



## Public Trust Board Meeting

### Supporting Information

**DATE:** 28 March 2024  
**TIME:** 9.30 - 12.30  
**VENUE:** Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

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

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# Acronyms

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

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



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



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



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



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



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



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





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



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



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



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



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



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



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



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





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



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



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



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



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



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



# **BOARD MEMBERS REGISTER OF INTERESTS**

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

## **INTRODUCTION & BACKGROUND**

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

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

## **DOCUMENT INFORMATION**

**Date of issue:** 26 May 2023

**Produced by:** The Governance Directorate



## **PROFESSOR SIR KEITH WILLETT CBE, TRUST CHAIR**

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

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

### **Current 'Other' Interests**

4. Honorary Air Commodore to 4626 Squadron, RAuxAF

### **Interests that ended in the last six months**

5. None

## **SUMIT BISWAS, NON-EXECUTIVE DIRECTOR / DEPUTY CHAIR**

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

1. None

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

4. None

## **LES BROUDE, NON-EXECUTIVE DIRECTOR / SENIOR INDEPENDENT DIRECTOR**

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

1. None

### **Current 'Other' Interests**

2. Independent member of the Buckinghamshire Healthcare NHS Trust Charitable Funds Committee

### **Interests that ended in the last six months**

3. Executive Coach at ella Forums
4. Senior Independent Trustee for the Royal Hospital for Neuro-disability and Chair of the Audit and Risk Committee

## **ANNE STEBBING, NON-EXECUTIVE DIRECTOR**

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

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

### **Current 'Other' Interests**

2. None

### **Interests that ended in the last six months**

3. None

## **NIGEL CHAPMAN, NON-EXECUTIVE DIRECTOR**

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

1. None

### **Current 'Other' Interests**

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

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

### **Interests that ended in the last six months**

8. Vice Chair of Care International UK

## **IAN GREEN, NON-EXECUTIVE DIRECTOR**

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

1. Chair of Salisbury NHS Foundation Trust

### **Current 'Other' Interests**

2. Chair of Estuary Housing Association
3. Member of Advisory Group, NHS Patient Safety Commissioner
4. Strategic Advisor, Prevention Access Campaign (US based charity)

### **Interests that ended in the last six months**

5. Member of Welsh Governments Expert Advisory Group on banning LGBTQ+ Conversion Practices

## **MIKE McENANEY**

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

1. Non-executive director and chair of Audit & Risk Committee – Royal Berkshire NHS Foundation Trust
2. Director of South Central Fleet Services Ltd.
3. Member of NHS Providers Finance & General Purposes Committee
4. Chair of FTN Limited (Trading subsidiary of NHS Providers charity)

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

7. None

## **Dr DHAMMIKA PERERA**

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

1. None

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

4. None

## **DAVID ELTRINGHAM, CHIEF EXECUTIVE OFFICER**

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

1. None

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

3. None

## **PAUL KEMPSTER, CHIEF OPERATING OFFICER**

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

1. Managing Director of South Central Fleet Services Ltd

### **Current 'Other' Interests**

2. None

### **Interests that ended in the last six months**

3. None

## **JOHN BLACK, CHIEF MEDICAL OFFICER**

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

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

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

### **Current 'Other' Interests**

6. None

### **Interests that ended in the last six months**

7. None

## **PROFESSOR HELEN YOUNG, DIRECTOR OF PATIENT CARE AND SERVICE TRANSFORMATION**

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

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

### **Current 'Other' Interests**

5. None

### **Interests that have ended in the last six months**

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

## **ANEEL PATTNI, CHIEF FINANCIAL OFFICER**

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

1. Director of South Central Fleet Services Ltd.

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

3. None

## **MIKE MURPHY, DIRECTOR OF STRATEGY AND BUSINESS DEVELOPMENT**

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

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

### **Current 'Other' Interests**

2. None

### **Interests that ended in the last six months**

3. None

## **DARYL LUTCHMAYA, CHIEF GOVERNANCE OFFICER**

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

1. None

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**MELANIE SAUNDERS, CHIEF PEOPLE OFFICER**

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

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

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**Stuart Rees, Interim Director of Finance**

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

1. SCFS Ltd Managing Director as of December 2023

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**Craig Ellis, Chief Digital Officer**

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

1. None

**Current 'Other' Interests**

2. I am a Non-Executive Director for the London Cyber Resiliency Centre. I undertook this in Nov-2022 and continue in the role which was declared when undertaking my application.

**Interests that ended in the last six months**

3. None

**Mark Ainsworth, Director of Operations**

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

1. None

**Current 'Other' Interests**

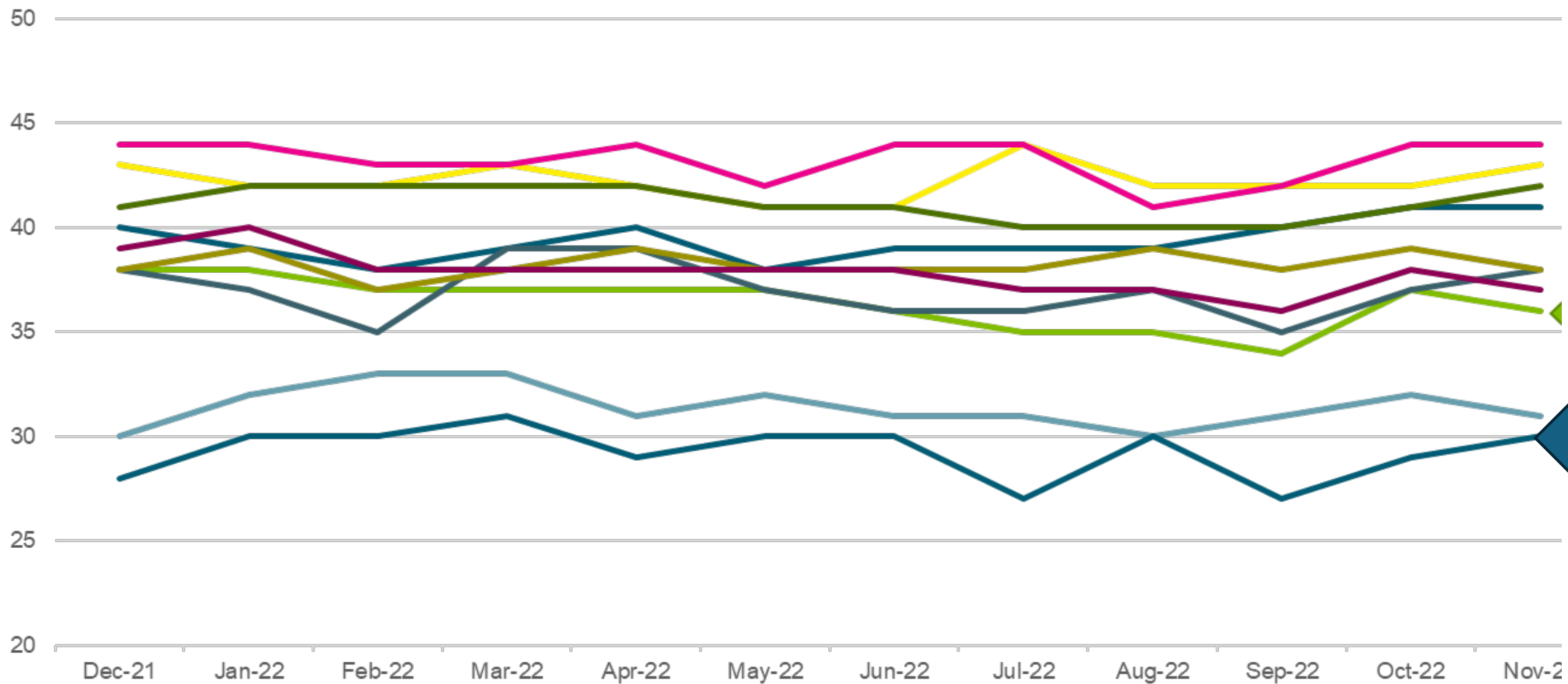
2. None

**Interests that ended in the last six months**

3. None

**END**

# Mean on-scene time with suspected stroke patients in English ambulance services



SCAS



## JRCALC Clinical Guideline Updates 2/2024

### Summary of changes

Planned publication date: 26th March 2024

### Updates, Corrections, and Additional Guidance to Existing JRCALC Guidelines:

Guideline/medicine	Update
<b>Chemical Biological Radiological Nuclear (CBRN)</b>	Revised and updated by NARU. Revised CRESS tool. Step 123 removed and new: Recognise, Assess and React figure included.
<b>Dyspnoea</b>	Reviewed and revised in line with NICE guidance. Defines dyspnoea as acute, subacute and chronic, MRC dyspnoea scale removed, now includes CRB-65 score and highlights epiglottitis. Wording added for considering direct referral to urgent community response teams (UCR), primary care specialist or advanced paramedics or other appropriate community team for rapid community review and management based on local pathways. Wording added around health inequalities, social and environmental factors, air pollution, social-economic deprivation, internal mould and extremes of temperature. Revised key points.
<b>Altered level of consciousness</b>	Reviewed and revised in line with NICE guidance. Includes new information about driving/DVLA, considering any video recordings of the episode and around syncope in relation to exercise.
<b>Sexual assault</b>	Revised and simplified guideline. Emphasis on encouraging patients to access SARCs. Table removed on preservation of forensic material. More emphasis on not leaving patient with the perpetrator. New table detailing options for care including ED, SARC and police and/or safeguarding.
<b>Inclusivity relating to skin tone terminology-changes to guidelines</b>	A number of guidelines will have small changes made to the wording regarding assessment of skin. Skin tone refers to the individual combination of pigmentation in a person's skin, whilst skin colour can



	<p>change when a person is unwell. We highlight that skin changes should be assessed closely using natural light if possible (or non-fluorescent light to avoid a blue tinge) . Examples of changes include: Cyanosis and dark skin: consider moistening the skin to enhance the visibility of skin changes. Heightened skin colour (flushing) may not be detected in dark skin tones. Assess for local skin temperature changes. Mottling may not be easily detectable in all skin tones.</p>
<b>Advanced life support</b>	<p>Recording temperature in cardiac arrest, two new bullet points added to section 1.2:</p> <ul style="list-style-type: none"> <li>• <i>Witnessed cardiac arrests generally do not need temperature to be taken as part of cardiac arrest management.</i></li> <li>• <i>If there are any circumstances where hypothermia may be an issue, then consider taking a temperature prior to drug administration e.g. unwitnessed arrests, drowning, those with prolonged exposure to cold.</i></li> </ul>
<b>Naloxone</b>	<p>Indication removed:  <i>Patients exposed to high-potency veterinary or anaesthetic preparations should be given naloxone urgently if:</i>  <i>Consciousness is impaired</i>  OR  <i>Exposure occurred within the last 10 minutes, even if asymptomatic.</i>  <i>If an antidote is supplied with the opioid medication, such as diprenorphine (Revivon) or naloxone, it should be administered immediately.</i></p>
<b>Asthma in adults and children</b>	<p>Revised colour coded table of features for the assessment of asthma severity.  Amended algorithm and removal of the near fatal arrow on the left hand side. This is to place more emphasis on determining the severity of the asthma attack and the need for early consideration of the administration of magnesium and adrenaline in life threatening asthma.</p>



South Central  
Ambulance Service  
NHS Foundation Trust



**FIT FOR THE**  
*future*

# Fit For the Future March 2024 – Public Board Update



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Status Update March 2024

- Workshop with Executives to review Fit For the Future Programme (FFFP)
- Agreement that programme is the delivery vehicle for the SCAS Strategy
- Five Cases model being used to develop overarching business case
- Strategic Case outlining the six drivers for change presented to Executive Management Committee and Finance & Performance Committee for review
- Timeline for developing full business case, including scoping of options to address drivers for change, followed by the Financial, Commercial and Management considerations provisionally agreed
- Agreement to scope “Proof of Concepts” utilising Quality Improvement tools to test principles



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Six Drivers for Change

- 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.



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Next Steps – April 2024

- To prepare business cases to secure Subject Matter Experts
- Develop Communication and Engagement Plans – internal and external
- Scope out Proof of concept options
- Set up initial internal stakeholder workshops
- Commence work on economic and social case
- Mapping interdependencies between seven pillars and develop delivery plans



South Central  
Ambulance Service  
NHS Foundation Trust



FIT FOR THE  
*future*

Thank You



**NHS**

**South Central  
Ambulance Service**

NHS Foundation Trust



South Central Ambulance Service NHS  
Foundation Trust

# **Green Plan 2023 - 2028**

## Document Control

**Please note that this document has NOT been approved by the SCAS Board and must not be circulated**

Author: Jonathan Guppy, Sustainability Manager		
Version	Document title	Date
1	Draft framework developed	17/05/23
2	Draft - initial outline	28/06/23
3	Draft, full document – sent for internal review	17/07/23
4	Draft, with amendments – sent for review	26/07/23
4	ABRIDGED Version - submitted for review	26/07/23
5	Final Draft, submitted for review	27/07/23
6	AMENDED Final Draft, awaiting feedback	07/09/23
7	AMENDED Final Draft – submitted to EMC for approval	17/11/23
8	AMENDED Final Draft – Approved by EMC	16/01/24
8	AMENDED Final Draft – Approved by FPC	19/02/24
8	AMENDED Final Draft – submitted to Board for approval at meeting scheduled for 28/03/24	11/03/24



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## Executive Summary

Climate change has been identified as the greatest threat to human health this century. Such is the scale of the problem, several local authorities within the SCAS region have already declared a Climate Emergency. As a front-line service provider, SCAS will be directly impacted by climate change. Although our organisation successfully handles thousands of emergencies daily, global warming will add a significant additional burden, whilst the effects of increased flooding and heatwaves will disrupt our ability to respond, exacerbating the situation.

As a major consumer of diesel, we are a large contributor to the problem, not just from carbon dioxide emissions, but by creating dangerous air pollution in the communities we serve, causing harm.

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.

The Government has enshrined this in law. The NHS became the first health system to embed net zero 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 by 2028.

This Green Plan sets out the scale of the challenge facing SCAS and how we will reach our Net Zero targets. 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 our wider emissions, Fleet accounts for 63%.

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

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 fleet electrification, and to ensure that our procurement process compels suppliers to reduce their carbon footprint and contribute to other sustainable measures.

Other actions that contribute to sustainability and carbon reduction have also been identified. These have a comparatively smaller impact than transport but are still important in the longer term, and they will also need to be addressed if we are to reach Net Zero.

The plan incorporates Chief Executive David Eltringham's 10-Point plan, to ensure it is coherent with wider Trust strategy and policies.

This Green Plan provides specific, measurable steps to show how SCAS can get back on track to meet its Net Zero targets of an 80% reduction by 2028, compared to 1990 emissions. The most important steps are:

- 1) 100% Electric Vehicle Fleet (excluding Double Crewed Ambulances; these will come later).  
The 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.

These steps 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.

The success of this programme requires the support of the Board, with an appropriate governance structure in place, including a Board level sponsor. A Programme Manager to coordinate the cross-departmental workstreams is also essential to success.

Funding the implementation of the Green Plan is largely achieved from the reduced lifetime operating costs of adopting an electric fleet, particularly the fuel savings. NHS England expect the cost of new electric vehicle purchase to reach parity with diesel and petrol models soon, whilst reforms to the way new grid connections are funded means the charging infrastructure requirements represent a modest capital investment, recouped by the fuel savings. Nationwide, fully implementing the NHS Net Zero Travel and Transport Strategy will result in over £59 million saved every year, with Ambulance trusts being the main beneficiaries.

This represents an exciting, generational opportunity for SCAS to become a pioneering leader in the fight against climate change.

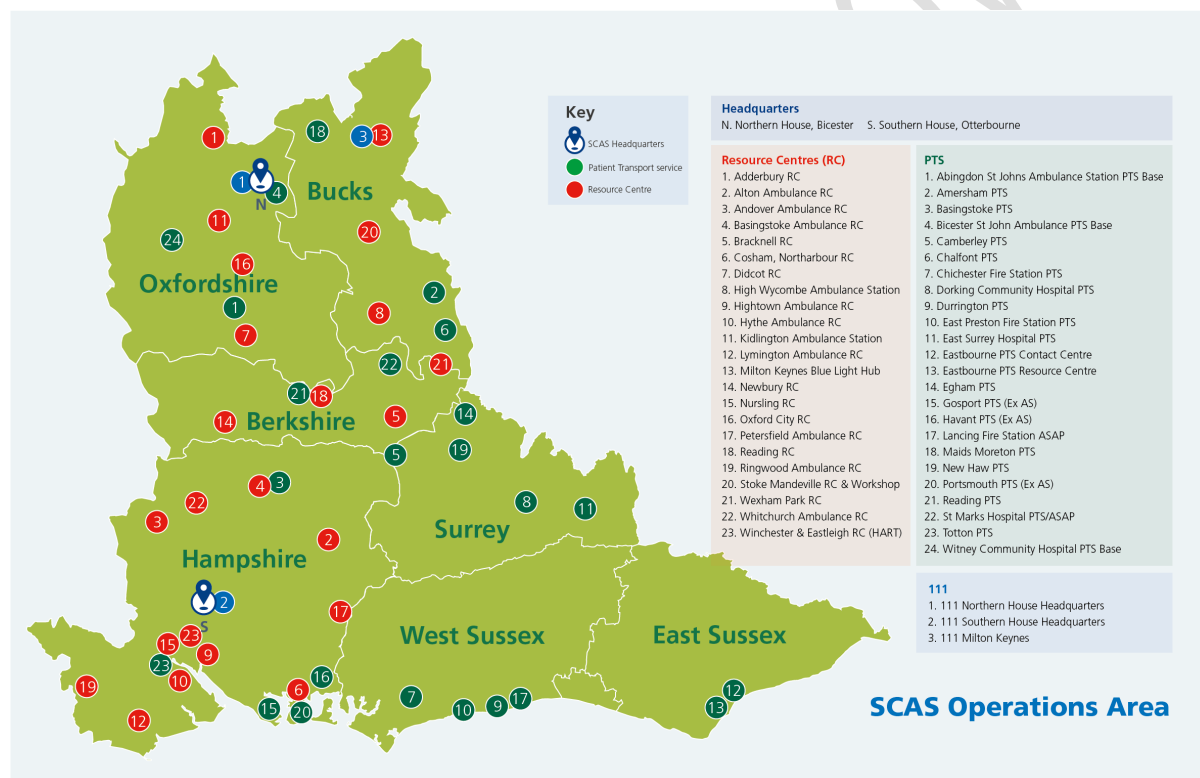
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# 1. Context & Key Drivers of the Green Plan

## 1.1 Trust Background

South Central Ambulance Service NHS Foundation Trust provides a range of emergency, urgent care and non-emergency healthcare services, along with patient transport services.

SCAS employs 4,600 staff across 103 sites\* covering a large geographical area encompassing Oxfordshire, Buckinghamshire, Berkshire, Hampshire, Surrey, East Sussex and West Sussex. These are predominantly rural counties, with a higher-than-average population over the age of 65. SCAS serves a population of over 7 million and answers over 2 million 999 and 111 calls a year, handled by 7 Emergency Operations Centres (EOCs). Over 500,000 patients were treated at the scene or taken to an emergency department last year. In addition, there were 970,000 journeys by Patient Transport Services and over 1 million logistics deliveries. Services are provided 24 hours a day, 7 days a week.



At the end of 2022/23, the SCAS Fleet comprised 1,395 vehicles, of which 312 were front line ambulances, 595 patient transport vehicles, and a range of rapid response and staff vehicles, travelling 7.9 million miles<sup>1</sup>.

