 2022.</p> <p>Whilst an improving set of results overall, this should be balanced against the fact the Ambulance sector as a whole have the lowest scores across the range of themes within the national staff survey.</p>
<b>Recommendations:</b>	The Board is asked to: Note and discuss the results of the 2023 NSS.

<b>Accountable Director:</b>	Melanie Saunders, Chief People Officer
<b>Author:</b>	Nicola Howells, Assistant Director of OD
<b>Previously considered at:</b>	January <b>Private Board</b> (whilst results were under embargo)  March <b>People &amp; Culture Committee</b> (21 <sup>st</sup> March 2024) explored further detail on burnout & stress along with indicators of compassionate leadership.
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public, full NHS NSS results are available to view <a href="#">National results across the NHS in England   NHS Staff Survey (nhsstaffsurveys.com)</a>
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• Acceptable</li> </ul>
<b>Justification of Assurance Rating:</b>	Not applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	Learning and areas of focus for 2024 will be developed through the Trusts People Voice programme and reported back to the board via the Executive Team and People & Culture Committee.
<b>List of Appendices</b>	Full SCAS NSS results available to view here:  Full report: <a href="#">NHS Staff Survey Benchmark report 2023 (nhsstaffsurveys.com)</a> Benchmark Report: <a href="#">NHS Staff Survey 2023 Breakdown Report (nhsstaffsurveys.com)</a>

## Upward Report of the – People and Culture Committee

**Date Meeting met**            **18<sup>th</sup> January 2024**  
**Chair of Meeting**           **Ian Green, Chair**  
**Reporting to**                 **Board**

Items	Issue	Action Owner	Action
<b>Points for escalation</b>			
FTSU self-assessment	The committee noted that there had been improvements in our FTSU self-assessment since the last review but were concerned that one area had deteriorated, relating to funding for staffing. We sought and obtained assurance that progress was being made in securing funding through the budget setting process.	Chair	To flag to Board
Appraisals	Whilst the committee were pleased to note progress in many of the staffing metrics, concern was raised about the challenges in delivering the appraisal targets. Deep dive will take place at the next meeting	CPO	Review at next meeting
<b>Key issues and / or Business matters to raise</b>			
<b>Areas of concern and / or Risks</b>			

BAF	We reviewed the BAF. We sought assurance that the actions outlined in the relevant sections of the BAF are being progressed in accordance with set timescales. If not how would these risks be further mitigated	CPO	
National Equality Delivery System Assessment	“Developing” internal assessment noted. Concern raised about the language and approach required in this national document.. To feedback to NHSE	CPO	Document to be presented to next meeting of the board prior to publication
<b>Items for information and / or awareness</b>			
National Staff Survey	Committee reflected upon the early data from the national staff survey	CPO	Board meeting to March public Board
<b>Best Practice and / or Excellence</b>			
NHSE People Promise Exemplar Programme	SCAS successful in securing funding to be part of Wave 2 of the NHS England programme		
<b>Compliance with Terms of Reference</b>			
<b>Policies approved*</b>			
FTSU Policy approved ready for consideration by the Board	Noted that whilst the policy is in line with national guidelines some of the language in the appendices are difficult to follow and feedback should be provided to the NG office. Committee sought assurance on how the new policy would be communicated to staff.		Been to Board for approval
Policy Review	Committee received some assurance on progress in updating the suite of people related policies and asked that further detail is provided as to where policies should be approved	CPO	

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

**Author: Ian Green**

**Title: Chair**

**Date: 6<sup>th</sup> March 2024**





## Report Cover Sheet

<b>Report Title:</b>	Communications, Marketing and Engagement Update
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	22
<b>Executive Summary:</b>	<p><b>Media</b>  SCAS has featured prominently on BBC News items, both broadcast and Radio. Much proactive work is going on to publicise innovative projects that SCAS is working on collaboratively with both NHS and non-NHS partners.</p> <p><b>Engagement - members, public and staff</b>  Much work is underway to support the delivery of our Engagement agenda, thereby delivering our Communications strategy and achieving SCAS's corporate goals</p> <p><b>Modernising SCAS – 'Fit for the Future' (FFF)</b>  Communications has been actively supporting as the programme of work gathers momentum. Engagement and communication are key to its delivery and success.</p>
<b>Recommendations:</b>	<p>The Board of Directors is asked to:</p> <p>Note the contents of this report.</p>
<b>Accountable Director:</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
<b>Author:</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
<b>Previously considered at:</b>	Not Applicable
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public

<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <b>Assurance Level Rating:</b> Significant
<b>Justification of Assurance Rating:</b>	Not applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	
<b>Quality Domain(s)</b>	Not Applicable
<b>Next Steps:</b>	Not Applicable
<b>List of Appendices</b>	Not Applicable



## Meeting Report

<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Title</b>	Communications, Marketing and Engagement Update
<b>Author</b>	Gillian Hodgetts
<b>Accountable Director</b>	Gillian Hodgetts
<b>Date</b>	28 March 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

#### ❖ Media

#### **SCAS staff educate the public about the pressure on 999 services**

On 22 and 23 February, SCAS featured on BBC South Today, with BBC News online also carrying the same story: <https://www.bbc.co.uk/news/uk-england-oxfordshire-68332610>. BBC Health Correspondent, Alastair Fee visited Reading Resource Centre, to follow an ambulance crew and a specialist practitioner on shift.



Alastair spent time with specialist practitioner Bryn Umapalan, paramedic Andy Morris and student paramedic Andy Payne, finding out about their roles and the pressures that they are being faced with this winter.

Following the broadcast, student paramedic Andy Payne took part in two follow up live radio interviews with BBC Berkshire and BBC Oxford.

The audio of Alastair's report on his day with the ambulance crew, was played in full on BBC local radio stations, along with Andy Payne's radio interviews:

BBC Radio Berkshire: <https://www.bbc.co.uk/sounds/play/p0h7ygp6> (starts 01:10:20)

BBC Radio Oxford: <https://www.bbc.co.uk/sounds/play/p0h7y5jd> (starts 01:20:05)

The story was followed up by a further interview with BBC Radio Solent which was undertaken by the University of Portsmouth and student Katie Jones, who is on placement with SCAS in North Hampshire. The interviews demonstrated a very honest portrayal of the pressures SCAS faces every day but also of the committed and passionate staff that we have in our organisation.

***The Princess Royal visits emergency services showcase at Ordnance Survey, Southampton, to see how cutting edge data can build a resilient and safe Britain***

On Thursday 15 February 2024, a team from SCAS, Vivienne Parsons, Keith Packwood and Mark Green, had the pleasure of meeting HRH The Princess Royal.



Credit: Ordnance Survey

The team had been invited by [Ordnance Survey](#) (OS) to an event alongside other organisations to showcase the partnership working with OS. It highlighted the innovative ways the UK is now mapped and how this helps the emergency services,

including SCAS, to reach people more quickly to provide the care and support needed.

The SCAS team talked to HRH The Princess Royal, about their use of OS data and analytics to select locations to undertake realistic training exercises. They also use this data to identify physical and other barriers that mean some publicly accessible defibrillators aren't always used when a patient suffers a cardiac arrest nearby.

SCAS Resilience Manager, Keith Packwood, who spoke to Her Royal Highness at the event, explained: "In areas like the New Forest, where there are lots of gates, fences, private only access and other obstacles, we are not always able to access the location from information provided by the 999 caller. Sometimes we might have a situation where we have found their access point but then had to travel miles in the opposite direction to find access for our own vehicle."

#### **4. Engaging with members, the public and our staff**

We have now set up and established regular communication bulletins which we send out regularly to our members and stakeholders:

Item	Frequency
Governor bulletin	1 x week
Membership bulletin	1 x month
Stakeholder bulletin	6 x year

The Membership and Engagement Committee (MEC) was held in February and included governor case studies delivering key messages on the 'Fit for the Future' (FFF) programme and on reducing health inequalities. A speaker from Civica Election Services presented a paper on the single transferable vote (STV) for governors to consider and it was also farewell to Loretta Light, who has been a valuable member of the MEC and will be much missed.

We also arranged a workshop on engagement for the Council of Governors. This included an update on the FFF programme, case studies presented by Anne Crampton and Hilary Ramsay on effective engagement, a stakeholder mapping exercise, and an activity to get feedback from governors on what support they can give SCAS on communicating key messages on FFF. Feedback was collated and shared by the Company Secretary.

#### **Your Health Matters**

'Your Health Matters' are a series of public talks aimed at our Foundation Trust membership and also the wider public. The talks feature our expert healthcare professionals explaining the work they do in SCAS, often in collaboration with other partners. There is an opportunity for 'Questions and Answers' at the end of the speakers' presentations and the talks are held either online or in person. Attendance has ranged from 60 delegates attending in person to 350 registered online.

Date	Title	Partner
December 23	The challenge of trauma	Oxford University Hospitals
April 24	How to care for your child in an emergency (title TBC)	University Hospitals Southampton
June 24	Launch of Resuscitation Council (RCUK) paper on reducing health inequalities and bystander Cardio-Pulmonary Resuscitation	RCUK
Date TBC	Heart Health	Frimley NHS

We are currently working on a stakeholder survey to gather views on partnership working, reviewing our progress to date. This will support the development of a stakeholder engagement strategy aligned to SCAS's strategic objectives and establish our engagement approach, outlining objectives across different stakeholders and identifying how we will capture their views about SCAS and report upon them.

## **Elections**

There are vacancies for 1 x public governor in Oxfordshire and 2 x staff governors in 999 operations south and north. We launched a publicity campaign in February to promote both the internal and external vacancies across a range of communication platforms, channels and stakeholder networks. The nominations will run in March, with elections happening in April.

## **Using digital to improve staff engagement**

Keeping staff members updated with the latest clinical, operational, and corporate information has never been so important. Throughout the Covid pandemic, it was necessary to update staff, sometimes on an hourly basis, with information which supported the way that staff cared for patients over the phone and/or in person. As information requirements are changing, so is the need for new digital technologies to support the delivery of communications. We are working closely with the Information Technology team to utilise current technology to bring benefits to staff and in doing so support our service and the delivery of patient care.

## **Seeking views from staff on patient safety and flu vaccinations**

During February we have been running two concurrent surveys which sought to gauge the opinions and thoughts of staff with regards to patient safety and also on the most recent internal flu vaccination campaign.

The first, a patient safety survey, is based on guidance from the Manchester Patient Safety Assessment Framework (MaPSAF). This is an academically accredited tool used to measure attitudes, behaviours and perceptions related to patient safety. This questionnaire enables the Patient Safety Team to eliminate barriers to reporting.

This includes addressing perceptions, attitudes and behaviours which negatively influence reporting of patient safety incidents.

The second is an internal survey being conducted regarding our internal flu vaccination campaign.

The surveys will seek staff views regarding these important topics and ultimately this will be used to improve the care of both patients and staff.

## **5. Fit For the Future Programme (FFF)**

Work on SCAS's modernisation programme, 'Fit for the Future' continues at pace. The team continue to provide communications and engagement support to the programme, via a dedicated communications workstream.

Recent activities include:

- Content on programme Hub site including workstream lead visibility.
- Schedule of bi-monthly 'all staff' FFF webinar sessions.
- Finalisation and publishing of outstanding FAQs from first webinar.
- Presenting at Council of Governor workshop and meeting.
- Fleet services and volunteer communications clarified to ensure regular contact.
- Rotational timetable produced for weekly programme updates to be uploaded to news section on the FFF Hub site, Staff Matters and Viva Engage.
- Senior Leadership Group/Executive Direct Reports FFF session held on 19<sup>th</sup> February to build/reinforce management cascade of information and influence.
- 'Message from the Exec' covering FFF in the weekly 'Staff Matters' publication and on The Hub – 19<sup>th</sup> Feb.
- FFF message produced for Stakeholder Bulletin sent.

Continuous engagement with staff and with unions will require a comprehensive programme of communications activities. A dedicated communications expert will be embedded into the programme team to provide communications advice, deliver a series of briefings and events and to generally ensure that both our staff and stakeholders feel fully engaged and involved in the modernisation of SCAS. Programme success will depend heavily on staff being able to influence and articulate the programme of change, benefitting not only those who work in the service but those whose care is delivered by it.

## **6. Responsibility**

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

## **7. Recommendations**

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



## Report Cover Sheet

<b>Report Title:</b>	Chief Digital Officer Report
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	Digital Update
<b>Executive Summary:</b>	To provide an update to the SCAS board of directors and executives on key issues, achievements, and upcoming plans within the Digital Function.
<b>Recommendations:</b>	Note
<b>Accountable Director:</b>	Craig Ellis, Chief Digital Officer
<b>Author:</b>	Craig Ellis, Chief Digital Officer
<b>Previously considered at:</b>	Not Applicable
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Private
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b>  <b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Not applicable
<b>Strategic Objective(s):</b>	Technology Transformation
<b>Links to BAF Risks or Significant Risk Register:</b>	SR8 - Ability to Deliver the Digital Strategy
<b>Quality Domain(s)</b>	Not applicable



<b>Next Steps:</b>	Note
<b>List of Appendices</b>	Not Applicable

# Chief Digital Officer's Report (March 2024)

## Introduction

Moving towards my first three-months in post, I am pleased to write my first formal Digital board report highlighting key activities and progress to date across the Digital function. Firstly, I would like to note the warm welcome from the board members, CEO and fellow executives who have all helped to make my transition into SCAS a smooth start. SCAS is a fantastic organisation, with some very talented and hard-working employees including members of my own department, however we face challenging times, and I am pleased to join at such a transformational time leading the Digital Function.

The functions under my leadership are primarily split across two core areas, Digital (IT) and our Business Intelligence Function which moved over at the start of the month. Within the Digital function there are around 70 employees split across five main areas of Critical Applications, ICT Systems, Service Desk, Programme Delivery and Cyber Security. The primary role of the function is to ensure the safe and secure delivery and operations of IT services to SCAS, and to ensure IT services are operating 24/7 to the associated SLA's.

The Business Intelligence function (previously under Mike Murphy) has around 20 employees with a primary role to build and deliver Data Analytics for the organisation, and to utilise our data to the maximum extent in a proactive, innovative manner.

Both departments are critical to SCAS, enabling our core capabilities across operations and enabling our corporate functions to undertake their roles. Digital capability is key to enable transformation across our organisation in a number of areas (financial, operational, cultural), whilst the Cyber Security function holds a critical responsibility to keep our core IT systems and our employees safe and secure at all times, and to minimise associated cyber security risks faced today by all organisations.