SCAS also procures external patient transport services, which contribute an estimated 7.6 million miles to the total.<sup>2</sup>

<sup>1</sup> Analysis of Allstar Fuel Card data 31-03-23 and SCAS Fleet Report 31-03-23

<sup>2</sup> Private PTS Provider mileage analysis provided by SCAS Business Intelligence, 31-03-23

In addition, SCAS has a significant “Grey Fleet” of 1,758 privately owned vehicles which are used to carry out functions on behalf of the Trust, incurring nearly 1.5 million miles of business travel, including 354,000 miles undertaken by volunteer drivers.<sup>3</sup>

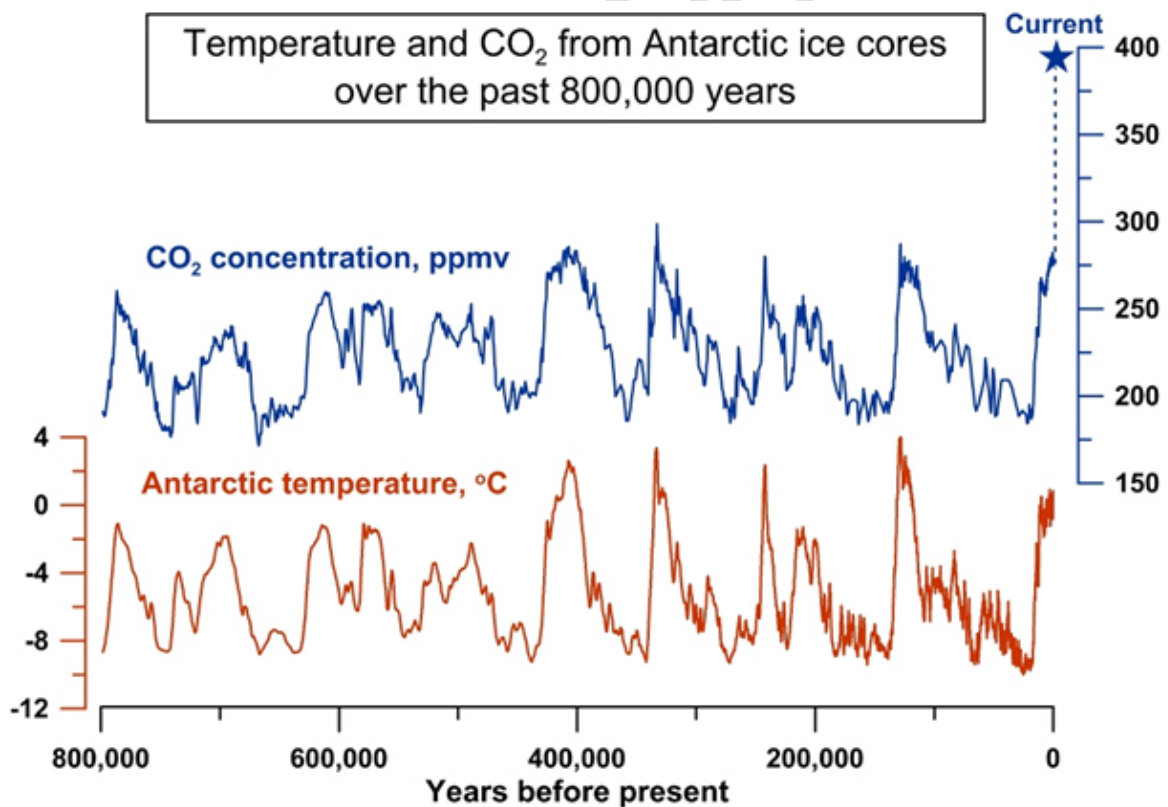
Overall, SCAS is responsible for over 17 million miles of travel, creating a significant carbon footprint as well as being a major source of air pollution.

#### \*SCAS Modernisation Programme

The Trust is currently embarking on a Modernisation Programme which will see a reorganisation of all departments, particularly Estates and Fleet with regards to the number of buildings and where ambulances will be stationed. The delivery of the Green Plan is intrinsically linked to the Modernisation Programme, and will be updated accordingly, though the carbon reduction targets remain the same.

### 1.2 Climate Change

Since John Tyndall proved that carbon dioxide can absorb heat in the atmosphere in 1859, scientists have warned that altering the levels of CO<sub>2</sub> could change the climate. By analysing ice core samples dating from 1950 back over 800,000 years, scientists have been able to demonstrate the direct correlation between CO<sub>2</sub> levels and global temperatures:



4

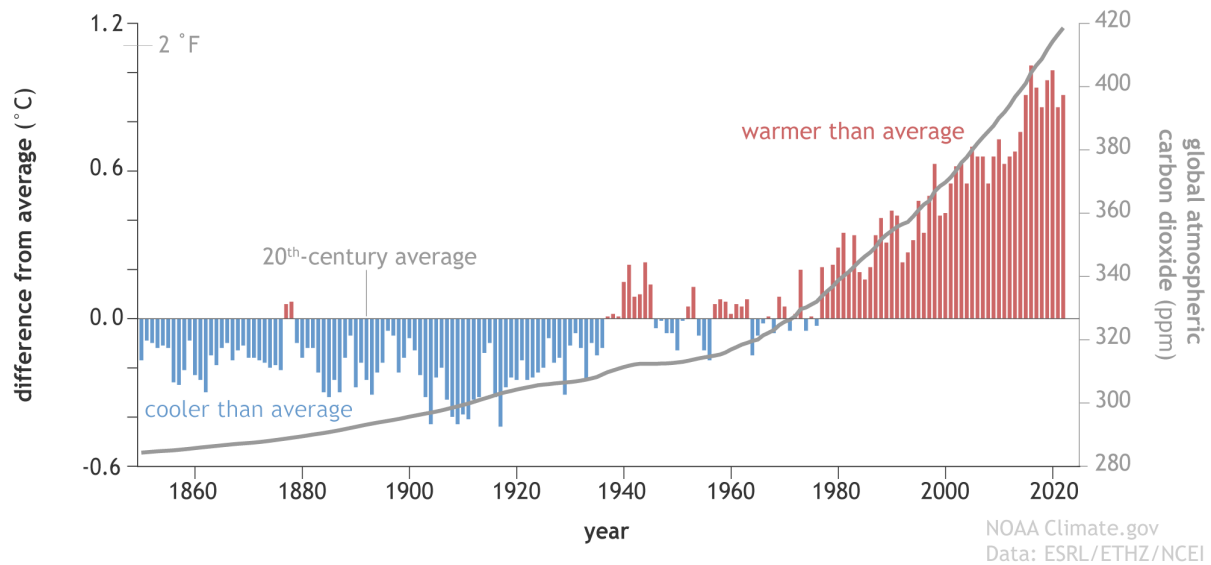
<sup>3</sup> SCAS Business Miles Claims Report from HR Department, 31-03-23

<sup>4</sup> Greenhouse gases and climate sensitivity - insights from ice cores | National Institute of Water and Atmospheric Research, 2001 <https://niwa.co.nz/atmosphere/research-projects/greenhouse-gases-and-climate-sensitivity-insights-from-ice-cores>

This landmark study, undertaken in 2001, analysed CO<sub>2</sub> and different isotopes in air bubbles trapped in the ice to reconstruct a picture of past temperatures.

Since the Industrial Revolution began in the mid-18<sup>th</sup> Century, we have released billions of tonnes of carbon dioxide into the atmosphere. In 1938, the engineer Guy Callender was the first to discover a connection between human activities and global warming<sup>5</sup>. Using more recent data based on actual observed temperatures and emissions since 1850, climate scientists have demonstrated the causal link between human activities and climate change:

Yearly global surface temperature and atmospheric carbon dioxide (1850-2022)



6

Since pre-industrial times the concentration of CO<sub>2</sub> has risen to 417 parts per million (ppm) from 280ppm (based on the average between 1,000 and 1,800 CE). As the Intergovernmental Panel on Climate Change (IPCC) observes, the last time CO<sub>2</sub> levels were as high as present was at least 2 million years ago<sup>7</sup> and that human influence has warmed the planet at a rate that is unprecedented in at least the last 2,000 years<sup>8</sup>. Their modelling takes into account the effect of natural drivers of climate change such as solar and volcanic activity. The IPCC states that “it is unequivocal that human influence has warmed the atmosphere, ocean and land. Widespread and rapid changes in the atmosphere, ocean, cryosphere and biosphere have occurred.”<sup>9</sup> IPCC reports are commissioned by

<sup>5</sup> World Economic Forum, 2022, “Who first discovered the human connection to global warming?”, <https://www.weforum.org/agenda/2022/02/climate-change-global-warming-carbon-dioxide-fossil-fuels/>

<sup>6</sup> National Oceanic and Atmospheric Administration, 2022, “What evidence exists that Earth is warming and that humans are the main cause?” <https://www.climate.gov/news-features/climate-qa/what-evidence-exists-earth-warming-and-humans-are-main-cause>, accessed 25/08/23

<sup>7</sup> Arias, P.A. et al., 2021 Technical Summary. In Climate Change 2021: The Physical Science Basis. Contribution of Working Group I to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, p68, <https://www.ipcc.ch/report/ar6/wg1/chapter/technical-summary/> accessed on 30/08/23

<sup>8</sup> Figure SPM.1 in IPCC, 2021: Summary for Policymakers. In: Climate Change 2021: The Physical Science Basis. Contribution of Working Group I to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [Masson-Delmotte, V., P. et al]). Cambridge University Press, Cambridge, UK and New York, NY, USA, pp. 3–32, <https://www.ipcc.ch/report/ar6/wg1/figures/summary-for-policymakers/figure-spm-1>

<sup>9</sup> Ibid, A.1

the world's 195 national governments and the summary is agreed unanimously, line-by-line, by those governments. Some of those governments are engaged in conflict with each other, yet they set their differences aside to agree on this matter.

### 1.3 Impact of Climate Change on the SCAS Region

Anthropogenic climate change is already having a serious and noticeable impact on the UK, with the 10 warmest years on record having all occurred since 2002, according to analysis from the Met Office. The summer of 2022 was the joint warmest, with the hottest day ever recorded in the UK occurring in July, registering at over 40°C<sup>10</sup>. The more recent heatwaves across Europe in the Summer of 2023 broke records again.

The Sixth Assessment Report of the International Panel on Climate Change concluded in March 2023 it was likely that warming will exceed 1.5°C during the 21st century, and that it would be difficult to limit warming below 2°C.<sup>11</sup> This will have a profound impact on our lives.

Global warming is already resulting in rising sea levels and more extreme weather in the UK. Since 1901, UK sea levels have risen by 20cm, but the rate of change is accelerating, and levels are now rising by 3.7mm per year<sup>12</sup>. The SCAS region is particularly prone to increased flooding as result of climate change, with expected annual damage (EAD) projected to increase by more than 25% in some areas, even if global warming is limited to 1.8°C above pre-industrial levels, according to recent research by Bristol University<sup>13</sup>. The following map shows expected annual damage (EAD), aggregated across 10 km hexagons:

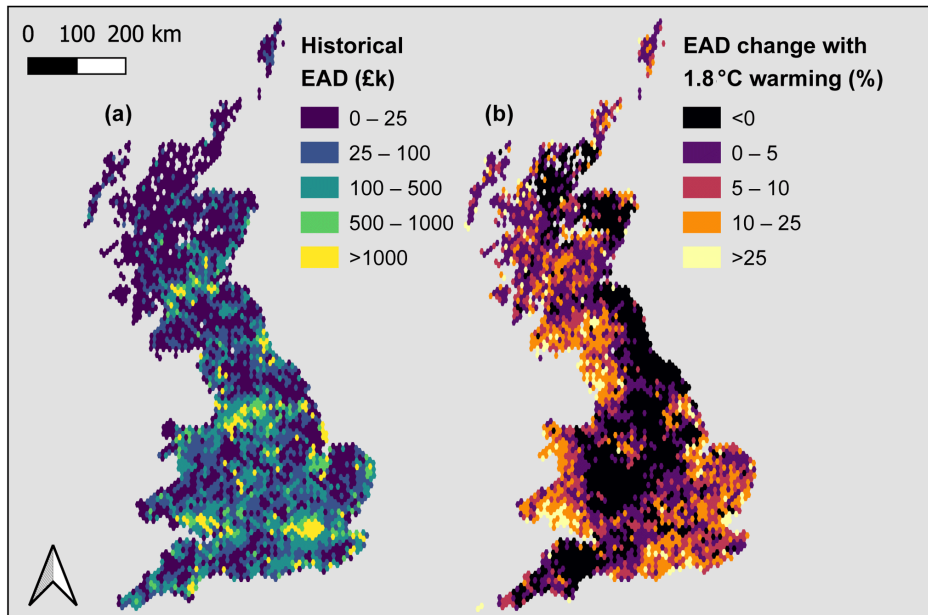
<sup>10</sup> <https://www.metoffice.gov.uk/about-us/press-office/news/weather-and-climate/2022/joint-hottest-summer-on-record-for-england>

<sup>11</sup> <https://www.ipcc.ch/report/ar6/syr/resources/spm-headline-statements/>

<sup>12</sup> Met Office, 2023, "Past and future sea level rise", <https://www.metoffice.gov.uk/weather/climate-change/organisations-and-reports/past-and-future-sea-level-rise>, accessed 01/09/23

<sup>13</sup> Bates, P. D., Savage, J., Wing, O., Quinn, N., Sampson, C., Neal, J., and Smith, A.: A climate-conditioned catastrophe risk model for UK flooding, *Nat. Hazards Earth Syst. Sci.*, 23, 891–908, <https://doi.org/10.5194/nhess-23-891-2023>, 2023.





Other impacts of climate change include:

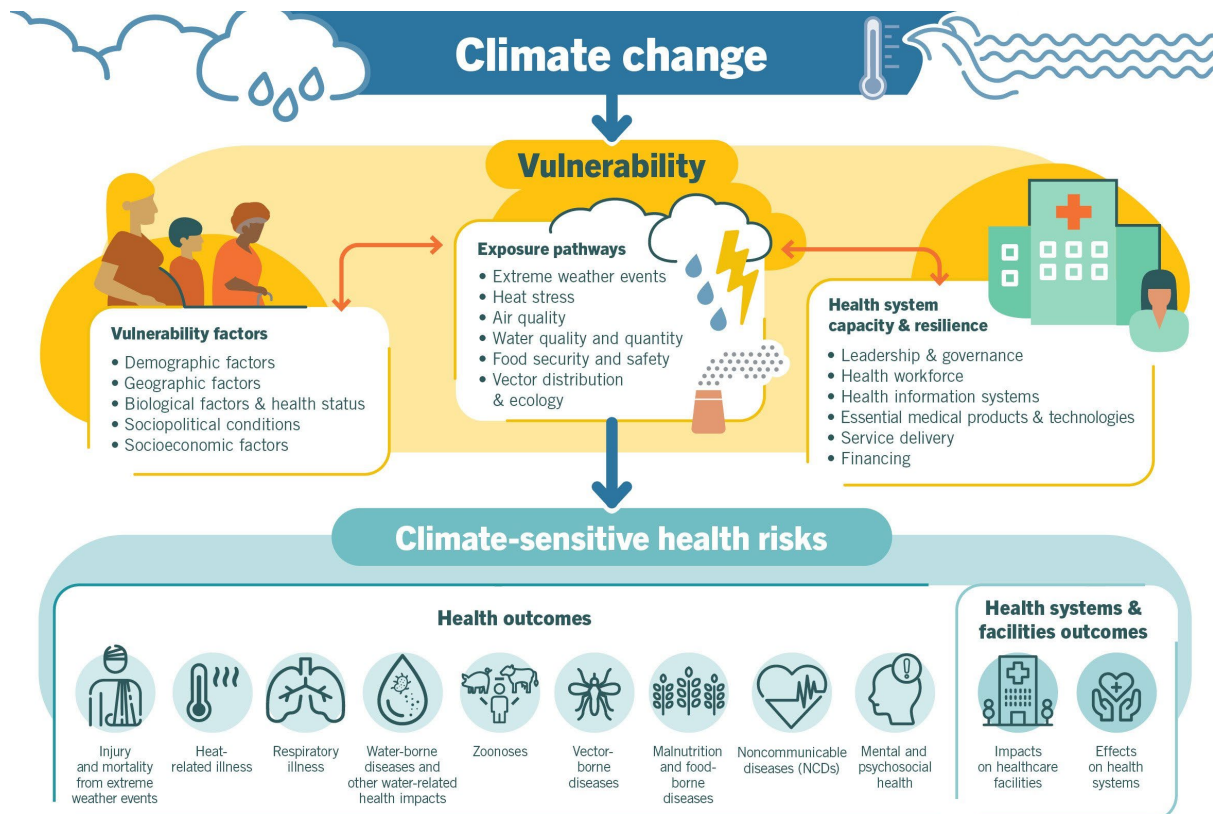
- Coastal and other areas affected by rising sea levels
- Higher temperatures and drier summers
- Increased stress on water resources
- Reduced resilience, longer emergency response times due to flooding
- Increased physical health effects on the elderly and those with pre-existing conditions
- Increased mental health effects of suffering catastrophic flooding or fire

As a result of this, several local authorities within the SCAS region have declared a “Climate Emergency”, including:

- Buckinghamshire County Council
- East Sussex County Council
- Hampshire County Council
- Oxfordshire County Council
- West Sussex County Council

## 1.4 Health Impact of Climate Change

Climate change will impact in myriad ways, but the effects on health will have serious ramifications for SCAS, significantly increasing the demands on our resources. Climate change coincides with a rapidly ageing population, which is more vulnerable to its effects, particularly those suffering from respiratory and cardiac illness, and other chronic diseases.



World Health Organisation, “Climate Sensitive Health Risks”,<sup>14</sup>

<sup>14</sup> World Health Organisation, 2023, “Climate-Sensitive Health Risks”, <https://www.who.int/news-room/factsheets/detail/climate-change-and-health>, accessed 01/08/23

## 1.5 Legislative Response to Climate Change

Healthcare is a major contributor to climate change, whilst also being heavily impacted by the consequences of climate change. The NHS is responsible for 4% of the UK carbon footprint. At the same time, one-third of new asthma cases might be avoided from efforts to cut emissions<sup>15</sup>. As a result, the Government has introduced legislation specifically aimed at the health sector:

### 1.5.1 Health & Care Act 2022

Taking steps to mitigate the impact of the NHS on climate, the Health & Care Act 2022 established the NHS as the first health system to embed Net Zero into legislation:

***“NHS England must, in the exercise of its functions, have regard to the need to***

***(a) contribute towards compliance with —***

***(i) section 1 of the Climate Change Act 2008 (UK net zero emissions target), and***

***(ii) section 5 of the Environment Act 2021 (environmental targets), and***

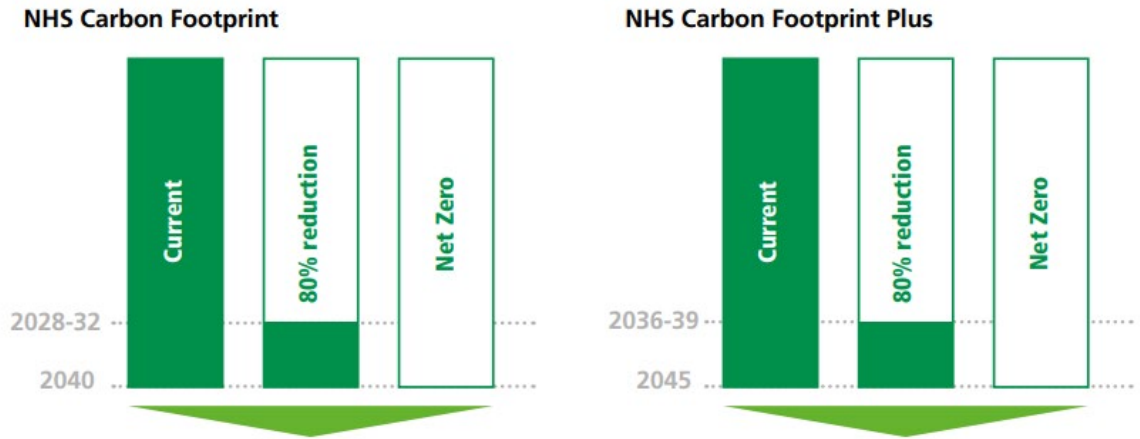
***(b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.”***

### 1.5.2 NHS Net Zero Targets

In response to the Health & Care Act legislation, NHS England published its **“Delivering a Net Zero National Health Service”** report in July 2022, in which it set out two “clear and feasible” targets for the NHS to meet its net zero commitment:

- 1) for the emissions we control directly (the *NHS Carbon Footprint*), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- 2) for the emissions we can influence (our *NHS Carbon Footprint Plus*), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

<sup>15</sup> NHS England, *“Delivering a Net Zero NHS”*, 2022, p8



However, these targets are set against a baseline year of 1990. It is difficult for some Trusts to collect relevant historical data, especially where Trusts such as SCAS have changed their composition significantly over time. The Trust that exists today is very different in size, organisation, and scope to what existed in 1990.