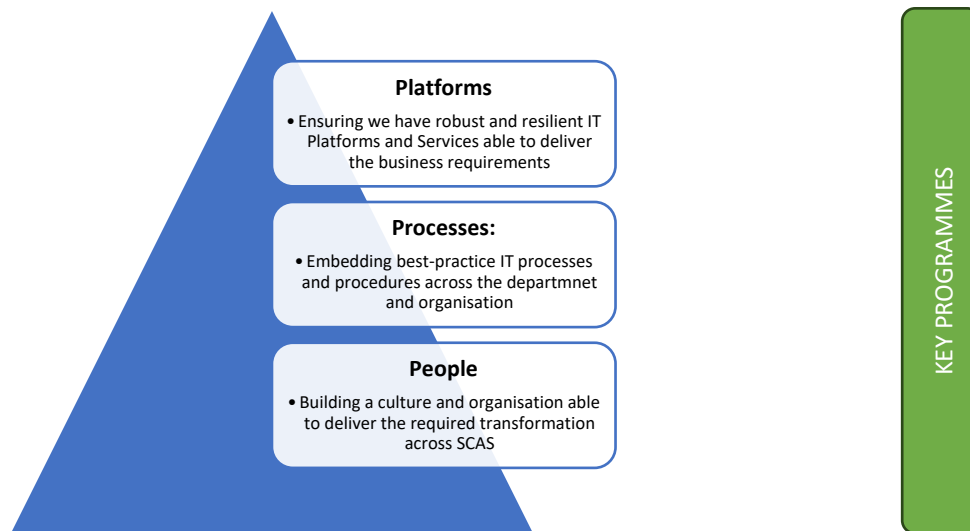
## Initial Insight

Within my first three-months, I have taken the opportunity to engage and listen to a large number of stakeholders and employees within SCAS to form an initial view of the Digital function and our way forward. Initial feedback would be summarised as –

1. A functioning department “keeping the lights on” in difficult circumstances but struggling to prioritise and manage the continual daily pressures of the operational business, wider industry IT requirements and changing external factors (Cyber Security, AI, IT legacy challenges).
2. A lack of “investment” across the function for a number of years, both from a financial, management and cultural perspective. Whilst a number of capital projects have occurred in recent years, and the yearly IT operating cost has risen significantly in the last five-years, project objectives have often been based on achieving the minimum requirements to keep the services running.
3. A lack of engagement, awareness and buy-in at a board/executive level, reflecting in a poor/inadequate IT risk management maturity posture which is currently unable to clearly articulate the current risks and associated consequences to the board/executive to enable correct decision making.
4. A lack of leadership, man-management, and development of employees overall within the function. Whilst a number of employees are engaged and actively seeking transformation and improvement, many employees in the department feel under-represented, un-engaged and have not been managed in core areas (development reviews, team management, learning and development) resulting in demotivation and an “apathy” to change.

5. Lack of engagement with our front-line colleagues, and a lack of clear direction on how IT is enabling our front-line colleagues and better patient care. The general feeling is that the Digital function is quite “remote” and “insular” and has not been engaged with the changing needs of the front-line workers or patient care.

I am currently drafting a detailed review of the Digital function including an overview of core risks and issues across the function and a clear plan of action to resolve in the short, medium, and long term, focused on three core pillars of People, Processes and Platforms.



The current aim is to deliver this report to the EMC and the SCAS Board in April, subject to board agenda slots.

In addition, this month I have introduced a number of changes within the Digital Organisation to enable near-term capability, remove single points of failure and enable change. The core changes are as below -

- Moving the Information Governance Manager from under the Head of IS/Cyber directly to myself. This is to free-up capability in our Head of Information Security, and to enable development in the IG manager
- Focus Groups established within the ICT Systems team. We have asked all 14 engineers to move into one of four “focus groups” to bring dedicated focus to our datacentres, patching, ITIL process and service delivery/innovation.
- We have moved the network team under the Telephony manager to make a new team focused on networks and telephones under a B7 line-manager. This will help to remove single parties and enable the line-manager to grow/develop his management skills.

## **Key Issues and Achievements**

### **Issues**

During the month of February and March we had two major incidents affecting IT services across SCAS. Below is a brief summary.

- **CAD Platform Outage (14/02/2034)**

- On the 14<sup>th</sup> of February @0730 hrs the Computer Aided Despatch system failed causing an outage of 2 hours and 20 minutes during which time Business Continuity was implemented with the Call Centres across the Trust resorting to paper records. The root cause of the issue was identified as an IT infrastructure failure (CAD server) and a failure of the automatic failover due to an earlier separate issue. Incident under review with Lessons Learnt Assessment underway.
- **Esuits Platform Outage (14/02/2024)**
  - During an approved planned work to deliver new capabilities to our call-centre telephony platforms, the implemented changes caused an unexpected outage circa 01:00am with the inability to rollback. The issue was resolved at 08:00 when the vendor began their working day. Incident under review with Lessons Learnt Assessment underway with a focus on supplier out-of-hours engagement, and bringing in a more robust change approval process across IT.

## Key Achievements

- **Control Room System Platform Upgrade (ESMCP Project)**  
On the 13<sup>th</sup> of March, SCAS transitioned onto a new Integrated Communications and Command System (ICCS) platform which is a centrally hosted and managed service provided by the Ambulance Radio Programme. SCAS is the 7<sup>th</sup> Trust to have migrated from the legacy DS2000 system to the new platform, however SCAS is the first trust to make radio calls over the new Dispatch Communications Service, connected to Airwave.
  - ✓ A brilliant achievement across a number of functions displaying “One SCAS”
- **Business Intelligence (BI) Infrastructure Upgrade**  
The BI Infrastructure was migrated to the new datacentre during March, on which after completion of the migration, significant performance improvements were identified in our reporting capability.
  - ✓ The improvements represented a reduction in IT load-times of approximately 80 – 85% when compared to the old infrastructure (e.g. 2 hours load reduced to 20 mins).
- **Digital Org Changes**  
Changes within the existing Digital Organisation have been proposed and agreed with a go-live on the 1<sup>st</sup> April. The changes are to provide greater clarity on roles and responsibilities, removing single points of failure and enhancing opportunities for staff to develop areas of expertise within their current roles.

## In Summary

Overall, a positive month for the Digital function in which we have successfully delivered a number of key programmes, resolved a major IT incident with limited impact and delivered organisation change with pace to enable our capability with immediate effect.

On a personal level the recent executive workshops around our Fit for the Future strategy, and our Financial Planning have been engaging, positive and challenging, and I have very much felt the support of both David, and my fellow executives in my first 100-days.

My own leadership team is capable, engaging and are open to leading and transforming SCAS as is needed. We face a large number of daily issues and incidents, and continue to operate in a largely reactive manner, however there is focus and time on developing our plan for change and how we build a “Fit for the Future” digital organisation to serve our internal employees, and care for our patients going forward.

**Craig Ellis**  
Chief Digital Officer – March 2024



## Report Cover Sheet

<b>Report Title:</b>	Board Assurance Framework
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	25
<b>Executive Summary:</b>	<p>Changes to the BAF risks are highlighted yellow.</p> <p>BAF risks have been aligned to high rated risks (15+) in the Trusts risk register.</p> <p><b>BAF risk 1: Score 12 (Chief Nurse Officer / Chief Medical Officer)</b>        Risk remains at 12 (Major x Possible) with actions ongoing to move the Trust to PSIRF ongoing. The new asset management system has been approved and a project has been set up with the supplier with a go live date of July 2024. This will significantly improve the Trust's ability to track and monitor its medical devices, equipment, and consumables.</p> <p><b>BAF risk 2: Score 20 (Director of Operations)</b>        Risk remains at 20 (Catastrophic x Likely) following review at Ops Board. This is due to the ongoing operational pressures and handover delays continuing to be an issue impacting performance. The performance cell review and proposal have gone to EMC for a 7 day / 8-hour cell. Work is taking place to review fleet working practices to gain efficiencies. There is a delay to the new DCAs due to a workforce issue at the converters.</p> <p><b>BAF risk 3: Score 12 (Chief Strategy Officer)</b>        Risk remains stable at 12 (Major x Possible) with the Trust working with the ICBs and other stakeholders. Stakeholder engagement actions have been complete and SCAS will continue to engage in the annual and strategic planning forums.</p> <p><b>BAF risk 4: Score 12 (Chief Strategy Officer)</b>        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. Stakeholder engagement actions have been complete.</p>

	<p><b>BAF risk 5: Score 20 (Interim Director of Finance)</b> Risk remains high at 20 (Major x Likely). Risk is being managed through long-term actions such as the development of the medium-term financial plan. Risk is closely monitored by the Interim Director of Finance and the Financial Recovery Group.</p> <p><b>BAF Risk 6: Score 16 (Chief People Officer)</b> Risk rating remains high, 16 (Major x Likely), but stable. Work remains ongoing through the Culture workstream. The development and approval of the 5-year workforce plan action due date has moved from Q4 2023-2024 to Q2 2024-2025. Rota review has been removed as it is covered under BAF risk 1 and the paramedic rotation scheme is being reviewed to ensure it is captured under the correct BAF risk. The number of associated high (15+) risks has reduced with risks 70, 197, 204, 205, 30, 211, 212 and 213 now being rated under 15.</p> <p><b>BAF Risk 7: Score 12 (Chief People Officer)</b> 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><b>BAF risk 8: Score 20 (Chief Digital Officer)</b> Risk remains high at 20 (Catastrophic x Likely). Risk reviewed by CDO with controls, gaps and actions being updated. A new risk is being drafted to cover Cyber.</p> <p><b>BAF risk 9: Score 20 (Chief Strategy Officer)</b> Risk is rated 20 (Catastrophic x Likely) with actions ongoing through the improvement workstreams. Due dates for the embedding and publication of the Governance Assurance and Accountability Framework to be confirmed once updates have been received on several sections.</p>
<b>Recommendations:</b>	The Board is asked to:  Approve the Board Assurance Framework update
<b>Accountable Director:</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Author:</b>	Steve Dando, Head of Risk Management
<b>Previously considered at:</b>	Quality & Safety Committee – 14 March 2024 Finance & Performance Committee – 19 February 2024 People & Culture Committee – 21 March 2024
<b>Purpose of Report:</b>	Approval

<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	None
<b>List of Appendices</b>	

<b>Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.</b>		<b>Risk score 12</b>
Strategic Risk No. 1:		Update: March 2024
<b>If</b> we have insufficient clinical workforce capability or ineffective equipment and vehicles	<b>Then</b> we will fail to provide safe and effective care	<b>Leading to</b> poor clinical outcomes.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	5	4	20		Helen Young, Chief Nurse, John Black, Chief Medical Officer	Quality & Safety Committee
<b>Residual</b>	<b>4</b>	<b>3</b>	<b>12</b>			
Target	3	3	9			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Clinical workforce recruitment programme</li> <li>Equipment audits and concern reporting process in place</li> <li>Adverse Incident Reporting Process</li> <li>Clinical Standard Operating Procedures</li> <li>Private Provider strategy and governance framework</li> <li>Continuous Professional Development training</li> <li>Safeguarding Improvement Plan</li> <li>National clinical practice guidelines (JRCALC)</li> <li>National ambulance standards</li> <li>PTS contracted standards</li> <li>Make ready contract and effective contracting</li> <li>Fleet and make ready KPIs</li> <li>Operational escalation procedures (e.g., OPEL, REAP)</li> <li>Internal training for new paramedics</li> <li>Equipment training logs</li> <li>Chief Medical Officer link to local and national forums</li> <li>Patient Safety Improvement Workstream</li> </ul>	<ul style="list-style-type: none"> <li>Workforce shortages</li> <li>Process for developing rotas/review of rotas</li> <li>Delayed operational responses</li> <li>Variability in pathways</li> <li>Developing clear strategy for learning from incidents and data which then feeds into education programmes in the workforce.</li> </ul>	Implementation of the Patient Safety Strategy from NHSE and the associated Patient Safety Incident Response Framework (PSIRF) to replace the existing Serious Incident policy and process.	Carol Rogers / April 2024
		Development of CPs in remaining acutes and systems	Mark Ainsworth / Ongoing
		Rota review	Mark Ainsworth / Q4
		Explore/review Paramedic Rotation schemes.	Melanie Saunders / Q4 2023/24 – On-hold due to capacity and competing priorities



Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> Reports to: <ul style="list-style-type: none"> <li>Quality &amp; Safety Committee</li> <li>Patient Safety &amp; Experience Group</li> <li>Clinical Review Group</li> <li>Medicines Optimisation and Governance Group</li> <li>Workforce Development Board</li> <li>Integrated Workforce Planning groups</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Internal Audits</li> <li>CQC Inspections</li> <li>Clinical Governance Audits</li> <li>Commissioner contract review meetings</li> </ul>	<ul style="list-style-type: none"> <li>Real-time tracking of clinical equipment and medicines</li> </ul>	Procure system for managing safe deployment and maintenance of medical equipment	Barry Thurston / <b>Go Live – July 2024</b>

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
027	999 Delay Risk:	IF we are unable to reach patients in a timely manner THEN there is a risk that we will be unable to effectively manage their care RESULTING in patient harm	16
089	IV Midazolam Risk	IF Mass Casualty Vehicles are not carrying IV Midazolam THEN this cannot be administered RESULTING in adverse or insufficient patient care	16
126	Paramedic Background Requirement Risk	IF there is an increase in the requirement process requiring a paramedic background THEN it will impact on the ratio of qualified and newly qualified paramedics RESULTING in an impact on patient safety	16
79	Maintenance for Equipment for Patient Transport and Healthcare Logistics Risk	IF there is not an adequate programme of scheduled equipment Maintenance and where required replacement of equipment THEN there is a risk to safety for both staff and patients RESULTING in patient and staff injury and poor reputation	16
147	Workforce Back fill for PSIRF Lead / fixed term contract of PSM ending Risk	IF SCAS do not have in place sufficient PSIRF Lead and PSM lead resource and a minimum of 30 hours AD safety resources, THEN there is an increased likelihood of PSIRP not being delivered in time line agreed as mandated by NHSE. RESULTING in not Achieving the criteria from NOF4	16
204	Staff Training - Intercollegiate Risk	IF SCAS staff do not receive safeguarding training THEN there is a risk that vulnerable patients will not be correctly identified RESULTING in potential patient harm	16

**Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.**

**Risk score  
20**

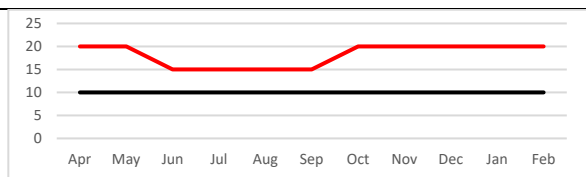
Strategic Risk No. 2: Update: February 2024

**If** we do not have or use effective operational delivery systems

**Then** we may not be able to meet demand and provide a responsive service to patients in need of emergency care

**Leading to** delays in treatment and increased morbidity and mortality.

	Impact	Likelihood	Score
Inherent	5	5	25
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>
Target	5	2	10