To address this problem, the Greener NHS Methodology for measuring Trust contributions to the NHS Carbon Footprint Plus has established a more recent baseline of 2019/20 against which to measure progress and has adjusted the emissions reduction trajectories accordingly.<sup>16</sup>

As data is available to SCAS for all years since 2019/20, this makes it easier to see whether we are on track to meet the Net Zero targets.

<sup>16</sup> NHS England, 2023, "Trust contributions to the NHS Carbon Footprint Plus", cited in Greener NHS Carbon Footprint Plus – Trust Methodology, Greener Analytics Workspace.

Defined against the new **2019/20 baseline**, the national targets are equivalent to:

- reducing emissions by at least 47% by 2028-2032 to reach Net Zero NHS Carbon Footprint by 2040
- reducing emissions by at least 73% by 2036-2038 to reach Net Zero NHS Carbon Footprint Plus by 2045

### 1.5.3 [The NHS Standard Contract 2023/24](#)

To ensure that NHS Trusts are working to deliver a Net Zero National Health Service, the NHS Standard Contract<sup>17</sup> includes a list of **minimum** foundations that must be in place:

#### **NHS Standard Contract, Section 18:**

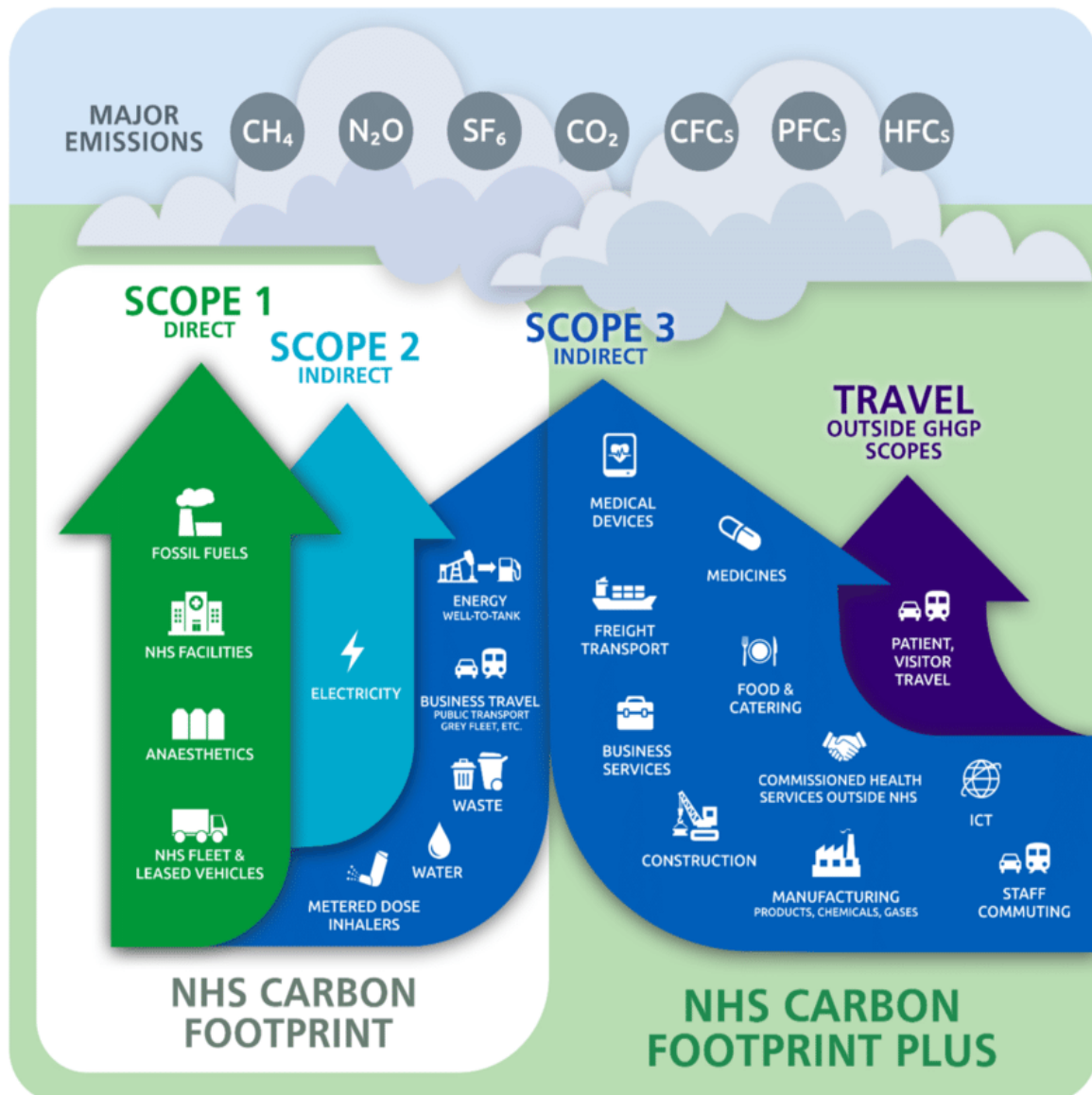
- Every trust to ensure they have appointed a Net Zero lead and are maintaining and delivering a Green Plan, approved by its Governing Body.
- Every trust must ensure that, as far as reasonably feasible, that all electricity it purchases is from Renewable Sources. NB *Currently, SCAS purchases Zero Carbon (Nuclear) energy under the Zero Carbon for Business tariff from EDF.*
- Provide detailed plans as to how it will contribute towards a 'Green NHS' with regard to delivering a 'Net Zero' National Health Service commitments in relation to air pollution.
- Ensure that for new purchases and lease arrangements, systems and trusts solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs).
- Develop plans to install electric vehicle charging infrastructure for fleet vehicles.
- Reduce waste and water usage through best practice efficiency standards and adoption of innovations.
- Reduce avoidable use of single use plastic products.
- Develop a Green Travel Plan to support active travel and public transport for staff, patients and visitors. NB *A travel survey has been undertaken for SCAS, the results of which will inform the Green Travel Plan.*

<sup>17</sup> Section 18 Green NHS and Sustainability, NHS Standard Contract 2023/24, <https://www.england.nhs.uk/wp-content/uploads/2023/04/03-nhs-standard-contract-fl-scs-2324.pdf>

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## 1.6 Understanding the Carbon Footprint and Carbon Footprint Plus

The following schematic highlights the various sources of emissions that form the NHS Carbon Footprint and Carbon Footprint Plus:



The “scopes” are derived from the Greenhouse Gas Protocol, the universally adopted standard for measuring carbon emissions.

**Scope 1:** Direct emissions from owned or directly controlled sources, with these emissions occurring on site e.g. from a gas boiler or fuel used by an ambulance.

**Scope 2:** Indirect emissions from the generation of purchased energy, mostly electricity

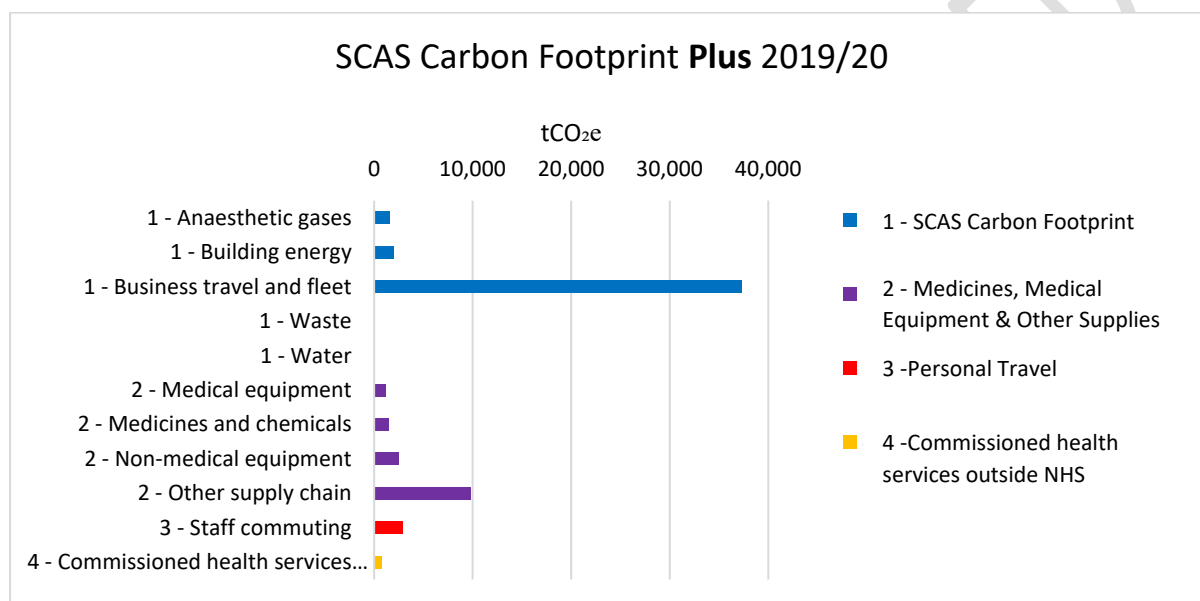
**Scope 3:** All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

**The NHS Carbon Footprint concerns the emissions *controlled directly*, whereas the NHS Carbon Footprint *Plus* includes the additional emissions that are *influenced* by the NHS.**

## 2. SCAS Carbon Emissions

### 2.1 SCAS Carbon Emissions – 2019/20 Baseline

Using a combination of bottom-up granular data of energy consumption and top-down financial analysis, which estimates carbon emissions based on spending, NHS England has created an estimate of SCAS's Carbon Footprint Plus (which includes all the emissions we influence, in addition to those we control directly) for the 2019/20 baseline:<sup>18</sup>



**Business Travel & Fleet** is by far the greatest contributor to the Trust's carbon emissions in the **baseline year of 2019/20**, accounting for **63% of the Carbon Footprint Plus**.

Across the broader NHS, medicines, medical and non-medical equipment, and other supply chain typically account for 62% of emissions. However, for SCAS, these **procurement** activities when combined accounted for **26%** of emissions in 2019/20. This is because, by their very nature, ambulance trusts such as SCAS have a different emissions profile due to the extremely high number of vehicle movements compared to a hospital trust. Therefore, the focus of carbon reduction efforts will be different for ambulance trusts compared to hospital trusts.

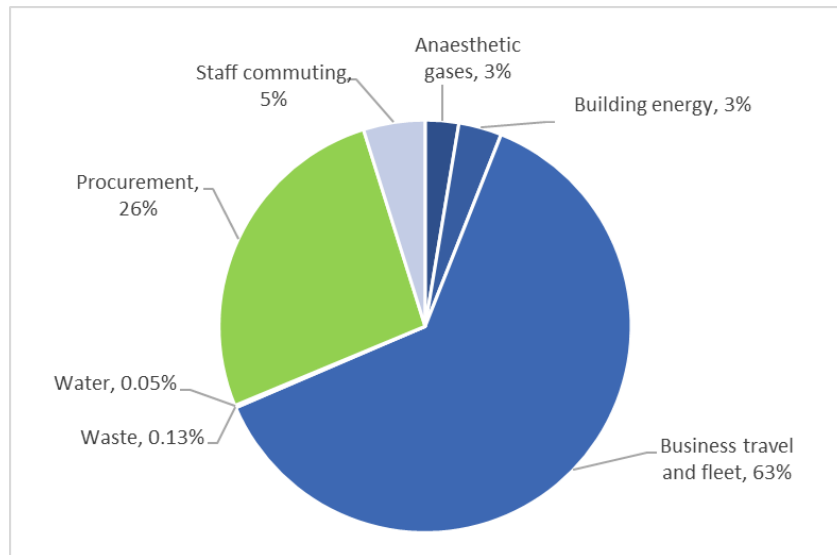
By obtaining as much granular data as possible, we can create the most accurate picture of the Trust's emissions, giving a high degree of confidence that we have identified the right areas on which to focus our greatest efforts to reduce them.

<sup>18</sup> Data provided by Greener NHS Analytics Workspace, NHS National Data Platform (Foundry).



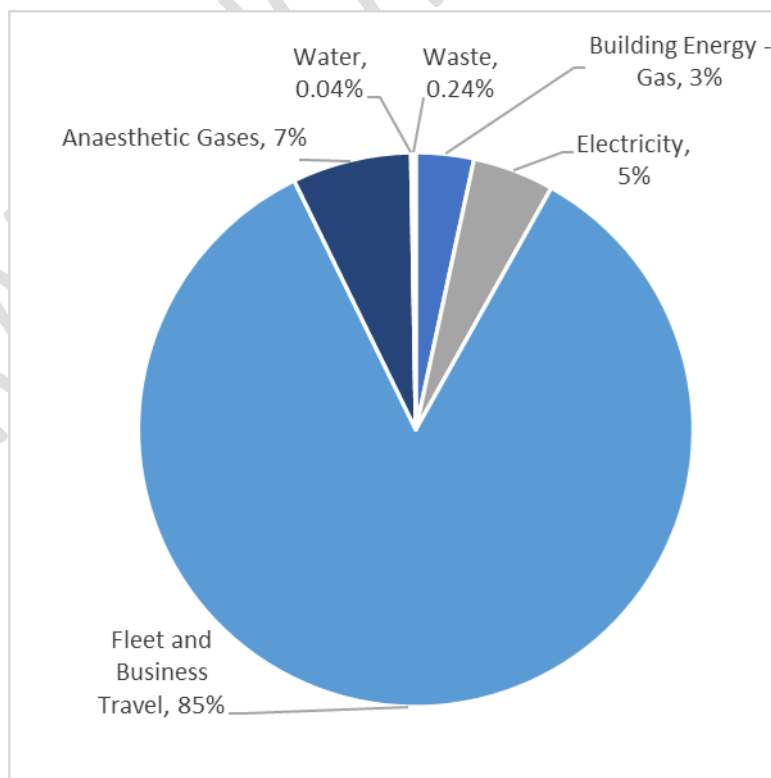
### SCAS Carbon Footprint PLUS:

*(the emissions we influence in addition to those we control directly. 2019/20 baseline estimated by NHS England using carbon intensity factors)*



### SCAS Carbon Footprint 2023/24:

*(directly controlled emissions)*



## 2.2 SCAS Directly controlled Carbon Emissions

The following table shows the SCAS Carbon Footprint calculated from actual energy usage data. This is distinct from the Carbon Footprint Plus, as it only relates to the emissions directly controlled by SCAS and therefore does not include procurement or staff commuting data:

SCAS Carbon Footprint	Sub-category	2019/20	2020/21	2021/22	2022/23
	<b>SCOPE 1</b>				
	Owned Assets - Building Energy - Gas	554	507	580	598
	Leased Assets - Building Energy - Re-charged Gas	45	27	35	24
	Ambulance & PTS Fleet (from fuel card data)	9,685	10,031	9,281	8,828
	Ambulance & PTS Fleet (from bunkered fuel purchased)	2,500	1,555	2,091	1,619
	Anaesthetic Gases - N <sub>2</sub> O	1,765	1,436	1,508	1,278
<b>SCOPE 2</b>					
	Owned Assets - Purchased Electricity	1041	877	837	745
	Leased Assets - Re-Charged Electricity <sup>1</sup>	93	64	51	55
<b>Scope 3</b>					
	Business Mileage	634	371	347	398
	Private Provider - PTS <sup>2</sup> Mileage	1,656	1,764	2,216	2,225
	Well to Tank - Fuel Card	2,306	2,411	2,261	2,120
	Well to Tank (Bunkered Fuel)	595	373	508	386
	Owned Assets - Electricity Transmission & Distribution	88	75	74	68
	Leased Assets - Electricity Transmission & Distribution	8	6	5	5
	Owned Assets - Water -Supply & Treatment	24	16	7	7
	Leased Assets - Water - Supply & Treatment	3	5	1	1
	Waste				44
	<b>Total Scope 1,2 &amp; 3 Emissions, Tonnes CO<sub>2</sub>e:</b>	<b>20,996</b>	<b>19,518</b>	<b>19,800</b>	<b>18,400</b>

### METHODOLOGY:

- The carbon footprint has been calculated from applying Department of Business, Energy & Industrial Strategy (BEIS) GHG conversion factors to activity data, such as kWh of energy, miles travelled, and litres of fuel used.
- The Kyoto Protocol identifies seven main Greenhouse Gases (GHGs) that contribute to climate change: carbon dioxide (CO<sub>2</sub>), methane (CH<sub>4</sub>), nitrous oxide (N<sub>2</sub>O), hydrofluorocarbons (HFCs), perfluorocarbons (PFCs), sulphur hexafluoride (SF<sub>6</sub>) and nitrogen trifluoride (NF<sub>3</sub>).
- Of these Greenhouse Gases, SCAS uses nitrous oxide (N<sub>2</sub>O) as an analgesic. Its global warming potential is 298 times greater than carbon dioxide, expressed in terms of “kilogrammes of carbon dioxide equivalent”, kgCO<sub>2</sub>e. This is converted into tonnes, tCO<sub>2</sub>e. At 7% of the carbon footprint for SCAS, it is the second largest source of direct emissions after transport activities.
- Accurately calculating the wider Carbon Footprint Plus relies on obtaining Scope 3 data from 3<sup>rd</sup> parties, or using analytical software on procurement data. There is no data on Staff Travel (Scope 3); a mandatory 100% staff survey is the only way to obtain this.

<sup>1</sup>Assumption: Operational Control Approach used; Categorizing GHG Emissions Associated with Leased Assets, Appendix F to the GHG Protocol Corporate Standard

<sup>2</sup>Private PTS Provider emissions are included in the direct carbon footprint, rather than carbon footprint plus, as granular data from miles charged was available.

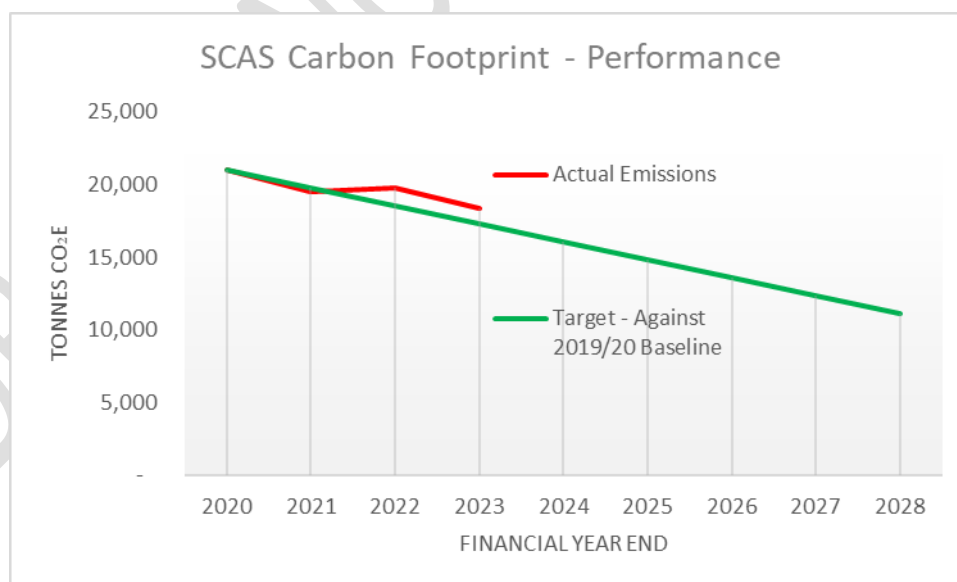
### 2.3 SCAS Carbon Reduction Performance Against Targets

Since 2019/20, total equivalent carbon emissions from SCAS have fallen from 20,996 tonnes to 18,400 tonnes, a drop of 12.4% against the baseline.

However, to be on track to meet Net Zero targets, carbon emissions should have been reduced by 17.6% at this point.

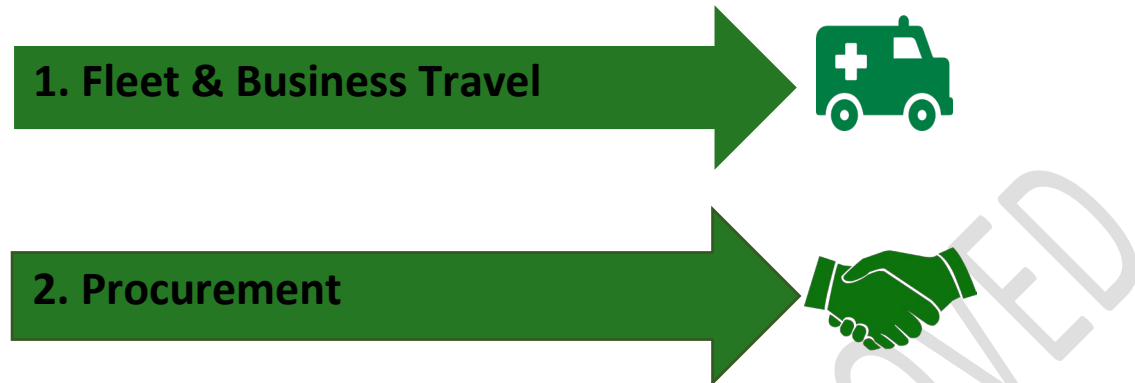
SCAS has not met its emissions reduction target trajectory for the last two financial years, increasing the scale of the challenge for the next 5 years. This plan will address that by identifying the actions that can be undertaken to bridge the gap and meet the targets.

SCAS CO <sub>2</sub> Emissions Targets	2020	2021	2022	2023	2024	2025	2026	2027	2028
Actual Direct Emissions tCO <sub>2</sub> e	20,996	19,518	19,800	18,400					
Target - Against 2019/20 Baseline tCO <sub>2</sub> e	20,996	19,762	18,529	17,295	16,062	14,828	13,595	12,361	11,128
Target Reduction against 2019/20 Baseline %	0.0%	5.9%	11.8%	17.6%	23.5%	29.4%	35.3%	41.1%	47.0%
Actual Reduction against 2019/20 Baseline %		7.0%	5.7%	12.4%					
On target?		✓ YES	× NO	× NO					



## 2.4 Priority Areas for Carbon Reduction

Carbon reduction is the most important element of this plan. Based on the size of their contribution to emissions, the two key priority areas for carbon reduction are:



Whilst these are the priority areas, they should not detract from general efforts to embed sustainability throughout the Trust. Tackling these priority areas will also complement future efforts to decarbonise the heating systems, by ensuring that upgrades to the electrical supply required by electric vehicle chargers is sufficient to power heat pumps too.

Achieving carbon reduction in these areas will require collaboration across multiple directorates / departments within SCAS.

The following section will explain how the Green Plan sits within the overall organisational vision of the Trust and how it contributes towards putting the Trust on course for a more sustainable model of development.

### 3. Organisational Vision



David Eltringham, Chief Executive SCAS, June 2023

#### 3.1 The 10-point plan for SCAS

This Green Plan does not exist in isolation, it must align with existing Trust policies and procedures.

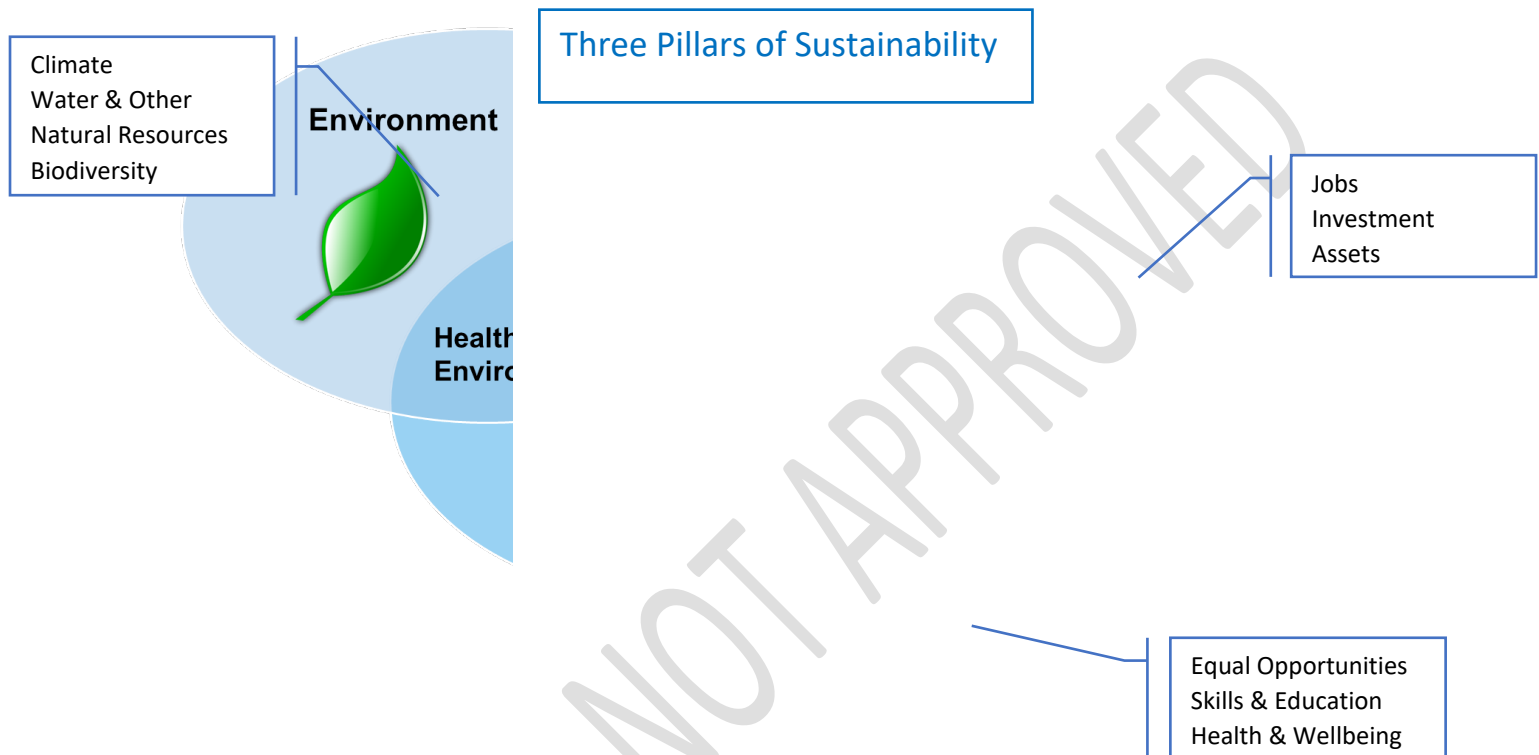
Our Chief Executive, David Eltringham, has set out a 10-point plan for SCAS to follow:

Embed patient safety and quality	Look after our people
Embed good governance	Listen to our people
Implement a service improvement approach	Grow and sustain our workforce
Meet performance standards	Develop our leaders
Live within our budget	Modernise equipment, systems and estate

These are integral to this Green Plan, which incorporates all 10 points into an overall model of Sustainable Development:

### 3.2 Sustainable Model of Development for SCAS

For the Trust to achieve long-term sustainability, the “three pillars” of economic, environmental, and social sustainability need to be considered in all policy decisions, as a sustainable model of development can only be achieved when all three are in alignment:



A model of sustainable development is about balance. An economy is only viable long-term if it consumes fewer resources than what the environment can provide. Likewise, an economy without social equity (or “fairness”) is likely to experience significant social tensions which would challenge its long-term future.

To understand how this relates to an ambulance trust, the Economic pillar would include assets such as buildings and the ambulance fleet, the jobs held by the staff and long-term capital investment.

### 3.3 Combining the 10 Point Plan with Sustainability

The 10 points (highlighted in bold) are in alignment with sustainability as follows:

Economic Sustainability means **living within our budget** and requires **good governance** to achieve.

Environmental Sustainability includes measures to reduce emissions, water consumption and air pollution. This requires a **modernisation of equipment, systems and estate**, and to **develop our**

**leaders and listen to our workforce** as part of the transformation. We measure progress against targets to ensure we are **meeting performance standards**.

Social Sustainability entails promoting the health of our patients and staff. **Patient safety and quality** is enhanced through taking measures to reduce air pollution and wider steps to avert the climate crisis. **Looking after our people** and **growing and sustaining the workforce** are essential to the long term viability of the Trust.

A **service improvement approach** reflects continuous improvement that is essential to building a model of sustainable development for SCAS.

In April 2023 the Trust engaged in a Financial Sustainability Workshop to identify ways to save money, such as reducing fossil fuel use and business mileage. Reducing business mileage can be achieved through greater use of Teams where possible, or its carbon footprint mitigated by switching to EVs or other modes of transport if available. Such initiatives are in alignment with environmental sustainability. These in turn can yield wider health benefits, contributing to social sustainability. This demonstrates how the Trust can move towards a model of sustainable development, whilst still meeting its core service provision responsibilities.

Encouraging more active travel, such as cycling and walking to work, can save money, protect the environment and improve health. This is another simple illustration of sustainable development in action.

### [3.4 SCAS Modernisation Programme](#)

The Trust is also embarking on a Modernisation Programme; this will impact on all areas, particularly Fleet and Estates, though it will not change the ultimate Green Plan aims of reducing carbon emissions from Fleet and Procurement to meet Net Zero targets. The move to electrify the Fleet and upgrade the Estates will be an integral aspect of the modernisation of the Trust.

### [3.5 Specific improvements which benefit local communities, staff and the overall organisation](#)

#### [3.5.1 Incorporating the Social Value Model](#)

The NHS is an “anchor institution” in the local economy, as a major employer and purchaser of goods and services. Social Value Themes<sup>19</sup> encapsulate the three pillars of economic, environmental and social sustainability. Embedding these in the procurement process will mean that local communities benefit from efforts to reduce inequalities in health, incomes, and educational opportunities, alongside measures to fight climate change.

<sup>19</sup> Government Commercial Function (2020), “Guide to Using the Social Value Model”, Section 2, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/940827/Guide-to-using-the-Social-Value-Model-Edn-1.1-3-Dec-20.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940827/Guide-to-using-the-Social-Value-Model-Edn-1.1-3-Dec-20.pdf)

SCAS is also a supplier of services itself, and participates in competitive tenders to win business, so it too must demonstrate it has incorporated the same Social Value Themes, which will be of direct economic, environmental and social benefit to its employees and, in turn, the organisation.

### 3.5.2 Regional resilience planning to protect the vulnerable from climate change

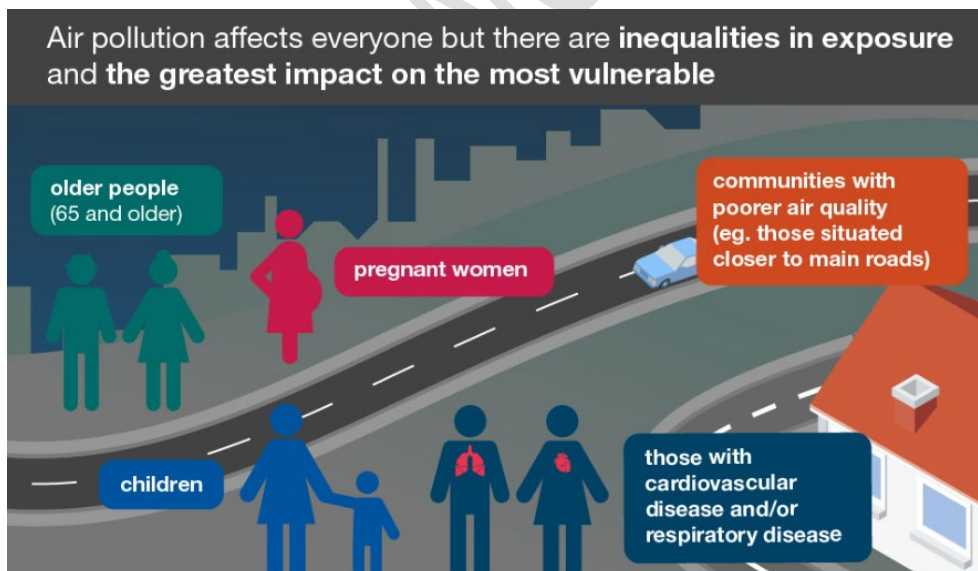
Efforts to lower CO<sub>2</sub> emissions, reduce costs and improve public health need to be combined with planning to mitigate the local impacts of climate change. This means adapting to improve the resilience of services and estates while protecting the most vulnerable, through measures such as climate change adaptation assessments, flood risk management and estates planning.

### 3.5.3 Reducing Air Pollution

The Department of Health and Social Care's advisory Committee on the Medical Effects of Air Pollutants (COMEAP) estimated that long-term exposure to man-made air pollution in the UK has an annual impact on shortening lifespans, equivalent to 28,000 to 36,000 deaths.<sup>20</sup> The Royal College of Physicians, along with the Royal College of Paediatrics and Child Health, believes the figure may be even higher, at 40,000 deaths<sup>21</sup>. As such, it is the single greatest environmental threat to human health.

Conditions caused or exacerbated by air pollution include asthma, chronic bronchitis, coronary heart disease (CHD), and strokes. These conditions significantly reduce quality of life. They also mean that people are less able to work and need more medical care, resulting in higher social costs and greater burden on the National Health Service.

Air pollution exacerbates health inequalities, with the most vulnerable being disproportionately affected, whilst often contributing the least to higher pollution



<sup>20</sup> DEFRA (2019), "Clean Air Strategy 2019", [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/770715/clean-air-strategy-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770715/clean-air-strategy-2019.pdf)

<sup>21</sup> Royal College of Physicians and Royal College of Paediatrics & Child Health, 2016, "[Every breath we take: the lifelong impact of air pollution](https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution)", pxii, <https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution>



Source: Health Matters – Air Pollution, Public Health England<sup>22</sup>

Air pollution at SCAS HQ in Bicester is in the 71st percentile of most polluted addresses in the UK, with average PM2.5 levels at 12mcg/m<sup>3</sup>, significantly above the WHO limit of 5mcg/m<sup>3</sup>.

This is important, as 19.9% of strokes are attributed to exposure for a year or more to levels of PM2.5 exceeding 10mcg/m<sup>3</sup><sup>23</sup> Other areas within the SCAS region have even higher levels of pollution, amongst the highest in the UK.

Diesel engines are significant sources of PM2.5 and other pollutants such as NOx. Taking steps to reduce air pollution from travel and transport, especially by replacing diesel with EV, will mean fewer cases of asthma, COPD, cancer, strokes and heart disease.

Whilst diesel fleets are transitioning to EV, a process that will take several years, other innovations such as ACETECH “Eco-run” turns off fleet engines when needed, to reduce unnecessary idling<sup>24</sup>. By cutting down on idling, fleets decrease their fuel burn, toxin emission and engine wear and tear. The cost of the technology can be recouped from fuel savings within a year.

Some local authorities are introducing Clean Air Zones to tackle pollution. Within the SCAS region, Portsmouth has introduced a Class B Clean Air Zone, applicable to Buses, coaches, taxis, private hire vehicles and heavy goods vehicles, whilst Oxford has introduced a Zero Emissions Zone.

The NHS has a duty of care to support Clean Air Zones. As more authorities instigate them, it is likely that the exemptions granted to non-compliant emergency vehicles will be removed, resulting in financial penalties increasing the fleet operating costs. As of 31<sup>st</sup> October 2023, NHS vehicles operating in London are no longer exempt from ULEZ charges.

The NHS Fleet and Business Travel is a major source of air pollution, locally and nationally. Electrifying the SCAS fleet will have a direct, beneficial impact on the health of local communities and staff. Some scientists have raised concerns that increased electrification of vehicles may lead to more air pollution from tyre wear, due to EVs being heavier. However, the introduction of solid-state batteries, along with new lighter versions of existing lithium-ion battery technology, will mean that soon (within a year or two) there will be no weight difference. The EU is also introducing the Euro 7 vehicle standard in 2025, which regulates and seeks to reduce tyre and brake dust emissions.

#### 3.5.4 Digital Care

The mainstream provision of digitally-enabled care such as SCAS “Hear & Treat”, which accelerated during the COVID-19 pandemic, not only reduces emissions from transport, but has the potential to enhance the patient experience by helping them avoid unnecessary travel.

**73,327** patients were treated by “Hear & Treat”, whilst a further **210,065** were treated at the scene rather than being taken to hospital<sup>25</sup>.

As long as it is clinically appropriate and care is taken to avoid entrenching health inequalities, due to lack of access to digital tools, for example, this is a highly sustainable method of healthcare provision.

<sup>22</sup> <https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution>

<sup>23</sup> [www.addresspollution.org](http://www.addresspollution.org)

<sup>24</sup> [Eco Friendly Technology For Emergency Vehicles | ACETECH™](https://www.acetech.com/products/eco-friendly-technology-eco-run/), <https://www.acetech.com/products/eco-friendly-technology-eco-run/>

<sup>25</sup> SCAS Qlikview data report

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## 4. Green Plan Core Elements & Pathways

Reducing carbon emissions in line with Net Zero targets is the most important element of this Green Plan, the main priority being to electrify the fleet and move away from fossil fuels, followed by decarbonising the wider supply chain.

Whilst these remain the focus, other measures can also contribute to direct carbon reduction, such as LED lighting and reducing nitrous oxide use. Broader environmental measures include rainwater harvesting, elimination of single use plastics, and reducing waste sent to landfill, all of which help SCAS move towards a more sustainable model of development.

### 4.1 Carbon Reduction Plan

For the emissions we **control directly**, this plan sets out a measurable and achievable route to meeting our Net Zero targets. If we use the new 2019/20 baseline, we know that we need to reduce emissions by 47% by 2028-32 to remain on track for Net Zero, according to the formula calculated by NHS England<sup>26</sup>.

Baseline Emissions 2019/20 (tonnes CO <sub>2</sub> e)	20,996
Target Emissions for 2032 (47% Reduction against 2019/20 Baseline)	11,128
Current SCAS Emissions 2023	18,400
Reduction Required to Meet Target	7,272
<b>Proposed emissions reductions:</b>	
100% Fleet to be Electric Vehicle (excluding ambulances)	-5,959
50% Reduction in Nitrous Oxide emissions	-639
Substitute 6% / 200,000 litres diesel fuel with HVO for ambulance use	-504
Complete 100% rollout of LED lighting programme	-129
Reduce Business Mileage by 10%	-40
Rainwater harvesting at 5 resource centres	-1.5
Projected Emissions 2032 After Reductions (On Target)	11,128

This plan shows that we need to reduce our emissions by over 7,272 tonnes CO<sub>2</sub>e a year by 2028 to remain on course to hit the target of 11,128 tonnes CO<sub>2</sub>e per annum. Without a programme of fleet electrification, it is impossible for SCAS to meet its legal obligations for carbon reduction.

Electrification works to achieve Net Zero because the National Grid is rapidly decarbonising, and the UK's electricity system is on track to be powered free of fossil fuels and at 100% zero carbon by 2025, according to National Grid. Renewable sources outpaced fossil fuels for generating electricity for the first time in 2020.<sup>27</sup>

Although there are other measures which contribute towards Net Zero and other sustainability goals, their impact is comparatively, and perhaps surprisingly, small when compared to the switch to EVs.

<sup>26</sup> NHS England, 2023, "Trust contributions to the NHS Carbon Footprint Plus", cited in Greener NHS Carbon Footprint Plus – Trust Methodology, Greener Analytics Workspace

<sup>27</sup> National Grid, 2021, "Road to Zero Carbon" <https://www.nationalgrideso.com/future-energy/our-progress-towards-net-zero/road-zero-carbon-report>

The above carbon reductions do not include those arising from the supply chain, which account for an estimated 25% of the total emissions once they're factored in. Supply chain emissions are those we do not control directly but which we can influence. Procurement policy is vital to this, ensuring that suppliers are implementing carbon reduction plans which align to the NHS Net Zero targets. They will be required to calculate and report their carbon emissions to SCAS so that progress to reduce them can be measured.