Risk Lead	Assurance Committee
Mark Ainsworth, Chief Operating Officer, Helen Young, Chief Nurse, John Black, Chief Medical Officer	Finance and Performance Committee Quality & Safety Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Demand forecasting and profiling using models which are adjusted based on experience</li> <li>Daily Operational MI reports detailing performance against set metrics</li> <li>Mutual aid process exists and works</li> <li>Collaborative operational management</li> <li>Cat. 2 response segmentation</li> <li>Effective local and regional escalation</li> <li>National REAP process and actions</li> <li>OPEL escalation plans</li> <li>Enhanced Patient Safety Procedure</li> <li>Clinical Pathways</li> <li>Working with systems and UEC Boards</li> <li>Performance Cell</li> <li>Private Providers</li> <li>Category 3 GP reviews in 999</li> <li>Performance Recovery Workstream</li> <li>Clinical Pathways Lead embedded at QAH</li> <li>30-minute handover limit – embedding process at each acute Trust.</li> <li>SOP for deployment of Jumbulance at QAH</li> <li>SOP for deployment of a patient holding facility</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient clinical advisory support (e.g., 111, 999, IUC)</li> <li>Quality Improvement Process and Culture</li> <li>Clinical Pathways are not in place for all acutes and systems.</li> <li>Hospital Handover Delays</li> <li>Delayed Fleet Replenishment with aging fleet and increased VOR impacting vehicle availability for any increase in frontline resourcing.</li> </ul>	Rota review	Mark Ainsworth / Q4
		Explore/review Paramedic Rotation schemes.	Melanie Saunders / Q4 2023/24 – On-hold due to capacity and competing priorities
		Development of Clinical Pathways in remaining acutes and systems	Mark Ainsworth / Ongoing
		Improving Pathways & patient flow at Queen Alexandra Hospital	Mark Ainsworth / Ongoing QAH responsible for implementation and to agree timeline.
		Review of Performance Cell	Rob Ellery / DRAFT - December 2023 - <b>Complete</b> Final – February 2024
Review of fleet working practices to improve fleet management	Lemuel Freezer / Ongoing		

Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> Reports to: <ul style="list-style-type: none"> <li>Emergency &amp; Urgent Care Boards</li> <li>Quality &amp; Safety Committee</li> <li>Integrated performance report</li> <li>Ops Board</li> <li>Performance Improvement Delivery Group</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>ICS system management across region</li> <li>National performance standards</li> <li>PTS contractual standards</li> <li>TPAM</li> <li>Performance Insight Improvement Group</li> <li>NHSE Performance Reviews</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>		

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
52	QAH Handover Delays Risk	if QAH continue to have increased handover delays over and above agreed parameters then there is a risk to staff not being released resulting in negative impacts to service delivery, end of shift, meal breaks and patient care	25
119	Ambulance turnaround delay at A&E Risk	IF there is a delay in ambulance turnaround at A&E THEN there will be queue of ambulances RESULTING in risk to patient safety	25
91	PTS Resourcing & Activity Risk	IF demand continues to rise with ongoing resource challenges THEN we will see poorer patient experience, reduced morale amongst staff RESULTING in increased costs with use of Private Providers and Taxis and an increase in cancelled journeys	20
210	Supply Chain Risk	IF there is disruption or delays to the supply chain THEN there is a risk that SCFS will not be able to effect repairs or replacements in a timely manner RESULTING in delays to servicing and poor vehicle availability for the customer.	16
29	Callback Risk	IF our contracted/non contracted CAS providers or OOH GPs do not contact patients in line with national guidelines THEN there is a risk that the patients will be outside of safe parameters as defined by pathways RESULTING in an increased likelihood of patient harm	16
78	PTS Old Fleet Risk	IF we don't have adequate programme of scheduled maintenance/repair and replacement THEN there is a risk that there will be an inadequate fleet resource RESULTING in difficulties in delivering the contract	16

**Objective 2: Partnership & Stakeholder Engagement: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans**

Risk score  
**12**

Strategic Risk No 3: Update: February 2024

**If** the organisation fails to engage or influence within systems **Then** there may be a disproportionate focus in one system over the others and capacity provided may not align with expectations **Leading to** performance that is not achievable or credible and possible poor outcomes for patients and the communities we serve.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	5	5	25		Mike Murphy, Chief Strategy Officer	Finance and Performance Committee
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>			
Target	2	2	4			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Attendance at Integrated Care Systems boards</li> <li>Attendance at local resilience forums</li> <li>Attendance at relevant Multi Agency Safeguarding Hub</li> <li>Urgent &amp; Emergency Care Boards</li> <li>SCAS membership on Hampshire &amp; IOW ICB committee</li> <li>SCAS are included in the development of ICB processes, including how risks and issues are escalated across the systems</li> <li>Attendance at system contract negotiations</li> <li>System development</li> <li>Attendance at ICB/Region director meetings</li> <li>Governance and Well Led Workstream</li> </ul>	<ul style="list-style-type: none"> <li>No SCAS membership on any ICB boards</li> <li>ICB coordination for contracts</li> <li>Capacity to attend director meetings</li> </ul>	H1OW to establish coordinated ambulance commissioning group to include other ICS stakeholders	Mike Murphy / ICB to set up group. Expected to be completed by Q3 23-24 <b>Group set up looking at PTS alternative models.</b>
		Role to be advertised pending review and prioritisation during budget process. Would increase capacity for meetings	Mike Murphy / <b>Feb-24 March 2024 – linked to budget cycle.</b>
		Review system stakeholder engagement to identify alternative approaches	Volker Kellerman / Q3 23-24 – <b>Complete</b>

Assurances	Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> Reports to: <ul style="list-style-type: none"> <li>Finance and Performance Committee</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Monthly tripartite meetings which provides oversight and assurance regarding the Trust's position and</li> </ul>	Establish reporting mechanisms from system groups	Mike Murphy / Q3 23-24 - <b>Complete</b>
		<b>Continue to engage in annual and strategic planning forums</b>	<b>Mike Murphy / Q4 23-24</b>

<ul style="list-style-type: none"> <li>• System development board</li> <li>• Monthly report to Board on system activity</li> </ul>	performance and includes representation at the provider, ICB, CQC and NHSE/I level			
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Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
53	Safeguarding System Risk	IF SCAS do not work effectively with the Safeguarding Children's Partnerships or Safeguarding Adult Boards THEN there is a risk that the Trust do not keep pace with the strategic work undertaken by the partnerships RESULTING in a failure to meet statutory requirements	16

<b>Objective 2: Partnership &amp; Stakeholder Engagement: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans</b>		<b>Risk score 12</b>
Strategic Risk No. 4:	Update: February 2024	

<b>If</b> we fail to engage with stakeholders and partners	<b>Then</b> partners will fail to understand who we are and what we do	<b>Leading to</b> failure to innovate, influence and an inability to identify opportunities within systems resulting in an inability to deliver on our long-term strategy.
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	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	4	4	16		Mike Murphy, Chief Strategy Officer	Finance and Performance Committee, Trust Board
<b>Current</b>	<b>3</b>	<b>4</b>	<b>12</b>			
Target	2	3	6			