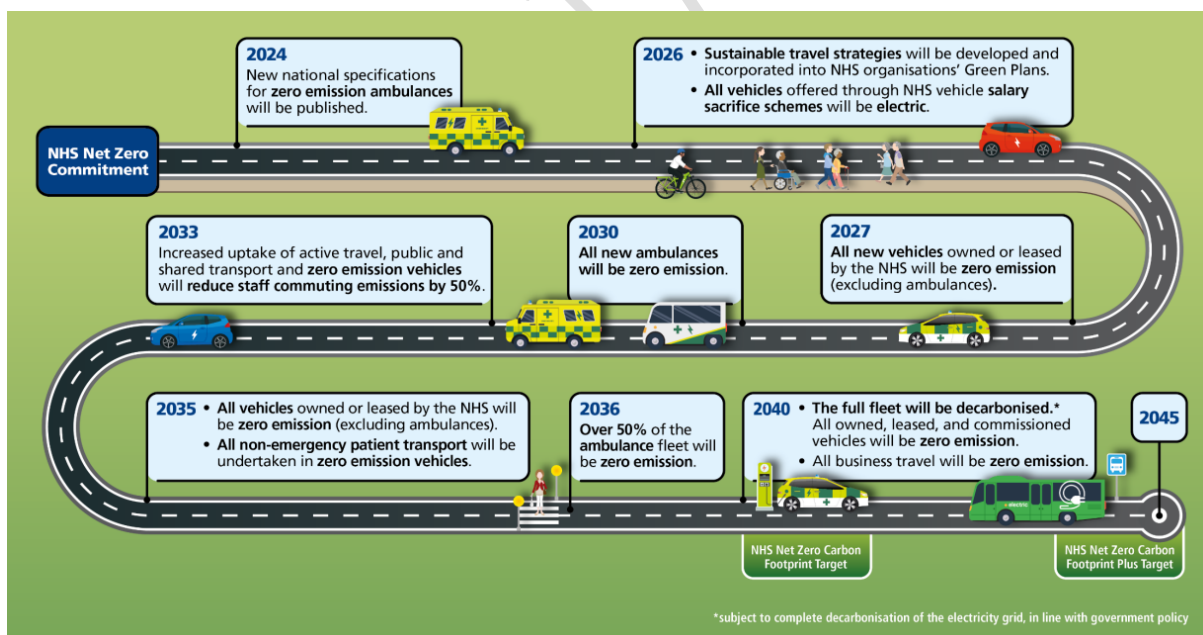
The following section sets out the specific actions and initiatives which will be undertaken across SCAS over the next five years to implement the Carbon Reduction Plan and achieve the broader sustainability goals of the Green Plan.

## 4.2 Travel and Transport - Decarbonisation Roadmap

Transport (Ambulance, PTS and Grey Fleet) is main source of carbon emissions for the Trust, accounting for 85% of **directly controlled** emissions and 63% of overall emissions, including those we **influence** (i.e. the supply chain). Investing in zero-emission vehicles for owned and leased fleets will ultimately eliminate the bulk of SCAS' carbon emissions. This will be a phased process, as older vehicles are retired from use and replaced by new electric vehicles, as mapped out by NHS England:

### 4.2.1 Roadmap to Net Zero Travel & Transport

The NHS Roadmap to Net Zero Travel & Transport<sup>28</sup> was published in October 2023, which sets out some important milestones:



The NHS will have fully decarbonised its non-ambulance fleet by 2035, with its ambulances following in 2040. Several key steps will mark the transition of NHS travel and transportation:

- By 2026, sustainable travel strategies will be developed and incorporated into trust and integrated care board (ICB) Green Plans.

<sup>28</sup> NHS England (2023), "NHS Net Zero Travel and Transport Strategy", p18

- From 2027, all new vehicles owned and leased by the NHS will be zero emission vehicles (excluding ambulances).
- From 2030, all new ambulances will be zero emission vehicles.
- By 2033, staff travel emissions will be reduced by 50% through shifts to more sustainable forms of travel and the electrification of personal vehicles.

The 2027 deadline has important ramifications for all Trusts, but particularly Ambulance Trusts.

Because Fleet accounts for such a large part of SCAS carbon emissions, the only way we can achieve our carbon reduction target is to aim for all new vehicles owned and leased by SCAS to be zero emission from even earlier, ideally **2024**.

Our carbon reduction trajectory, ensuring a 47% reduction from the 2019/20 baseline, must pass between 2028 and 2032 to remain within mandated NHS targets. If we wait until the 2027 deadline for all new vehicles owned and leased to be zero emission, it only leaves 5 years at most to achieve the target, assuming a replacement rate of 20% per annum. By starting sooner, the replacement rate will be more manageable.

### **SCAS TARGET:**

**100% ELECTRIC FLEET BY 2028-2032 (excluding DCAs)\***

Analysis of fuel card data indicates that non-ambulance emissions account for 5,959 tonnes CO<sub>2</sub>, which represents **32% of the SCAS Carbon Footprint**. Eliminating these 5,959 tonnes will help SCAS make considerable progress towards achieving Net Zero, bringing the total reduction against the 2019/20 baseline down by 41%, leaving only 6% reduction required elsewhere to meet the 2028-32 target of a 47% overall reduction (assuming the electricity supply is fully decarbonised).

#### 4.2.2 Electric Vehicle Options including e-DCAs

Electric Double Crewed Ambulances are at trial stage, with London Ambulance Service taking delivery of 4 prototype vehicles in November 2023. NHS England is also offering SCAS the opportunity to begin trials with two electric DCAs. This represents an exciting opportunity for SCAS to be a technological leader, by gathering vehicle performance data across urban, semi-rural and rural locations, which will help inform the **SCAS Modernisation Programme**. A successful trial will bring forward the rollout of electric DCAs, increasing the pace of carbon reduction.

Many viable options already exist for replacing the rest of the fleet, such as PTS and rapid response vehicles (RRVs), though the small number of heavier vehicles in the fleet may require alternative technologies, such as hydrogen fuel cell.

SCAS has been conducting successful trials of two fully electric Mental Health Rapid Response Vehicles as part of the ground-breaking national Zero Emission Electric Vehicle (ZEEV) Pathfinder Programme funded by NHS England, with 21 vehicles deployed across the UK.

\*vehicles currently being purchased by SCAS in the 2023/24 financial year will still be on the books in 2028/29 financial year, due to their 5 year procurement life cycle. Many of these are internal combustion engine, so a 100% electric fleet by 2028 will not be possible in the available timeframe. However, the national targets allow for the carbon reduction trajectory to fall within the 2028-2032 window, though the further this slips towards 2032, the greater the cost and amount of work required to catch up.

#### 4.2.3 Addressing Common Concerns with EVs

##### *EV Battery Manufacturing*

It is important to note that adopting EVs will not involve “outsourcing” carbon emissions from SCAS, so it becomes someone else’s problem. There are now concerted moves to bring EV manufacturing back from China and into Europe, where the embodied carbon in the new generation of batteries could be over 90% less than those made in China due to new low-carbon manufacturing techniques.<sup>29</sup>

When considering the embedded carbon in EVs, it must also be remembered that internal combustion-engined (ICE) vehicles also have a carbon footprint. The only difference is that one has an engine and a fuel tank, the other a motor and a battery. EVs have an initial higher carbon footprint to produce than ICE vehicles due to the energy-intensive battery pack manufacturing processes. However, this is dwarfed by the operational CO<sub>2</sub> footprint of ICE vehicles burning fossil fuels throughout their lifetime, not to mention the associated air pollution.

The initial carbon deficit from manufacturing an EV only takes several thousand vehicle-miles to overcome according to research by Argonne National Laboratory in Chicago<sup>30</sup>. Depending on how “green” the energy grid is, EV carbon parity with ICE vehicles can be reached as quickly as six months or 8,400 miles. This equation is being changed by relocating battery production from China into Europe, with 35 new Giga-factories powered by renewable energy due to be operational by 2025<sup>31</sup>.

##### *Battery Innovation & Recycling*

Innovations in battery design, such as solid-state technology, herald a transformation in weight, range and charging times, whilst eliminating the (low) risk of fires posed by current lithium-ion batteries.

Toyota has recently announced that it will be producing the first solid state battery-powered vehicles in 2027, with a range of 745 miles and 10-minute charging time<sup>32</sup>. The batteries are much

<sup>29</sup>Deger, F. & Schutte, M., 2022, “[Life cycle assessment of the energy consumption and GHG emissions of state-of-the-art automotive battery cell production](https://www.sciencedirect.com/science/article/pii/S0959652621039731?ref=cra_js_challenge&fr=RR-1)”,  
[https://www.sciencedirect.com/science/article/pii/S0959652621039731?ref=cra\\_js\\_challenge&fr=RR-1](https://www.sciencedirect.com/science/article/pii/S0959652621039731?ref=cra_js_challenge&fr=RR-1)

<sup>30</sup> [When do electric vehicles become cleaner than gasoline cars? | Reuters](https://www.reuters.com/business/autos-transportation/when-do-electric-vehicles-become-cleaner-than-gasoline-cars-2021-06-29/),  
<https://www.reuters.com/business/autos-transportation/when-do-electric-vehicles-become-cleaner-than-gasoline-cars-2021-06-29/>

<sup>31</sup> PV Magazine International, 2022, “*On a mission*” <https://www.pv-magazine.com/magazine-archive/on-a-mission/>

<sup>32</sup> [Toyota Reveals the Future of Cars with Next-Generation Battery and Hydrogen Technologies](https://toyotatimes.jp/en/report/technical_workshop_2023/001_1.html#anchorTitles)  
([toyotatimes.jp](https://toyotatimes.jp)), [https://toyotatimes.jp/en/report/technical\\_workshop\\_2023/001\\_1.html#anchorTitles](https://toyotatimes.jp/en/report/technical_workshop_2023/001_1.html#anchorTitles)

lighter and smaller than existing lithium-ion batteries. This has very positive implications for the development of electric ambulances, helping to address vehicle weight concerns.

The new generation of batteries are designed to be over 95% recyclable, though manufacturers are aiming for 100%, not least because the component materials are so valuable. It is a myth that EV batteries go into landfill at the end of their life; even once they have degraded beyond their minimum performance requirements for a car, they have up to 20 years' usefulness ahead of them in battery storage banks, before they are eventually recycled into new batteries. The 2009 Waste Batteries Regulations make it illegal to send batteries to landfill.

#### *Environmental Impact of Lithium Extraction*

Lithium extraction has received increasing scrutiny and criticism for its environmental impact; the main method involves evaporation of brine containing lithium salt, in purpose-built lakes exposed to sunlight. There are concerns about high water consumption and impact on water tables in areas prone to drought, though this can be addressed by new direct extraction techniques. Unlike fossil fuels, lithium only needs to be mined once as it can be recycled continuously, and its impact on the environment is minimal compared to the colossal damage associated with oil, coal and gas extraction, not to mention their CO<sub>2</sub> emissions.

The EU and UK are also in the process of diversifying the supply of rare earth elements away from dependency on China, to ensure a more economically, environmentally, and socially sustainable battery supply chain. This includes the new rare earth processing facility being constructed in the Humber Freeport, the first of its kind in Europe, with support from the UK Automotive Transformation Fund. It is expected to open in 2025. The ores will be sourced from a newly developed state-of-the-art mine in Longonjo, Angola, as part of an independent and sustainable supply chain to ensure a cost-effective, transparent and ultra-low embedded carbon range of rare earth products.<sup>33</sup> This also addresses concerns over the provenance of metals and associated workforce conditions.

Manufacturers are also experimenting with other materials for the cathode, such as sodium and iron, to move away from dependence on critical minerals.

#### 4.2.4 The Role of Hydrogen

It is expected that low carbon hydrogen will have a critical role for achieving net zero in the UK, particularly in "hard to electrify" UK industrial sectors, such as energy-intensive heavy industry, shipping, construction, agriculture and HGV transport. However, where possible, electrification is the better option as it will always be cheaper and more efficient.

Electricity is always the starting point in any hydrogen manufacturing process, either through electrolysis of water using renewable electricity (green hydrogen) or steam reformation of methane (blue hydrogen). It then needs to be compressed and transported, so the resulting hydrogen will always cost more than electricity per unit of energy. Further costs are incurred if methane is used to make hydrogen, as the resulting CO<sub>2</sub> emissions will need to be captured and stored.

<sup>33</sup> Mining Weekly, 2023, "[Pensana close to finalising \\$550m financing for Saltend, Longonjo](https://www.miningweekly.com/article/pensana-close-to-finalising-550m-financing-for-saltend-longonjo-2023-04-03)", <https://www.miningweekly.com/article/pensana-close-to-finalising-550m-financing-for-saltend-longonjo-2023-04-03>

There is already a comprehensive electrical distribution network in place, with EV chargers being installed at an exponential rate and significant generating capacity being added every year.

No hydrogen distribution network currently exists and there is virtually no low carbon hydrogen production.

The Government's Transport Decarbonisation Plan 2021 set out to forge a realistic pathway to net-zero by 2050. Hydrogen fuel cells (as a complement to electrification) could play a role across all areas of transport, including HGVs, buses, maritime and aviation. The focus is on these heavier modes of transport which require the energy density, rapid refuelling times, and longer ranges afforded by hydrogen fuel cells.

The Government expects battery electrification to remain the dominant zero emission technology for passenger cars and vans. By contrast, "Hydrogen is likely to be most effective in transport in areas 'that batteries cannot reach', where energy density requirements or duty cycles, weight and volume restrictions and refuelling times make it the most suitable green energy source".<sup>34</sup>

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

#### 4.2.5 Alternative Fuels - HVO

Hydrotreated Vegetable Oil as a drop-in diesel alternative can serve as a "transitional" fuel to reduce carbon emissions significantly whilst the fleet is electrifying, particularly useful if there are delays introducing electric DCAs. It has a 90% lower net carbon footprint than diesel. Every 100,000 litres of HVO used to replace diesel directly saves 252 tonnes of CO<sub>2</sub>. The Trust currently uses 3.27 million litres of diesel per annum. However, using HVO relies on manufacturers granting permission so that vehicle warranties are not voided, but it could be effective in older and more polluting vehicles that have exceeded their warranty period.

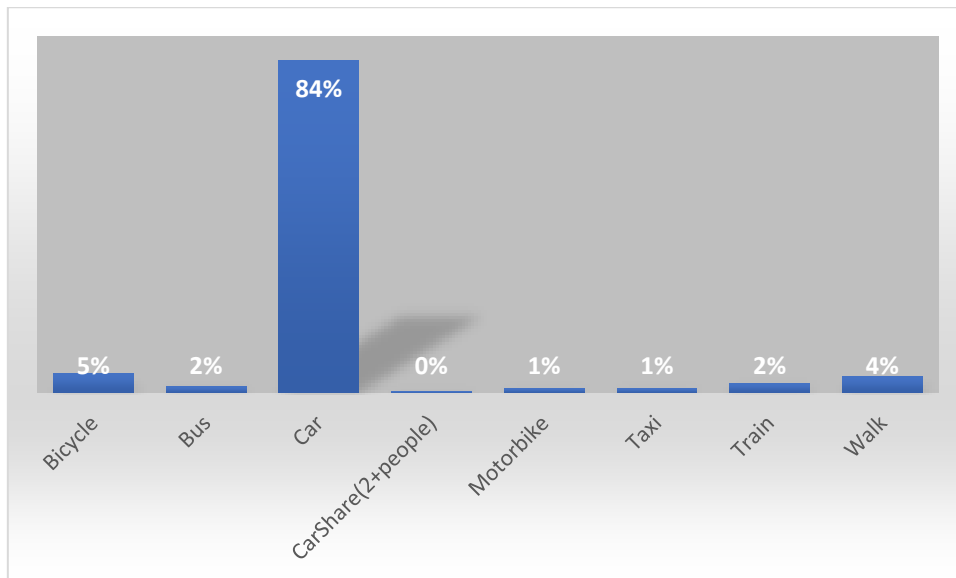
Several local authorities, such as Horsham District Council, have successfully switched their entire fleets over to HVO as an interim measure.

<sup>34</sup> Department for Transport (2021), "*Decarbonising Transport – A Better Greener Britain*", p71



#### 4.2.6 Modal Shift and Active Travel

A Travel Survey conducted in May 2023 indicated that 84% of staff commuting is by car:



There was considerable reluctance to change commuting habits, with over a third of respondents stating that nothing would persuade them to use public transport, whilst most sought improvements in fares, reliability and frequency of service before they would consider it.

There was a very positive response to switching to electric vehicles with two thirds stating they would definitely like to use or would consider using electric.

9% of respondents already cycle or walk to work, but only 25% of staff live within 5 miles of their usual place of work, so it is unlikely that this figure can be increased by much. Many respondents cited issues such as childcare commitments, road safety, personal safety during antisocial work hours, carrying equipment, and distance as reasons why they could not consider cycling or walking to work.

Switching to electric vehicles will achieve the greatest reduction of carbon emissions from staff travel, though the Trust must encourage and facilitate alternatives for active travel as far as possible, to give staff more choice. If someone can walk or cycle for only one or two days a week, this will improve their health, save them money and help to reduce their carbon footprint.

#### 4.2.7 Reducing Business & Staff Travel Emissions

Use of Teams meetings should be encouraged to reduce unnecessary business travel, along with implementing hybrid working models to reduce staff commuting, where practical. The Travel Survey revealed that there is some scope to reduce business travel, with 16% of respondents stating they could reduce the number of meetings they attend in person.

### 4.3 Supply Chain and Procurement

The supply chain accounts for 26% of SCAS' total Carbon Footprint **Plus** emissions and is the **second biggest source of overall emissions** after travel and transport.

NHS organisations are able to use their individual or collective purchasing power and decisions to reduce the carbon embedded in their supply chains. For SCAS, this particularly relates to Private Provider Patient Transport Services, due to the high levels of emissions associated with transport: 2,225 tCO<sub>2</sub>e, 12% of the carbon footprint.

Carbon emissions also arise from less obvious activities, such as data processing and storage. Data centres and data transmission accounted for 3% of global electricity demand and 1% of global greenhouse gas emissions in 2022. To put this into context, the entire aviation industry accounts for 1.9% of total global emissions<sup>35</sup>. Even sending an email adds 1g to the carbon footprint, which may surprise many.<sup>36</sup>

Along with other suppliers, data centre service providers will need to demonstrate that they are implementing their own carbon reduction plans and report their progress back to SCAS.

#### 4.3.1 Applying Net Zero & Social Value to Procurement of NHS Goods and Services

The procurement contract tender process offers opportunities to:

- Maximise efficiencies in the transport of goods and services commissioned by the organisation, such as patient transport, courier services and deliveries
- Reduce the use of clinical and non-clinical single-use plastic items
- Use lower carbon alternative supplies, such as recycled paper
- Insist that suppliers have their own carbon reduction plans
- Insist that suppliers measure their carbon footprint and report the figures to SCAS

In practical terms, this means adhering to the guidance in “Applying net zero and social value in the procurement of NHS goods and services”<sup>37</sup>, where Social Value must be given a minimum weighting of 10%:

**“To support the delivery of net zero carbon across the NHS, the Social Value Model theme of ‘Fighting Climate Change’ should be included in all NHS procurement either in the technical specification, through the social value criteria or a combination of these”**

<sup>35</sup> IEA (2022), Data Centres and Data Transmission Networks, IEA, Paris <https://www.iea.org/reports/data-centres-and-data-transmission-networks>, License: CC BY 4.0

<sup>36</sup> Mike Berners-Lee (2020) “*How Bad are Bananas? The carbon footprint of everything*”, cited in OVO Energy, *The Carbon Footprint of the Internet*, <https://www.ovoenergy.com/blog/green/the-carbon-footprint-of-the-internet>

<sup>37</sup> NHS England (2022), “Applying net zero and social value in the procurement of NHS goods and services”, PAR1030, <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/03/B1030-applying-net-zero-and-social-value-in-the-procurement-of-nhs-goods-and-services-march-2022.pdf>

Larger contracts, over £5m per annum, are already subject to the Procurement Policy Note (PPN) 06/21 requirements to commit to Net Zero by 2050.

#### 4.3.2 Calculating Carbon Emissions for Procurement – Using Artificial Intelligence

Emissions from the supply chain fall under Scope 3 for carbon accounting purposes. At the moment, this figure is estimated by NHS England, applying carbon intensity factors to spending. This means we cannot identify which products and services are responsible for the highest emissions. Our suppliers are being encouraged to report their carbon emissions, but very few do, if at all.

The solution is to use advanced software to analyse procurement spending and cross reference each item against global databases of products with known life cycle carbon assessments, to achieve a more accurate carbon footprint for Procurement and identify areas to focus attention on.

This same software should also identify savings in the Trust, facilitating financial sustainability. NHS Supply Chain and Northern Care Alliance have both achieved significant financial savings and carbon reduction by adopting this approach, making a considerable return on their investment.

#### 4.4 Estates

(With reference to the August 2021 Estates Net Zero Delivery Plan<sup>38</sup>):

Estates must support and facilitate the two carbon reduction priority areas of Transport and Procurement by:

##### 4.4.1 Installing the EV Charging Infrastructure

To enable the electrification of the fleet, Estates needs to establish the number of chargers required to support the current 1,395 vehicles, considering future requirements (e.g., changes to PTS contracts and the **SCAS Modernisation Programme**), daily operational requirements and the specification for electric Double Crewed Ambulances. The charging requirements will be data driven and informed by **Cenex Modelling** of electricity usage by battery electric vehicles.

Estates has installed 36 new EV charge points in the 2023/24 financial year, bring the total available to 52.

##### 4.4.2 Open Charge Point Protocol and Back Office Software

The success of the EV programme depends on having an effective back-office function to collect data, manage physical access to charging points and maintain financial controls. Ensuring that all charging equipment meets with Open Charge Point Protocol (OCPP) standards as approved by the Open Charge Alliance will future proof the EV charging infrastructure, allowing a range of equipment to communicate seamlessly with OCPP compliant software. This will be implemented by Estates as part of the installation commissioning process but managed by Fleet Services on an operational basis (with input from Finance).

<sup>38</sup> NHS England (2021), “Estates Net Zero Carbon Delivery Plan”, PAR1059.

For Estates to deliver a successful EV charging infrastructure programme, it is vital that Fleet Services share information on vehicle numbers, locations and movements, along with the desired ratio of vehicles to chargers, so that operational need is matched with provision as far as practicable within the constraints of the estate portfolio. Estates also needs to be advised of operational requirements when planning the future configuration of the portfolio in the **SCAS Modernisation Programme**.

#### 4.4.3 EV Charging Policy

As EVs are increasingly adopted by staff, access to chargers will become of increased concern. EVs offer huge opportunities to reduce the emissions associated with business travel and commuting. Whilst frontline operations will be prioritised during the initial roll out of charging infrastructure, the need to provide access for staff vehicles will grow. This requires clarification of the SCAS policy governing access to charge points, requiring input from all affected departments, such as Estates, Operations, HR and Finance.

#### 4.4.4 Managing Fire Risk

The estate must also consider the different type of fire risk posed by electric vehicles compared to internal combustion engine vehicles. Whilst the incidence of fire is far lower for EVs, the severity of the blaze is often worse and harder to extinguish. Professional advice from fire safety experts will be required to manage this different type of risk appropriately, particularly at locations where vehicles are being charged.

To determine the risk of EV fires, researchers on behalf of the US car insurance market have examined data from the National Transportation Safety Board (NTSB), Bureau of Transportation Statistics (BTS), and government recall data from Recalls.gov.<sup>39</sup> The data included all the causes of fire, such as collisions, electrical failures, oil or fuel leaks, poor maintenance, vehicle battery damage, and smoking cigarettes. They concluded that the fire risk from 100% electric vehicles was far lower than other vehicle types:

Fuel Type	Fires per 100k sales	%
Hybrid	3,474.5	3.47%
Petrol	1,529.9	1.53%
100% Electric	25.1	0.025%

Tesla have also released their own data from vehicle telemetry, which shows that from 2012 – 2021, there has been approximately one Tesla vehicle fire for every 210 million miles traveled. By comparison, data from the National Fire Protection Association (NFPA) and U.S. Department of Transportation shows that in the United States there is a vehicle fire for every 19 million miles traveled.<sup>40</sup> This implies over a 90% reduction in fire risk per mile travelled by Teslas.

<sup>39</sup> AutoinsuranceEZ, 2023, "[Gas vs. Electric Car Fires \[2023 Findings\]](https://www.autoinsurancenez.com/gas-vs-electric-car-fires/)", <https://www.autoinsurancenez.com/gas-vs-electric-car-fires/>

<sup>40</sup> [Tesla, 2023, "Vehicle Safety Report"](https://www.tesla.com/VehicleSafetyReport), <https://www.tesla.com/VehicleSafetyReport>

The new generation of solid-state batteries being developed will ultimately eliminate the fire risk, with French company Bolloré already testing prototypes and new Spanish gigafactory firm Basquevolt due to commence production in 2027<sup>41</sup>.

#### 4.4.5 Additional Sustainability Measures

In addition to supporting the priority of Fleet electrification, Estates has a vital function to play in meeting sustainable objectives by:

- Making every kWh count: Investing in no-regrets energy saving measures, such as LED lighting. Approximately 70% of the estate is now fitted with LEDs. Prior to the installation of LEDs, it is estimated that 35% of the electricity consumption was lighting<sup>42</sup>, contributing about 2-3% to the overall direct carbon footprint. Completing this programme should save up to 1% of the carbon footprint, around 184 tonnes CO<sub>2</sub>e per annum.
- Preparing buildings for electricity-led heating by upgrading building fabric (insulation, ventilation, double glazing etc.)
- Switching to non-fossil fuel heating: Investing in heat pumps
- Increasing on-site renewables: Investing in on-site generation, especially Solar PV, which will offset some of the cost of increased electricity demand from EVs and heat pumps. Every kW of Solar PV installed saves an average of 164kg CO<sub>2</sub> per annum, with a net benefit of £31 per annum<sup>43</sup>. 1MW installed could save 164 tonnes CO<sub>2</sub> per annum / £31,000 annual benefit. With 106 sites, SCAS will benefit from economies of scale which will improve these figures further. As the rollout of EVs continues, there will be a transfer in cost from fossil fuels to electricity, some of which can be offset directly by Solar PV. The call centres are operating 24/7, so onsite generation and storage can also mitigate some of these running costs.
- Investing in battery storage systems as alternative to 'bunkered fuel' for resilience
- Reducing water consumption and cost by installing rainwater harvesting in buildings with high usage, particularly resource centres with ambulance washing facilities: Cosham, Nursling RC, Portsmouth PTS, Bracknell RC and Ringwood RC use a combined 7,409m<sup>3</sup> of water per annum. If 50% of this could be saved through rainwater harvesting, 3,705m<sup>3</sup> of water would be preserved, enhancing water resource sustainability and saving over £12,000 per annum. The carbon saving would be 1.56 tonnes CO<sub>2</sub>e.
- Reducing waste and promoting the circular economy as part of the SCAS Waste Policy
- Building design and refurbishments: "Replace like with unlike" and ensure compliance with the Net Zero Building Standard 2023<sup>44</sup>, which mandates achieving BREEAM Excellent for all new buildings and BREEAM Very Good for refurbishments, as a **minimum**.<sup>45</sup>
- Incorporating Green clauses into lease agreements, per the NHS Memorandum of Understanding Documents PAR1594(iii and iv)<sup>46</sup>

<sup>41</sup> European Battery Alliance, 2023, "[Solid-state batteries on the rise in Europe](https://www.eba250.com/solid-state-batteries-on-the-rise-in-europe/)", <https://www.eba250.com/solid-state-batteries-on-the-rise-in-europe/>

<sup>42</sup> <https://www.nextsystems.co.uk/blog/electrical/why-use-led-lighting-in-your-office/#:~:text=On%20average%2C%20for%20many%20UK%20businesses%2C%20lighting%20takes,as%20much%20as%2035%25%20of%20their%20electricity%20consumption.>

<sup>43</sup> <https://pvfitcalculator.energysavingtrust.org.uk/>

<sup>44</sup> NHS England (2023), "Net Zero Building Standard 2023", <https://www.england.nhs.uk/wp-content/uploads/2023/02/B1697-NHS-Net-Zero-Building-Standards-Feb-2023.pdf>

<sup>45</sup> Ibid., p132

- Using HVO fuel for back-up power generators: sustainable, 90% less carbon, no fuel polishing costs, and 10-year shelf life.
- Preparing the estate for severe weather / creating a climate change adaptation plan
- Committing to active travel, especially providing the infrastructure for cycling. This extends beyond bike racks and includes facilities for showering and secure locker storage.
- Assessing opportunities for tree planting - the Centre for Sustainable Healthcare (NHS Forest) is providing free tree bundles to NHS sites for planting from November 2023.

#### 4.5 Workforce and System Leadership

- Monthly Green Plan Delivery Steering Committee meetings
- Named Board level SRO for Sustainability
- Increase staff awareness of Sustainability – access sustainability training via **“Building a Net Zero NHS”** eLearning module” on ESR
- Regular communication via Staff Matters / Yammer / Viva Engage
- Regular Travel Surveys
- Create network of “Green Champions” to identify and promote sustainability micro-initiatives, e.g. ensuring waste goes into the correct recycling bins, lights are turned off, windows are closed to save heat
- Implement an Environmental Management System to ISO14001

#### 4.6 Digital Transformation

- The direct alignments between the digital transformation agenda and a net zero NHS are clear. The SCAS policy of Hear & Treat, as outlined in the Improvement Programme (01/10/22)<sup>47</sup> to deliver some care remotely – with over 73,000 cases dealt with during 2022/23 – will deliver significant carbon emissions reductions and cost savings
- Using digital systems to reduce the use of paper records, printing and postage.

#### 4.7 Medicines

**The NHS Standard Contract identifies inhalers and anaesthetic gases as two key areas requiring early action.**

7% of the carbon footprint for SCAS is attributable to nitrous oxide (N<sub>2</sub>O)\*. It is the second largest source of direct emissions after the vehicle fleet (NB Procurement is the second largest source when indirect emissions are factored in)

Research into capturing N<sub>2</sub>O at point of use or installing portable devices to remove it from the air in enclosed spaces such as ambulances, is now urgently required.

<sup>46</sup> NHS England (2022), “Green Lease - Provisions for inclusion in Lease of Part of Commercial Premises”, PAR1594-iv, <https://www.england.nhs.uk/wp-content/uploads/2022/06/B1594-iv-model-form-green-lease-clauses-template.pdf>

<sup>47</sup> SCAS Improvement Programme Briefing, 01/10/22, p12

Nitrous Oxide is identified as a hazard to NHS staff, so efforts to remove/capture it will have wider health benefits, whilst other efforts to reduce its use or prevent waste will save money.

Opportunities to use lower carbon alternatives should also be considered and implemented where medically and practically feasible.

Tackling Nitrous Oxide emissions within ambulances depends on technological advances and changes in medical practice, which will be kept under review, but it forms an essential component of reducing the Trust's direct emissions and achieving Net Zero.

(\*Nitrous Oxide (N<sub>2</sub>O) must be distinguished from NO<sub>x</sub>, the various nitrogen oxides found in exhaust fumes from internal combustion engines.)

#### 4.8 [Adaptation Planning](#)

SCAS plans to mitigate the risks or effects of climate change and severe weather conditions on its business and functions, particularly the impact of flooding or heatwaves on the organisation's infrastructure, patients, and staff.

DRAFT - NOT APPROVED

## 5. Affordability & Funding the Green Plan

Meeting mandatory Net Zero targets will require significant investment across the NHS. Some aspects have been provisioned for, but others will have to be funded from existing budgets.

### 5.1 Electric Vehicle Acquisition

NHS England created a £60 million 3-year budget for new ambulance acquisition, with £6.5 million allocated to SCAS from 2022 to 2025. Of this, 10% was to be ring-fenced for zero emissions ambulances.

Non-DCA electric vehicle acquisitions must be funded from existing budgets. Fortunately, as the NHS Net Zero Travel & Transport Strategy points out, electric vehicles are already cheaper than petrol and diesel vehicles over their lifetime and are expected to reach full purchase price parity in 2027.<sup>48</sup>

### 5.2 EV Charging Infrastructure

Initial data provided by NHS England based on field testing and research suggests that average emergency response EVs are 21% cheaper to own over their lifecycle<sup>49</sup>. It is these savings that will cover the cost of infrastructure upgrades and installation of EV charging equipment. The annual direct operational savings to the NHS are calculated to be £59 million. The wider benefits of the transition to net zero NHS travel and transport are estimated to be over £270 million a year<sup>50</sup>.

Following their recent success with trialling electric RRVs, Northwest Ambulance Service has decided to purchase 7 fully electric fleet support vehicles this year, with anticipated fuel savings *per vehicle* of £3,500 per annum and 20% reduced maintenance costs. Initial data from the two electric MH RRVs being trialled by SCAS under the ZEEV Pathfinder Scheme suggest similar savings.

### 5.3 Grid Connection & Upgrade Costs

Upgrades to the grid and electrical infrastructure to meet the requirements of the NHS Travel & Transport Strategy are estimated to cost just over £100 million across the UK. However, reforms implemented by Ofgem from April 2023 are expected to significantly change current connection costs, by reducing or removing the customer contribution to costs for new connections by 'socialising' them across the network. The capital investment associated with increasing electrical capacity at NHS sites is therefore expected to be met within the broader decarbonisation of the national electricity grid<sup>51</sup>.

### 5.4 Procurement / Scope 3 Emissions Analysis

Software to analyse the CO<sub>2</sub> embedded emissions in the goods and services purchased by the Trust will generate many multiples in associated savings by using AI to identify duplicated orders, overcharging by suppliers, inefficient stock control. NHS Supply Chain and Northern Care Alliance have both reported £multimillion savings from deploying such technology, whilst also building an accurate picture of their carbon footprint plus, rather than relying on applying carbon intensity factors to general spending.

<sup>48</sup> NHS England, 2023, "Net Zero Travel & Transport Strategy", p19

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid, p20



## 5.5 External Funding / Grants

The Public Sector Decarbonisation Scheme (PSDS) represents the largest grant funding opportunity, though eligibility criteria have so far precluded SCAS from applying, as the emphasis has been on heating decarbonisation projects more suited for hospitals, rather than transport decarbonisation. This may change with future funding rounds.

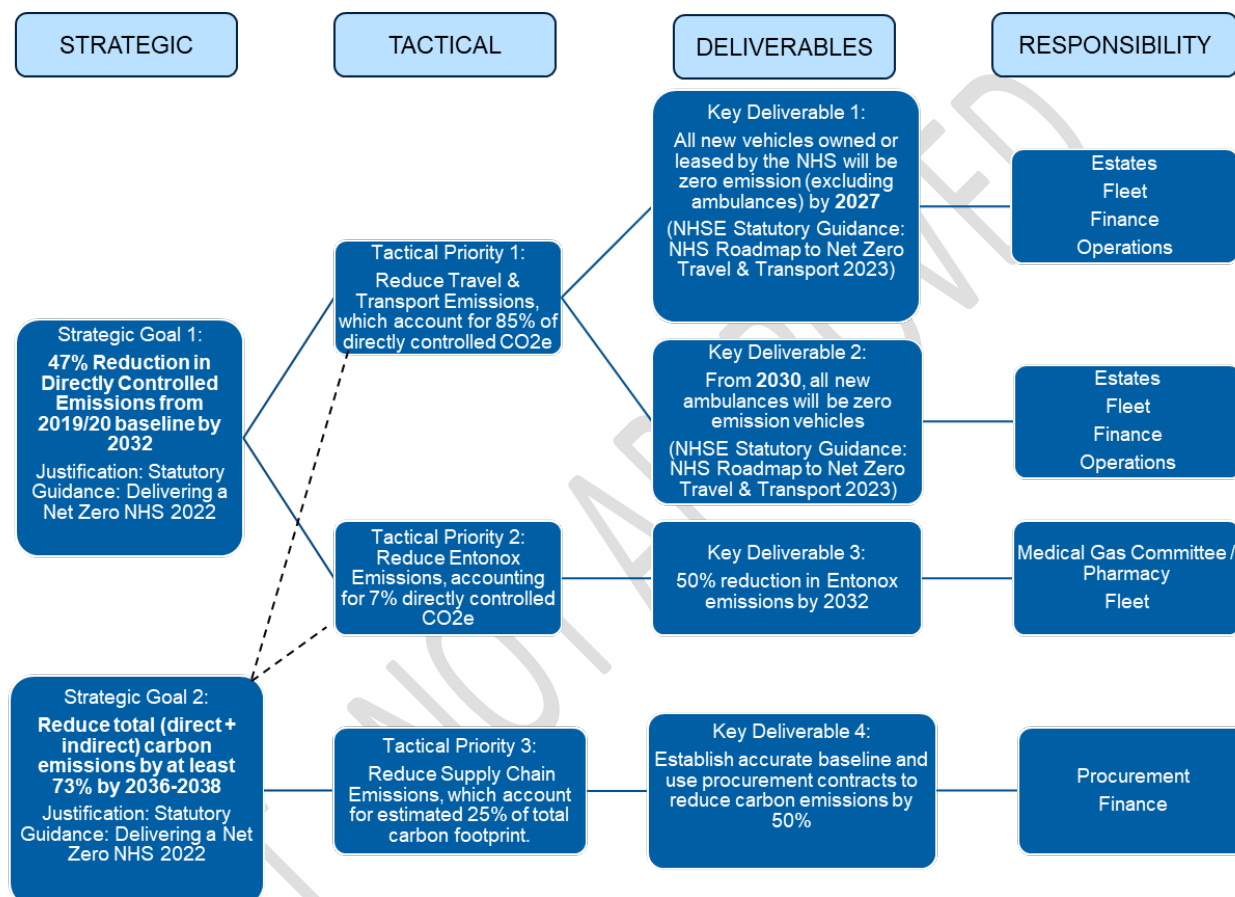
Commercial funding opportunities are also available, particularly for Solar PV, where third party organisations install equipment and sell the electricity back to SCAS for a set period of time in lieu of capital investment by SCAS. Such opportunities would have to be considered within the context of the SCAS Modernisation Programme and alterations to the estates portfolio.

DRAFT - NOT APPROVED

## 6. Delivering the Green Plan

### 6.1 Strategy, Tactics and Deliverables:

This high level implementation plan identifies the most important tactics and deliverables required to meet strategic carbon reduction goals:



### 6.2 Actions and Responsibilities

Actions need to be agreed with accountable stakeholders, then built into a formal delivery programme which identifies workstreams and ensures that those who are accountable/responsible are clearly defined. Progress reviews at regular intervals via the Green Plan Delivery Steering Committee will keep the programme on track, whilst keeping the Board informed.