Controls	Gaps in Controls	Actions	Due Date
<ul style="list-style-type: none"> <li>Stakeholder management plan</li> <li>Attendance at Integrated Care Systems boards</li> <li>Attendance at local resilience forums</li> <li>Attendance at relevant Multi Agency Safeguarding Hub</li> <li>Emergency &amp; Urgent Care Boards</li> <li>Attendance at system strategy groups</li> <li>System strategy initiatives</li> <li>Involvement in Joint Forward Plans for each ICB SCAS work with.</li> <li>Governance and Well Led Workstream</li> </ul>	<ul style="list-style-type: none"> <li>Provision of senior executive expertise</li> <li>Capacity to engage – impacted by clashes and meeting overlap across systems</li> </ul>	HIOW to establish coordinated ambulance commissioning group to include other ICS stakeholders	Mike Murphy / ICB to set up group. Expected to be completed by Q3 23-24 <b>Group set up looking at PTS alternative models.</b>
		Consider actions for other systems as above	TBC once above action complete
		Role to be advertised pending review and prioritisation during budget process. Would increase capacity for meetings	Mike Murphy / <del>Feb-24</del> <b>March 2024 – linked to budget cycle.</b>
		Review system stakeholder engagement to identify alternative approaches	Volker Kellerman / Q3 23-24 – <b>Complete</b>

Assurances		Gaps in Assurances	Actions	Due Date
<b>First and second line (internal) assurances</b> Reports to: <ul style="list-style-type: none"> <li>Finance and Performance Committee</li> <li>Trust board</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Monthly tripartite meetings which provide oversight and assurance regarding the Trust's position and performance and includes representation at the provider, ICB, CQC and NHSE/I level</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>		

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
None			

**Objective 3: Finance & Sustainability: We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partners.**

Risk score  
**20**

Strategic Risk No. 5:

Update: February 2024

**If** demand, operational standards and external factors (such as inflation, interest rates, taxation and cost of living) continue to increase

**Then** the total costs to deliver our services will increase and result in a deficit

**Leading to** additional pressures on our ability to deliver a sustainable financial plan and safe services.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	4	5	20			
<b>Current</b>	<b>4</b>	<b>5</b>	<b>20</b>		Stuart Rees, Interim Director of Finance	Finance and Performance Committee
Target	4	3	12			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Standing financial instructions and standing orders</li> <li>Planning and approval process for the Trust's budget</li> <li>Budgetary management and regular reporting process – act vs plan process</li> <li>Access to national funding for emergency related activity</li> <li>Budget holders have agreed budgets, including cost improvement programme targets to deliver efficiencies</li> <li>Alignment with ICB financial plans</li> <li>Quality Impact Assessment process</li> <li>Cost Improvement Programme</li> <li>Cash monitoring</li> <li>Weekly proxy data used for run rate</li> <li>Financial Recovery Group spend reviews and monitoring (including corporate workforce)</li> <li>Spend validation against peers</li> <li>The annual planning process begins in the autumn and both “top down” and “bottom-up” including consultation with internal and external stakeholders, working with Directorates, aligning priorities with the strategy and developing a Trust-wide Business Plan and Priorities.</li> <li>Working capital support will be arranged through agreed loan arrangements.</li> <li>Monitoring cash report now part of FPC</li> <li>Financial Recovery Plan</li> <li>Benchmarked data</li> <li>Contract Register</li> </ul>	<ul style="list-style-type: none"> <li>Lack of agreement on key supplier and commissioning contracts</li> <li>Lack of a medium-term financial plan</li> <li>Lack of costing, productivity and efficiency across the Trust</li> <li>Business Planning process and objectives not sufficiently aligned with organization requirements including liquidity / cash support requirements. And cash/liquidity are reported are included as part of normal reporting cycles.</li> </ul>	Negotiation and dialogue with key commissioners	Stuart Rees / Ongoing
		Consider greater devolvement of budgets and objectives	Stuart Rees / To be included in the medium-term financial plan (3 year) – July 2024
		Develop medium-term financial plan (Year 1 of plan)	Stuart Rees / March 2024
		Interim Director of Finance working with Chief Strategy Officer to align processes and plans to ensure cash and liquidity are part of planning process.	Stuart Rees / Mike Murphy – Taking place as part of the process
		Cash/Liquidity Plans along with the Memorandum of Understanding (MOU) and Utilisation form will be completed and taken through Finance and Performance Committee and Board.	Stuart Rees / Jan 2024 March 2024
Implementation of a contract register	Julie Robins / Draft October 2023 - Complete Final January 2024 - EMC 27 Feb 24 - Audit 7 March 24		



Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>• Finance and Performance Committee</li> <li>• Audit Committee</li> <li>• Executive Management Team meeting</li> <li>• Finance reports</li> <li>• Integrated Performance Report</li> <li>• CIP Quality and staff Impact Assessments</li> <li>• Financial Recovery Group</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• External audit</li> <li>• Internal audit</li> <li>• Counter fraud</li> <li>• Commissioners</li> <li>• HIOW ICB</li> <li>• System Recovery Group (ICB level group)</li> <li>• Recovery Support Programme meetings (System)</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
013	Financial Risk	IF the Trust is not able to operate within the agreed financial budgets THEN there is a risk that the Trust recovery action will be needed; RESULTING in reduced monies available to directorates and departments and subsequent impact on services and projects	20
085	PTS Contracts Operational Risk	IF these contracts are not awarded to SCAS, or extended or SCAS are not able to submit a tender as the incumbent provider THEN there is a risk of not being able to supply PTS services for the remainder of the contract term due to loss of staff RESULTING increased costs of private providers to backfill, reputation damage and impact on patient experience.	20
086	PTS Contracts Contact Centre Risk	IF these contracts are not awarded to SCAS, or extended or SCAS are not able to submit a tender as the incumbent provider THEN there is a risk of not being able to supply PTS services for the remainder of the contract term due to loss of staff with no alternative resources RESULTING in risk to operational staff, increased pressure on reducing staff numbers, reputation damage and impact on patient experience.	20
084	Financial Impact Risk	IF the cost of delivering services are higher than the funding received THEN there is a risk to continued holding of Contracts for both PTS and Logistics RESULTING in poor Trust reputation, increased uncertainty for team members and increased costs exiting contracts increasing costs to other departments and running the services at a loss.	16
121	Financial Targets Not Being Met Risk	IF targets for financial sustainability, performance and cost savings are not achieved THEN there could be NHSI investigations and/or sanctions RESULTING in reputational damage	16

**Objective 4: People & Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.**

Risk score  
**16**

Strategic Risk No.6: Update: February 2024

**If** we fail to implement resilient and sustainable workforce plans

**Then** we will have insufficient skills and resources to deliver our services

**Leading to** ineffective and unsafe patient care and exhausted workforce.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	5	4	20			
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>		Melanie Saunders, Chief People Officer	People and Culture Committee
Target	4	3	12			

Controls	Gaps in Controls	Actions	Due Date
<ul style="list-style-type: none"> <li>Integrated Workforce Plans for the Trust, including the delivery of a 5-year workforce plan</li> <li>Workforce reporting (e.g., sickness absence, staff survey, turnover)</li> <li>Recruitment &amp; attraction plan and retention plan health and wellbeing plan and flexible working</li> <li>Apprenticeship programmes</li> <li>International recruitment programmes</li> <li>Return to practice programme</li> <li>Use of private providers to help deliver services, private provider workforce strategy</li> <li>Quality Impact Assessments</li> <li>Culture and Staff Wellbeing Workstream</li> </ul>	<ul style="list-style-type: none"> <li>Paramedic rotation</li> <li>Rota reviews designed to improve work life balance and aid retention and personal development</li> <li>Design of clear career development pathways</li> <li>Talent management programme</li> </ul>		
		Develop/review existing career development pathways	Ian Teague / Q4 2023/24
		Development of talent management and development programme	Nicky Howells / implementation by Q4 23/24 – resources now in place and dates being finalised
		Explore/review Paramedic Rotation schemes.	Melanie Saunders / Q4 2023/24 – On-hold due to capacity and competing priorities
		NHS England Employee Retention Exemplar Programme to be implemented. 12-month programme	Natasha Dymond / Q4 2024/25
		5-year Workforce Plan	Melanie Saunders / Stuart Rees / Q2 2024/25