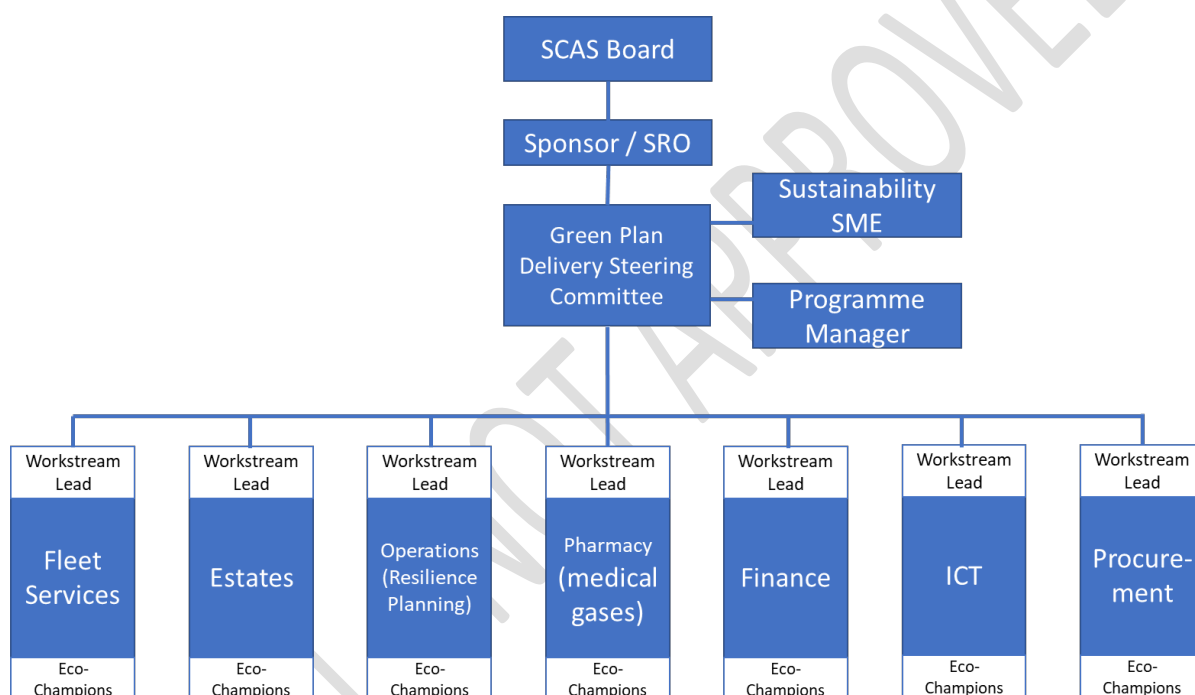
Some actions will have a far greater impact on reducing carbon emissions, and it is important to prioritise these to meet key deliverables. Other actions may have a lower impact on reducing carbon emissions but will still have a high impact on wider sustainability and may be useful as “quick wins” to demonstrate the Trust’s visible commitment to sustainability. The actions have been identified as

essential in delivering the core components of the Green Plan, especially the Carbon Reduction Plan. Please see **Appendix** for list of actions.

DRAFT - NOT APPROVED

### 6.3 Green Plan Governance Structure

Delivering the Green Plan will involve multiple workstreams across multiple departments; each workstream will have a lead whose work will be coordinated by the Programme Manager. The following structure is not exhaustive, as other departments e.g. Communications, Business Intelligence will also have vital roles in supporting the delivery of the Green Plan:



## 7. Green Plan Key Success Factors

- 7.1 Board Support – The Green Plan requires top-down support, with a Senior Responsible Officer assuming executive responsibility for its implementation.
- 7.2 Set up Green Plan delivery as a programme of transformation within the wider **SCAS Modernisation Programme**, with clear lines of accountability and agreed roles and responsibilities.
- 7.3 Clearly defined objectives, prioritising those that have the biggest impact or bring the most value.
- 7.4 Develop an effective marketing strategy to communicate the Green Plan to all stakeholders, engaging the staff at all levels of the organisation.
- 7.5 Foster SCAS staff buy-in from the bottom up using “Green Champions”. As this is a process of transformation across the organisation, each directorate will require champions to help drive change, not just from an education perspective but encouraging ideas and input from staff. This will take all users in SCAS along the journey, providing them with ample and regular communications and opportunities to propose micro-initiatives.
- 7.6 Identify “Quick Wins” – initiatives such as installing bike racks and rainwater harvesting tanks may have a relatively small carbon impact, but are highly visible commitments to sustainability, helping with stakeholder buy-in.
- 7.7 Sustainability Impact Assessments - Where decisions require impact assessments, managers should consider whether a sustainable impact assessment is applicable. This will help embed sustainability in the decision-making process.
- 7.8 Apply principles of Deming Cycle (Plan Do Check Act), with an Annual Review of the Green Plan, checking its progress, implementing key learnings, and updating the Green Plan accordingly.
- 7.9 Collaborative working between departments: Creating a more sustainable Trust requires cooperation and information sharing across multiple departments. As fleet electrification is the most important activity to achieve Net Zero, it is vital that fleet managers communicate vehicle procurement plans with the Estates department so that the necessary charging infrastructure is installed in the most suitable locations, to the correct specification. Because the rollout of EV charging equipment will occur in stages, as budgets allow, optimising the locations is essential. If upgrades to the electrical supply are required, it can take many months to plan and install.
- 7.10 Effective back-office function: The success of the electric vehicle programme relies on installing and managing an effective back-office function for vehicle charging, such as the Allstar fuel card system. Similarly, bunkered fuel requires greater back-office supervision, especially with its importance for financial sustainability as a cheaper alternative to forecourt fuel, and later as environmentally sustainable alternative fuels such as HVO are used.
- 7.11 Effective contract management: Making procurement more sustainable affects stakeholders across all departments within the Trust, collaborative working and evaluation of the Social Value themes in contract tenders are essential for a successful outcome.
- 7.12 Accurate reporting against sustainability objectives requires obtaining information from many sources within SCAS, including Finance, HR, Business Intelligence, ICT, Fleet, Procurement. This emphasises the need for a carefully managed programme to deliver the Green Plan.

## Appendix - Actions

STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032				
Justification: Statutory Target Mandated by NHS England – “Delivering a Net Zero NHS”				
Tactical Priority 1: Reduce Travel & Transport Emissions				
Key Deliverables	Example Action / Initiative	Metrics	Ownership	Anticipated Completion Date
<p><b>Key Deliverable 1:</b></p> <p><b>All new vehicles owned or leased by the NHS will be zero emission (excluding ambulances) by 2027.</b></p> <p><b>(NHSE Statutory Guidance: NHS Roadmap to Net Zero Travel &amp; Transport 2023)</b></p> <p>Based on a lifecycle of 5 years per vehicle, this should ensure that entire non-ambulance fleet is converted to zero emission vehicles by 2032. The <b>SCAS Carbon Reduction Plan</b> calculates this will keep SCAS on course to meet statutory NHS emission reduction targets, reducing CO2 emissions by 5,959 tCO2e against a target of 7,272 tCO2e.</p>	Upgrade existing non-OCPP-compliant EO Genius chargers with OCPP-compliant Rolec chargers to allow for user access control, fleet management and data collection.	16 chargepoints upgraded	Estates	March 2024
	Install Monta back-office EV fleet management software	Monta installed and configured ready for use; DPIA completed and approved by ISG	Estates to Lead with input from Fleet, HR, Information Security & Governance, and Finance.  Fleet Services to manage on daily basis ongoing	April 2024
	Commission all new and upgraded EV chargers; activate Monta back-office software and add users	52 chargepoints available for use across 20 sites	Estates	April 2024
	Approve new Trust EV Charging Policy to govern access and usage of charging equipment	EV Policy Approved & Implemented	Finance	TBC - 2024
	Implement measures to reduce idling	Conduct trials of “Acetech Eco-Run”	Fleet	TBC - 2024

**STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032**

**Justification: Statutory Target Mandated by NHS England – “Delivering a Net Zero NHS”**

**Tactical Priority 1: Reduce Travel & Transport Emissions**

Key Deliverables	Example Action / Initiative	Metrics	Ownership	Anticipated Completion Date
	time of ambulances	system; implement across Fleet if trials prove successful.		
	Implement measures to reduce fuel consumption by moderating acceleration and speed behaviour	Conduct trials of “ <b>VMS Sturdy</b> ” acceleration and speed control module; implement across Fleet if successful.	Fleet	TBC - 2024
	Establish baseline data for size and composition of non-ambulance fleet (NB PTS ambulances are also excluded from target, per definition of ambulance) ( <b>inter-dependency with future ambulance upgrades</b> )	Audited report of size and composition of vehicles in non-ambulance fleet (as part of all-fleet report)	Fleet Services	TBC - 2024
	Calculate number of zero emission vehicles to be acquired by the Trust for <b>2024, 2025 and 2026</b> financial years, leading towards 100% zero emission purchases by <b>2027</b> .	Detailed fleet replacement schedule including number, type and anticipated location of vehicles	Fleet Services	TBC - 2024
	Calculate additional acquisition cost per EV compared to equivalent ICE and establish budget requirement	Electric Vehicle budget	Fleet Services	TBC - 2024
	Establish estimated budget for EV infrastructure upgrade using data from Cenex and other Ambulance Trusts	Estates upgrade budget – circa £21.2 million per East of England Ambulance Service Trust estimate	Sustainability Manager / Estates	TBC - 2024
	Collect data for typical shift mileage and vehicle range using existing	Telemetry report for all vehicles	Fleet Services	TBC - 2024

**STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032**

**Justification: Statutory Target Mandated by NHS England – “Delivering a Net Zero NHS”**

**Tactical Priority 1: Reduce Travel & Transport Emissions**

Key Deliverables	Example Action / Initiative	Metrics	Ownership	Anticipated Completion Date
	vehicle telemetry			
	Use Cenex modelling to calculate number, capacity (fast <22kW or rapid 22-150kW), and location of EV charging infrastructure. <b>Ensure that future ambulance charging requirements are included as a capacity contingency.</b>	Cenex report	Estates / Sustainability Manager	TBC – 2024
	Consult with <b>Fit for the Future</b> Programme to identify which sites are to be retained, prioritise these for EV charging infrastructure upgrades in line with Cenex modelling	List of candidate sites suitable for upgrading	Paul Kempster / Fit for the Future / Estates / Sustainability Manager	TBC – 2024
	For retained sites, undertake Heat Decarbonisation Plan to quantify electrical supply requirements to be considered in addition to EV charging requirements ( <b>*inter-dependency with longer term key deliverables</b> )	Heat Decarbonisation Plan for each retained site	Estates / Sustainability Manager	TBC – 2024
	Commission site surveys for electrical capacity upgrades; <b>must also consider future needs to charge electric DCAs and decarbonise / electrify heating systems.</b>	Comprehensive site capacity surveys	Estates	TBC – 2024
	Obtain quotes from DNO for capacity	Quotes for all sites; evidence that Access	Estates	TBC – 2024



**STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032**

**Justification: Statutory Target Mandated by NHS England – “Delivering a Net Zero NHS”**

**Tactical Priority 1: Reduce Travel & Transport Emissions**

Key Deliverables	Example Action / Initiative	Metrics	Ownership	Anticipated Completion Date
	supply upgrades; check that new Ofgem guidance “Access Significant Code Review” has been followed to reduce costs	SCR has been applied correctly.		
	Obtain quotes for EV charging infrastructure installation	Quotes delivered for all sites	Estates	TBC – 2024
	Create schedule of works which anticipates the EV charging requirements of Fleet	Schedule of Works to match fleet requirements	Estates, in liaison with Fleet	TBC – 2024
<b>Key Deliverable 2:</b>				
<b>From 2030, all <u>new</u> ambulances will be zero emission vehicles</b>	Apply to NHS England to begin trials of 2 fully funded electric DCAs: letter of support required.	Confirmation of e-DCA order, with expected delivery date	Fleet Services	TBC - 2024
<b>(NHSE Statutory Guidance: NHS Roadmap to Net Zero Travel &amp; Transport 2023)</b>	Capture and analyse performance data of trial electric DCAs across urban, semi-rural and rural environments in SCAS region	Summary of performance data	Fleet Services	TBC - 2025
	Use data to model the charging requirements of an electric ambulance fleet in the SCAS region (work with Cenex), with reference to existing data from <b>East of England Ambulance</b>	List of suitable sites with electrical charging load requirement	Estates / Fleet Services / Sustainability	TBC – 2025

**STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032**

**Justification: Statutory Target Mandated by NHS England – “Delivering a Net Zero NHS”**

**Tactical Priority 1: Reduce Travel & Transport Emissions**

Key Deliverables	Example Action / Initiative	Metrics	Ownership	Anticipated Completion Date
	<b>Service Trust / Cenex modelling</b>			
	Investigate collaborative arrangements with Hospitals / Acutes for access to charging facilities, especially rapid (22-150kW) and ultra-rapid (150kW+) chargers, to ensure that sufficient charging capacity is available <b>before</b> electric ambulances start being purchased. This work <b>MUST be done in conjunction with work to evaluate non-ambulance fleet requirements.</b>	List of potential sites & available capacity	Estates / Fleet Services	TBC - 2024
	Calculate the purchase schedule of Second-Generation BEV DCAs (if any) from 2024 onwards	Itemised schedule	Fleet Services	TBC - 2024
	Calculate the purchase schedule of Third-Generation BEV DCAs from 2029 onwards	Itemised schedule	Fleet Services	TBC - 2026

**STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032**

**Justification: Statutory Target Mandated by NHS England**

**Tactical Priority 2: Reduce Entonox Emissions, accounting for 7% directly controlled CO2e**

Key Deliverables	Action / Initiative	Metrics	Ownership	Anticipated Completion Date
<b>Key Deliverable 3:</b>  <b>50% reduction in Entonox emissions by 2032</b>  <b>(Entonox / Nitrous Oxide is 298 times more potent than CO2 as a greenhouse gas, accounting for 7% of SCAS carbon footprint)</b>	Engage Medical Gas Committee to research / propose viable alternatives to using N2O (Nitrous Oxide) gas as an analgesic	Viable alternative analgesic product identified	Medical Gas Committee / Pharmacy/ Procurement / Sustainability Manager	October 2024
	Create trial programme for alternative analgesic	Trial programme schedule produced and agreed	Medical Gas Committee / Pharmacy/ Operations	January 2025
	Implement trial	Collect trial data and assess	Medical Gas Committee / Pharmacy/ Operations	March 2025
	If trial successful, start rolling out across Fleet, aiming for 50%	50% of Entonox replaced with alternative	Medical Gas Committee / Pharmacy/ Operations	October 2025
	Consider full roll-out of alternative analgesic to 100% fleet	100% rollout achieved	Medical Gas Committee / Pharmacy / Operations	2026 - TBC
	Evaluate technologies to capture and remove or neutralise Nitrous Oxide from the air inside the DCAs, to	Identify viable and practical technologies	Medical Gas Committee / Pharmacy /	2026 - TBC

<b>STRATEGIC GOAL 1 – Reduce direct carbon emissions by 47% from 2019/20 baseline by 2032</b>				
<b>Justification: Statutory Target Mandated by NHS England</b>				
<b>Tactical Priority 2: Reduce Entonox Emissions, accounting for 7% directly controlled CO2e</b>				
<b>Key Deliverables</b>	<b>Action / Initiative</b>	<b>Metrics</b>	<b>Ownership</b>	<b>Anticipated Completion Date</b>
	protect the long-term health of crew and reduce the global warming CO2 equivalent of released N2O.		Operations	

<b>STRATEGIC GOAL 2 – Reduce total (direct + indirect) carbon emissions by at least 73% by 2036-2038 to reach Net Zero NHS Carbon Footprint Plus by 2045</b>				
<b>Justification: Statutory Target Mandated by NHS England</b>				
<b>Tactical Priority 3: Reduce Supply Chain Emissions</b>				
<b>Key Deliverables</b>	<b>Action / Initiative</b>	<b>Metrics</b>	<b>Ownership</b>	<b>Anticipated Completion Date</b>
<b>Key Deliverable 4:</b> <b>Establish accurate baseline and use procurement contracts to reduce carbon emissions by 50% by 2038</b>	Commission CO2 Analysis Software to analyse purchase ledgers to establish baseline emissions	DPIA approval granted; CO2 Analysis Software purchased; data collected;	Procurement / Sustainability Manager / Information & Security Governance	March 2024
	Identify main sources of CO2 in the supply chain and target for reduction	CO2 Analysis Report produced	Sustainability Manager	April 2024

**STRATEGIC GOAL 2 – Reduce total (direct + indirect) carbon emissions by at least 73% by 2036-2038 to reach Net Zero NHS Carbon Footprint Plus by 2045**

**Justification: Statutory Target Mandated by NHS England**

**Tactical Priority 3: Reduce Supply Chain Emissions**

Key Deliverables	Action / Initiative	Metrics	Ownership	Anticipated Completion Date
	Implement requirement for Carbon Reduction Plans in all procurement contracts	All new procurement contracts contain CRPs from 2024 onwards	Procurement / Sustainability Manager	2024 ongoing

**Other Actions to Support Sustainable Goals:**

3	High Carbon Reduction Impact	3
2	Medium Carbon Reduction Impact	2
1	Low Carbon Reduction Impact	1

Action	Detail	Owner / Responsibility	Carbon Reduction impact	Target Completion Date *
LED Lighting	100% of buildings to be fitted with LED lighting	Estates	2	Dec 2024
Solar PV Survey	Survey portfolio and identify suitable sites	Estates	2	Dec 2024
Solar PV installations	Install on all suitable buildings within portfolio	Estates	2	2028
Rainwater	Conduct survey to identify sites with	Estates	1	July 2024

Harvesting - survey	high water consumption e.g. Resource Centres. Low carbon impact, but an “easy win” and a highly visible commitment to sustainability.			
Sustainability Survey	Understand staff awareness of sustainability	Sustainability Manager	1	July 2024
Travel survey	Understand staff travel patterns, calculate carbon emissions from commuting, identify areas to introduce active travel measures.	Sustainability Manager	1	2023 -2028 annually
Active / Green Travel Plan	Identify measures arising from Travel Survey and implement	Sustainability Manager	2	2026
Heat Decarbonisation Plans	Site surveys, heat loss modelling, mechanical & electrical designs for replacing gas heating systems with electric	Estates	2	2025
Heat Pump Installations	As identified in Heat Decarbonisation Plans	Estates	2	2028
Make “Building A Net Zero NHS” e-learning module available to all staff	Develop staff awareness of sustainability	Education	2	December 2023
Reduction in Business Mileage	Linked to Financial Sustainability; encourage more home working and Teams meetings where feasible; requires direct mandate from Board to implement	Sustainability Manager with support from HR, Finance	2	March 2024
Climate change adaptation plan	Identify impact of climate change on all departments and design measures to mitigate it	Multiple	1	2026
Flood risk	Identify areas at increased risk flood	Multiple	1	2026

assessment / resilience planning	risk due to climate change, formulate strategies to mitigate	departments		
Bike rack installations	Supporting Active Travel, reducing personal car use for commuting. Install in sites where Travel Survey identifies high demand	Estates	1	Dec 2024
Waste policy – update policy, zero to landfill target & eliminate single use plastics	Ensure that waste policy reflects latest sustainability goals and legislation, and that this is communicated to Suppliers	Estates / Sustainability Manager / Procurement	1	December 2024
Network of Green-Champions”	Encouraging more sustainable activities at a personal / micro level, promoting positive messages about sustainability	Sustainability Manager	1	December 2024
Green clauses incorporated into leases	Ensuring that leases allow for green upgrades / adaptations to buildings	Estates	2	2023 - in progress
EMS to ISO14001	Design and implement an Environmental Management System to ISO14001 standards to support Green Plan governance and facilitate SCAS legislative compliance	Sustainability Manager	1	December 2024
Communicate the Green Plan across SCAS	Create and implement a communications strategy to publish the Green Plan via different media including intranet, public posters and presentations and seminars	Communications / Sustainability Manager	1	2024 ongoing
Develop Sustainability Impact Assessment template	Create a template that managers can use and apply to decision making process, to ensure that sustainability is embedded throughout all areas of the Trust.	Sustainability Manager	1	December 2024



**NHS**

**South Central  
Ambulance Service**  
NHS Foundation Trust



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Nicky Howells  
Assistant Director of OD