Assurances		Gaps in Assurances	Actions	Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>• People and Culture committee</li> <li>• Integrated Performance Report</li> <li>• Workforce Development Board</li> <li>• Integrated Workforce Planning Groups</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• Commissioner reporting (to ICBs)</li> <li>• Internal audit (BDO)</li> <li>• OFSTED</li> <li>• NHSE/HEE quality assurance visits</li> </ul>	<ul style="list-style-type: none"> <li>• Staff wellbeing metrics via IPR</li> </ul>	Culture and Staff Wellbeing Workstream	Melanie Saunders
			Governance and Well Led Workstream (IPR updates)	Edward Decesare
			Embed IPR into Trust Board and Sub-Committees	Mike Murphy / Ongoing

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
1	Communications Staffing Risk	IF the communications team does not have sufficient resource, THEN there is a risk that the department will be unable to meet some required processes and will be unable to meet any additional demands RESULTING in a reduced quality communications function and inability to support all teams/programmes	20
142	Pharmacy Staffing and Resilience Risk	IF the Pharmacy workforce is not expanded to meet the demand of the Trust; THEN there is a risk that medicines will not be supplied for clinical use; RESULTING in harm to patients.	20
219	IWP Training Space SH	IF there is insufficient training space at Southern House, THIS may result in a limitation of student/new applicant training RESULTING in the inability to effectively achieve the Trust's approved workforce and education plan	16
11	Leadership Capacity Risk	IF there is insufficient leadership capacity (at SLT, directorate and divisional level), THEN there is a risk that staff and/or projects will not be sufficiently well supported; RESULTING in attrition and inability to meet service/ project needs	16
50	ECT Staff Capacity Risk	IF recruitment and retention activity does not meet the needs of EOC services THEN there is a risk that there will not be enough ECTs to meet the service needs RESULTING in reduced capacity to meet performance targets	16
225	Key Person Dependency Risk	IF SCAS have a key person dependency THEN there is a risk that that person becomes unavailable RESULTING in potential process failures	16

<b>Objective 4: People &amp; Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.</b>		<b>Risk score</b> <b>12</b>
Strategic Risk No. 7:	Update: February 2024	
<b>If</b> we fail to foster an inclusive and compassionate culture	<b>Then</b> our staff may feel unsafe, undervalued, and unsupported	<b>Leading to</b> poor staff morale, disengagement, low retention and impacts on patient safety and care.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	4	5	20		Melanie Saunders, Chief People Officer	People and Culture Committee
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>			
Target	4	2	8			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>• People strategy, EDI strategy and associated enabling plans</li> <li>• Freedom to Speak Up (FTSU) guardian and supporting programme in place</li> <li>• 'Supporting our people' website, including EAP and Occupational Health</li> <li>• SCAS leader and ESPM leadership training</li> <li>• Sexual safety charter</li> <li>• Allegations management process and associated Employment policies.</li> <li>• Staff forums and TLL relationships</li> <li>• Appraisal process</li> <li>• Communications strategy</li> <li>• Culture and Staff Wellbeing Workstream</li> </ul>	<ul style="list-style-type: none"> <li>• Support for disabled workforce and other protected characteristics</li> <li>• Lack of peer reviews</li> <li>• Consistent approach to QI/service improvement/transformation</li> <li>• Active bystander programme</li> </ul>		
		Delivery of our Sexual safety charter and associated plan	Dipen Rajyaguru / Refresh and relaunch Q4 2023/24
		Delivery and embedding Freedom to speak up improvement plan	Simon Holbrook / Launched with embedding during 2023/24
		Delivery and embedding Culture improvement plan	Nicky Howells / Approved September 2023 Embedding – ongoing Culture Diagnostic to be completed in Q4 2023/24
		Embed Support of Staff Networks	Dipen Rajyaguru / ongoing
		QI innovation and culture relaunch	Helen Young / to be embedded

Assurance		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>• People and Culture committee</li> <li>• JNCC</li> <li>• Workforce Development Board</li> <li>• Staff networks</li> <li>• People Voice feedback</li> <li>• Equality &amp; Diversity Steering Group</li> <li>• Student placement feedback</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• Workforce Race Equality Standard &amp; Workforce Disability Equality Standard results</li> <li>• NHS National Staff Survey and Quarterly Pulse Survey</li> <li>• CQC inspections &amp; reports</li> <li>• Internal audits (BDO)</li> <li>• Peer reviews</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
None			

<b>Objective 5: Technology transformation: We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.</b>		<b>Risk score</b> <b>20</b>
Strategic Risk No. 8:		Update: February 2024
<i>If</i> we are unable to prioritise and fund digital opportunities	<i>Then</i> we will have insufficient capacity and capability to deliver the digital strategy	<b>Leading to</b> system failures, patient harm and increased cost.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	5	5	25		Craig Ellis, Chief Digital Officer	Finance & Performance Committee
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>			
Target	5	3	15			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Digital Strategy <b>in place across SCAS</b></li> <li><del>Project prioritisation process through Executive Transformation Board reporting to EMT</del></li> <li><b>Regular Digital Programme Portfolio reporting, and project prioritisation through the Executive Transformation board</b></li> <li><b>Project Management governance controls are in place</b></li> <li>Financial reporting up to the Executive Management Team (Fixed assets/capital/revenue)</li> <li>Compliance with <b>required NHS Cyber Security Standards (DSPT)</b></li> <li>Digital Steering Group in place</li> </ul>	<ul style="list-style-type: none"> <li>No Digital Annual planning cycle currently in place</li> <li><b>No IT Asset Management database in place across SCAS to manage/secure our assets and services accordingly.</b></li> <li>No formal Information Technology Infrastructure Library (ITIL) processes in place, with weak internal controls currently in place.</li> <li><b>Limited resources in key roles, and an number of single point of failures positions</b></li> <li><b>Limited control around new project initiation or shadow-IT initiatives across SCAS</b></li> <li>No resource management process in place across the Digital department</li> <li>Org Structure inappropriate for Technology Transformation with a number of gaps, and limited definition of roles/responsibilities</li> </ul>	Develop annual planning cycle to map resources and plan capacity for digital resource	Craig Ellis / <b>In Progress</b> / Ongoing
		Review service desk software and make a formal decision on renewal.	Craig Ellis / Completed / HoTH to be redeveloped
		<b>To develop an IT Asset Mgmt DB, and a Service Catalogue within the Digital function</b>	Craig Ellis / <b>In Progress</b> / <b>March-24</b>
		Clarify governance structure for the Digital functions, including steering groups, resulting from the introduction of Finance and Performance Committee and addition of CDO to the Executive team	Craig Ellis / Completed
		<b>To ensure the Digital org is able to deliver core requirements in the near term through interim changes.</b>	Craig Ellis / <b>In-Progress</b> / <b>March-24</b>
		<b>Adoption of core ITIL processes (Incident, Change, Problem) within the Digital Function</b>	Craig Ellis / <b>In Progress</b> / <b>April-24</b>

Assurances	Gaps in Assurances	Actions	Owner /Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>Reports to Finance and Performance Committee</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Internal audit</li> <li>External audit</li> </ul>	<ul style="list-style-type: none"> <li>No KPIs in place</li> <li>Regular reporting on digital strategy at board level</li> </ul>	Develop KPIs Craig Ellis / Ongoing / <b>Feb-24</b>

<ul style="list-style-type: none"> <li>Annual report on digital strategy to Trust board</li> <li>Quality assurance process in PMO</li> <li>Technical Design Authority</li> <li>Change Advisory Board</li> </ul>	<ul style="list-style-type: none"> <li>DSP toolkit</li> <li>Digital maturity assessments</li> </ul>	<ul style="list-style-type: none"> <li>Fixed Asset Management Steering Group reporting</li> </ul>	To undertake an external assessment of our Cyber	

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
203	System Safeguarding Outages Risk	IF the Trust server keeps having regular outages, THEN the safeguarding referrals are potentially delayed in reaching their destination RESULTING in potential patient harm	25
229	Asset Ownership Risk	IF Information Asset owners do not take responsibility for their asset, THEN there is a risk that the assets become a Information Governance risk RESULTING in potential breaches of security	20
223	Patching Risk	IF SCAS do not complete patching where required THEN there is a risk that systems will be vulnerable to attack RESULTING in potential system failure	16
227	Data Access Risk	IF there are inadequate data access management processes THEN there is risk that staff will have access to personal data they are not authorised to have RESULTING in potential breaches or GDPR	15
173	B.I. Issue Risk	IF Unified and verified source of data not available across all Trust reporting platforms and systems THEN there will be a reliance on BI data sets and non-integrated systems which provide inconsistent outputs RESULTING in inaccurate forecasting and performance management	15

<b>Objective 6: Well Led: We will become an organisation that is well led and achieves all its regulatory requirements by being rated Good or Outstanding and being at least NOF2.</b>		<b>Risk score 20</b>
Strategic Risk No. 9:	Update: February 2024	
<b>If</b> we fail to deliver the Trusts improvement programme	<b>Then</b> we will not move out of NOF4 or achieve an improved CQC rating	<b>Leading to</b> a deterioration of the Trust's reputation, additional regulatory oversight and possible further regulatory action.

	Impact	Likelihood	Score		Risk Lead	Assurance Committee
Inherent	5	5	25		Mike Murphy, Chief Strategy Officer	Trust Board
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>			
Target	5	2	10			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>• Improvement Programme               <ul style="list-style-type: none"> <li>○ Patient Safety Workstream</li> <li>○ Governance and Well Led Workstream</li> <li>○ Culture and Staff Wellbeing Workstream</li> <li>○ Performance Recovery Workstream</li> </ul> </li> <li>• Financial recovery process</li> <li>• Category 2 Improvement Plan</li> <li>• People Strategy</li> <li>• Clinical Strategy</li> <li>• Risk Management Policy and Framework</li> <li>• Policy Management Policy and Process</li> <li>• Governance Assurance Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Effective recruitment and retainment plans</li> <li>• Talent management programme</li> <li>• Operational development plan</li> <li>• Embedded Safeguarding systems / provisions</li> <li>• PSIRF</li> <li>• Medical Devices</li> </ul>	Safeguarding ICT Improvement work	Craig Ellis / June 2024
		Delivery of People Strategy	Melanie Saunders / Ongoing
		Develop and approval of Operational Development Plan	Paul Kempster / TBC as part of modernisation plan
		Safeguarding Assurance & Accountability Framework compliance	Sarah Thompson / Ongoing
		Implementation of the Patient Safety Strategy from NHSE and the associated Patient Safety Incident Response Framework (PSIRF) to replace the existing Serious Incident policy and process.	Carol Rogers / April 2024
		Procure system for managing safe deployment and maintenance of equipment	Barry Thurston / <b>Go Live – July 2024</b>
		Development of talent management and development programme	Nicky Howells / implementation by Q4 23/24 – resources now in place and dates being finalised



Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>Board / Committees</li> <li>EMC</li> <li>Improvement Programme Oversight Board</li> <li>Workstream Delivery Groups</li> <li>Daily Executive meetings</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>TPAM</li> <li>CQC</li> <li>Peer reviews / benchmarking</li> <li>ICBs</li> <li>NHSE (Regional / National)</li> <li>NHSE Intensive Support Team</li> </ul>	<ul style="list-style-type: none"> <li>Effective IPR</li> <li>Information flow in accordance with Governance Framework</li> </ul>	Development and embedding of IPR	Stuart Rees / Q4
			Development and Approval of Governance Framework	Daryl Lutchmaya / Complete
			Embedding of the Governance Assurance and Accountability Framework	Daryl Lutchmaya / TBC

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
254	Regulatory Compliance Risk	IF we have poor clinical or operational practices THEN there is a risk that we will not comply with regulations RESULTING in a decrease in patient safety	16



## Report Cover Sheet

<b>Report Title:</b>	Improvement Programme Oversight Board Update - February 2024
<b>Name of Meeting</b>	Board of Directors Meeting in Public
<b>Date of Meeting:</b>	Thursday, 28 March 2024
<b>Agenda Item:</b>	26
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>• The February Improvement Programme Oversight Board highlight report is attached as an appendix to this paper. The report forms the basis of the report to the Tripartite Provide Assurance Meeting (TPAM) with the ICB and NHS England in April.</li> <li>• The Trust continues to have one outstanding Must Do in the Governance workstream relating to achieving improved assurance through corporate governance structures. While significant progress has been made since the last report in improved risk management, work to embed the Governance Accountability and Assurance Framework remains outstanding. In addition, we are undertaking a rapid review of this programme and metrics to ensure our action plan is clearly triangulated to the exit criteria.</li> <li>• The Fit and Proper Person external audit has now been completed and feedback received. An updated policy is now under review and will be published in April 2024.</li> <li>• The Trust has resolved the 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, with a solution fully tested and implemented. Further work now needs to be done ensuring stakeholder uptake.</li> <li>• A Should Do relating to ensuring newly qualified staff receive appropriate clinical support and supervision has been moved from green to amber following feedback received from a Health Education England survey of staff. A new action plan is in development to address this area and will be ratified at the Performance Improvement Delivery Group in May.</li> <li>• A 12-week external culture review is now underway. The insights from this work will inform the ongoing work programme for the Culture and Wellbeing Workstream.</li> </ul>

	<ul style="list-style-type: none"> <li>Following agreement to review the delivery of the Improvement Programme at the last Board, EMC has approved a process that will deliver a refreshed approach to the Improvement Programme. This approach will agree a new methodology through the delivery Groups in April subject to discussion and agreement in May 2024.</li> </ul>
<b>Recommendations:</b>	The Trust Board is asked to: Note this paper
<b>Accountable Director:</b>	Mike Murphy, Chief Strategy Officer
<b>Author:</b>	Caroline Morris, Transformation Programme Director
<b>Previously considered at:</b>	Updates on the Improvement Programme have been provided to full board and board sub committees
<b>Purpose of Report:</b>	Assure
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Not Applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	SR9 - Delivery of the Trust Improvement Programme
<b>Quality Domain(s)</b>	All Quality Domains
<b>Next Steps:</b>	Not Applicable
<b>List of Appendices</b>	IPOB report pack