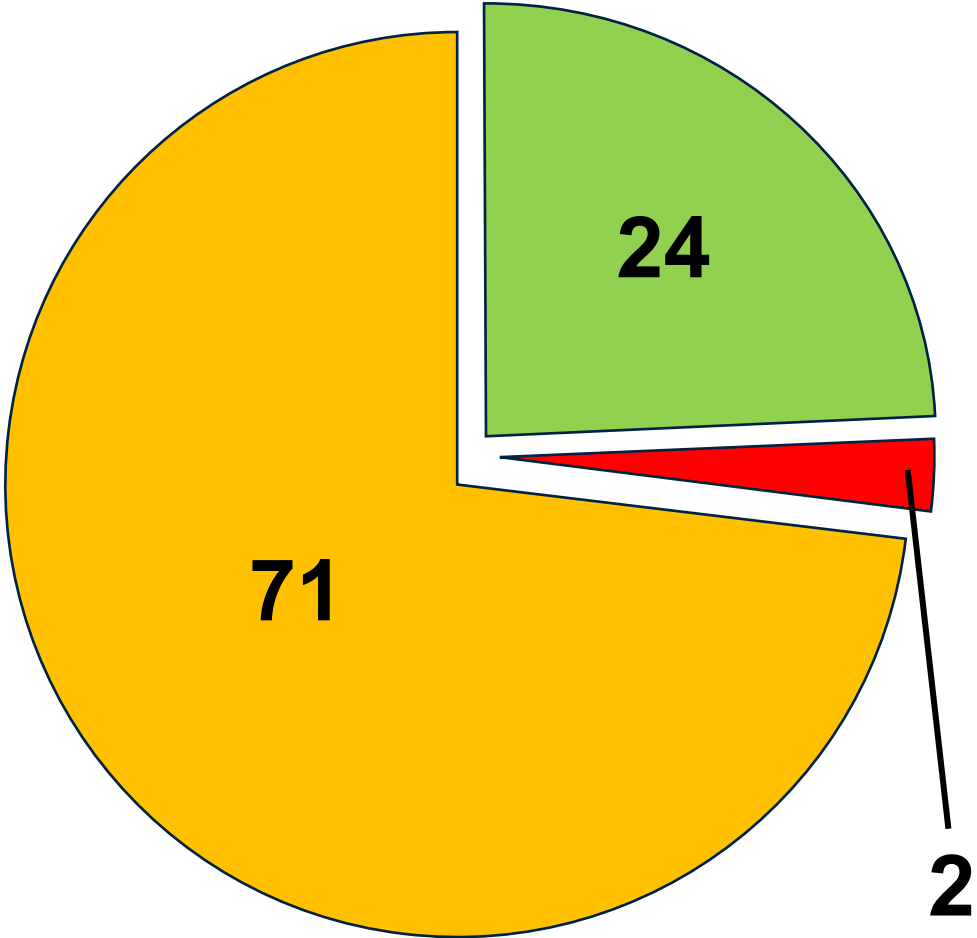


## **including...**

- Directorate profile against People Promise
- People Voice
- Burnout
- Compassionate leadership
- Appraisal & PDR
- Sexual Safety
- Staff Engagement

# Overall position

52% response rate (2421)



Speaking up  
Immediate manager compassion

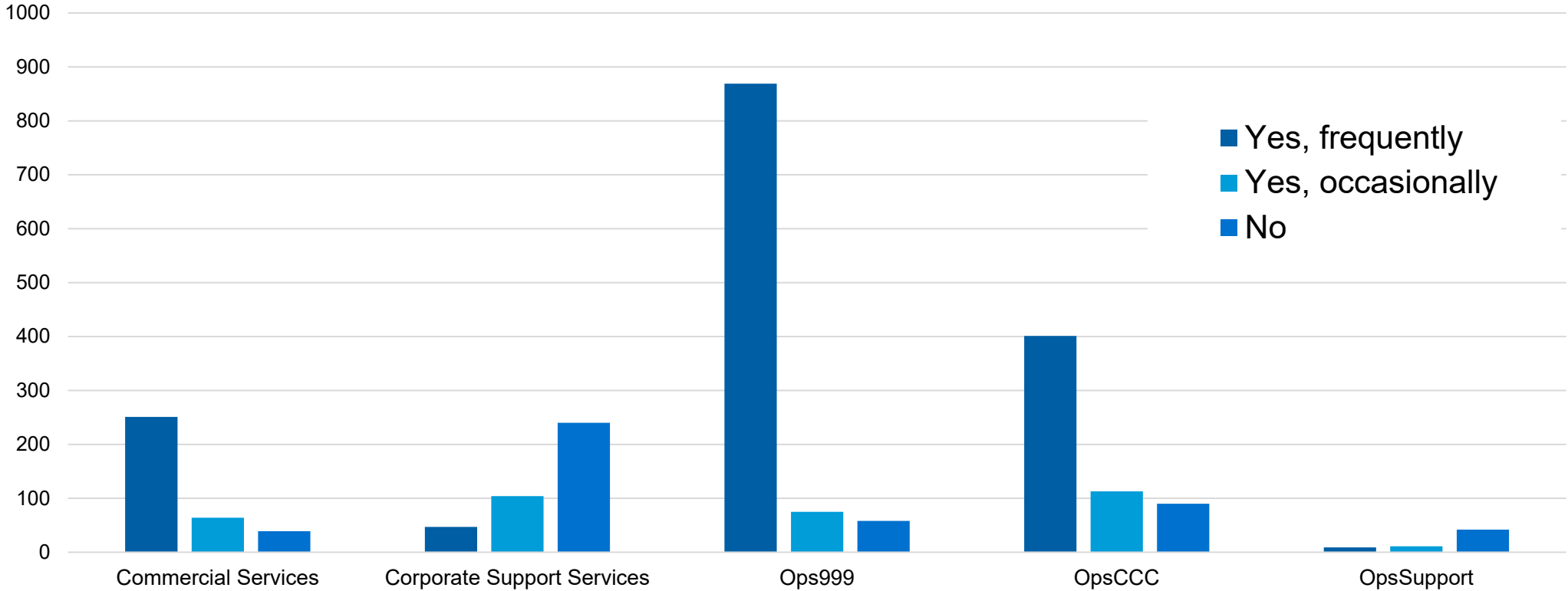


Harassment, bullying & abuse from  
colleagues & public

# Responder profile

Do you have face-to-face, video or telephone contact with patients / service users as part of your job?

*81% of respondents have frequent or occasional contact*





We are  
compassionate and  
inclusive



We are recognised  
and rewarded



We each have a voice  
that counts



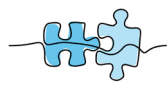
We are safe and  
healthy



We are always  
learning



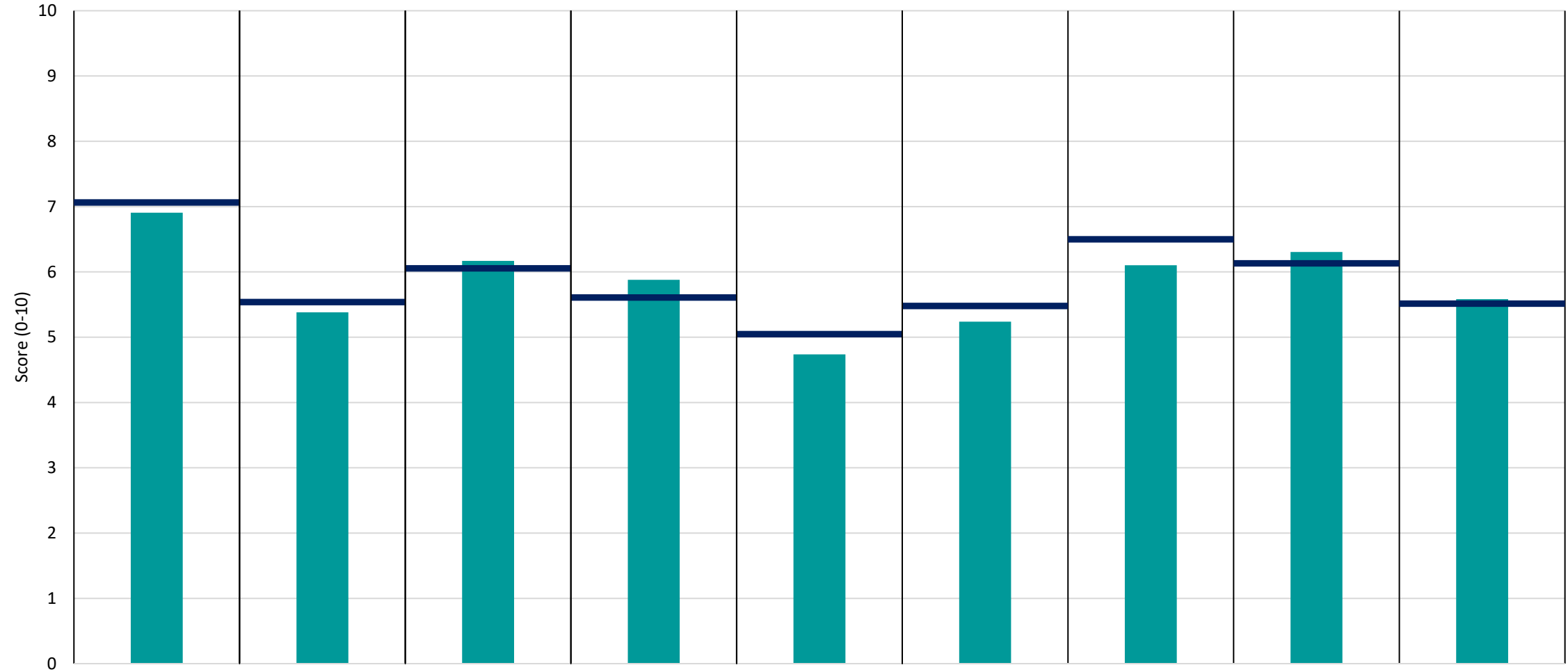
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	6.91	5.38	6.17	5.88	4.74	5.24	6.10	6.30	5.58
Your org	7.06	5.54	6.05	5.61	5.05	5.48	6.50	6.13	5.51

Responses	356	356	353	356	327	355	356	356	356
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healthy



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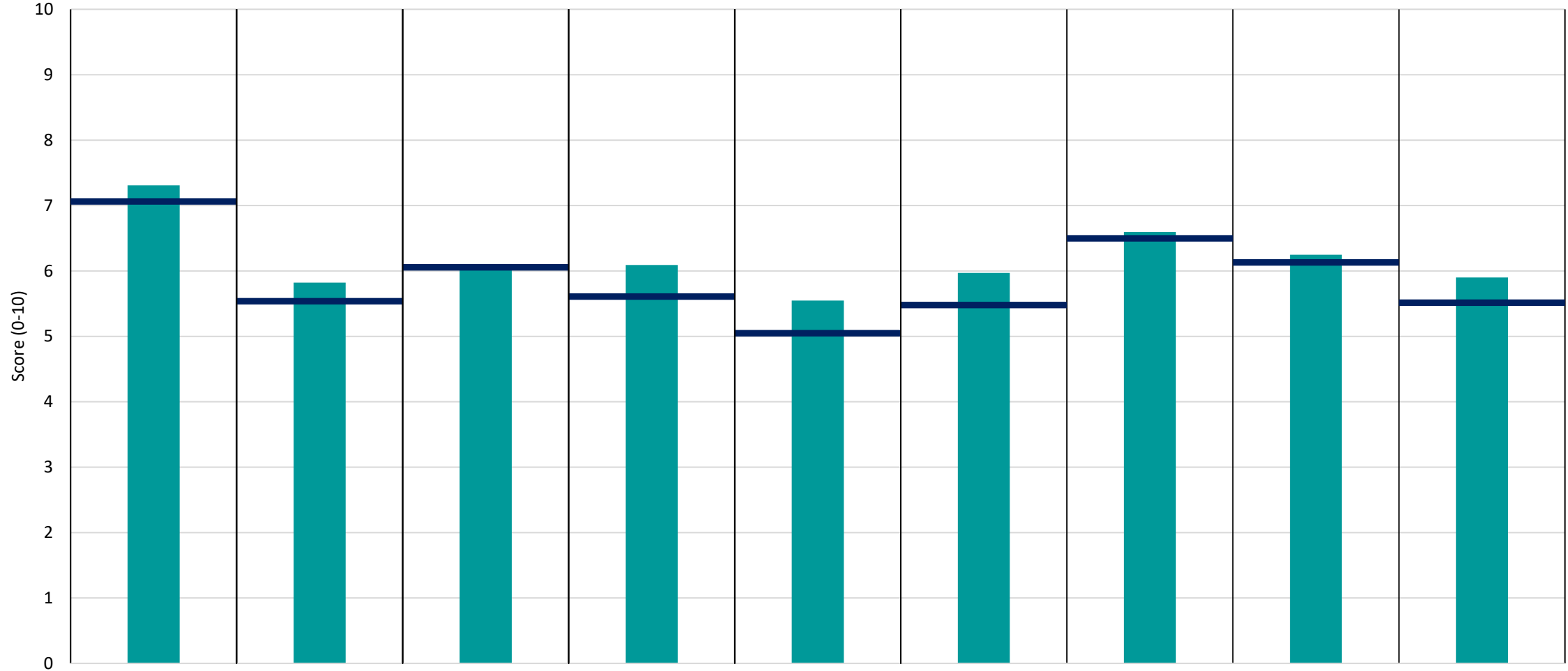
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.31	5.82	6.11	6.09	5.55	5.97	6.60	6.25	5.90
Your org	7.06	5.54	6.05	5.61	5.05	5.48	6.50	6.13	5.51

Responses

606

606

600

604

552

606

605

606

606



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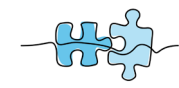
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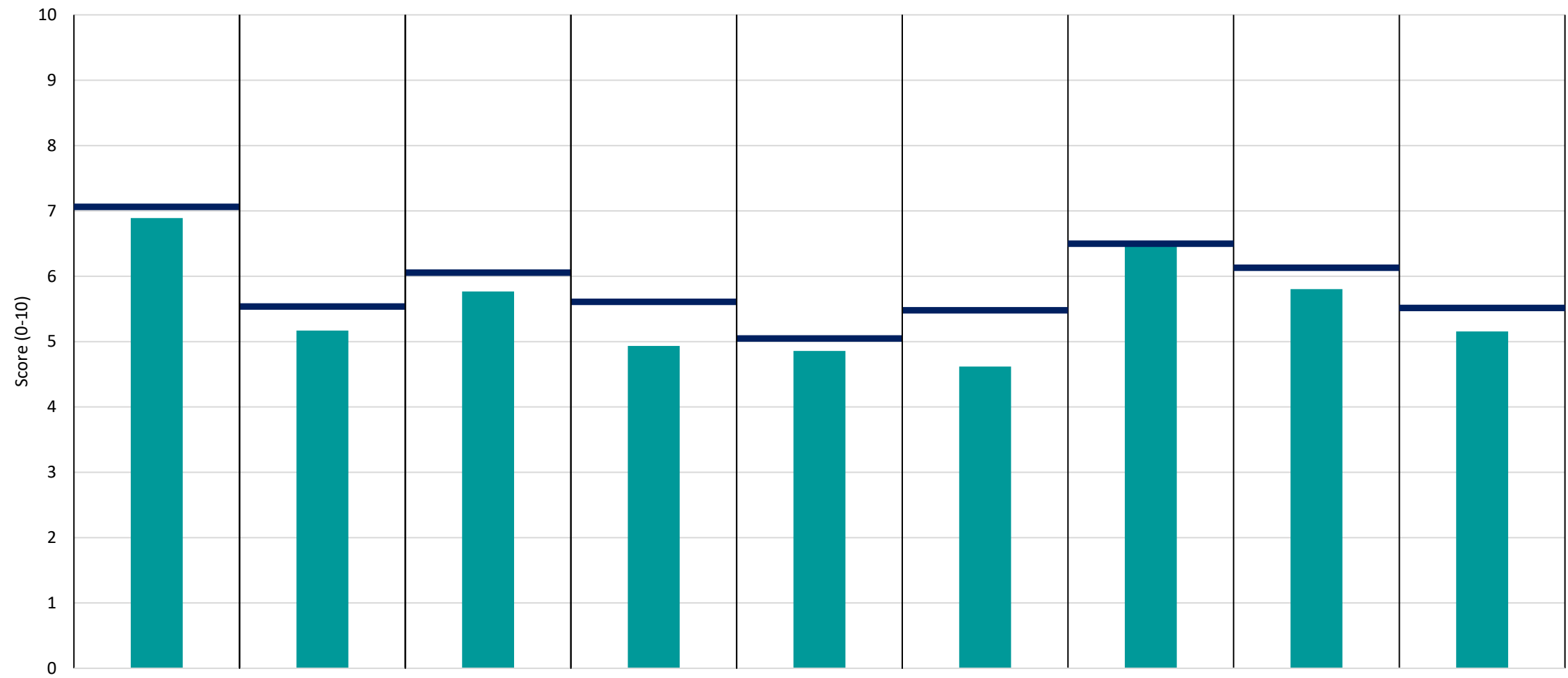
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	6.89	5.17	5.77	4.93	4.86	4.62	6.46	5.80	5.15
Your org	7.06	5.54	6.05	5.61	5.05	5.48	6.50	6.13	5.51

Responses	1002	999	998	1000	927	998	1003	1004	1003
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that counts



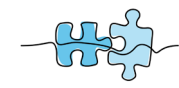
We are safe and  
healthy



We are always  
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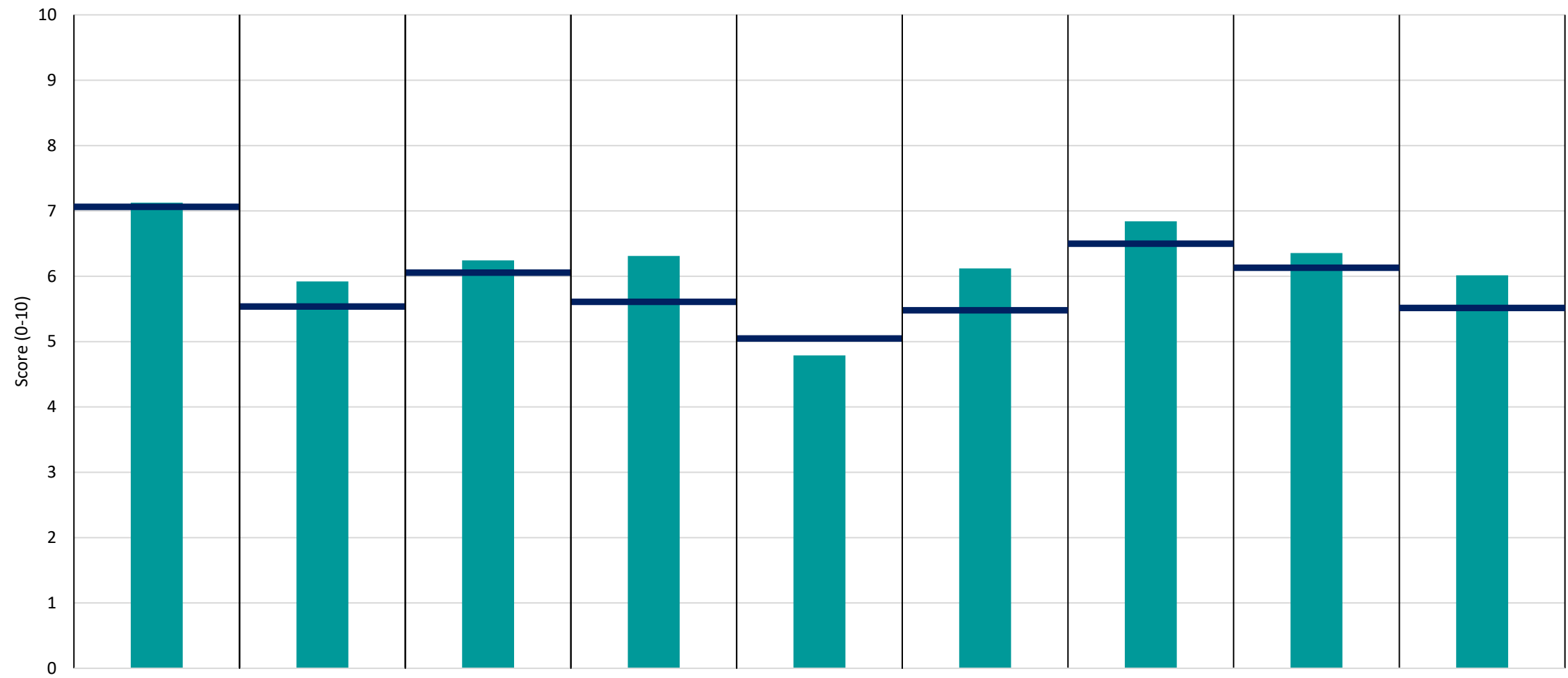
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.13	5.92	6.24	6.31	4.79	6.12	6.84	6.36	6.01
Your org	7.06	5.54	6.05	5.61	5.05	5.48	6.50	6.13	5.51

Responses	62	62	61	62	61	61	62	62	62
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We each have a voice  
that counts



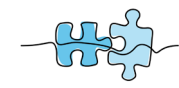
We are safe and  
healthy



We are always  
learning



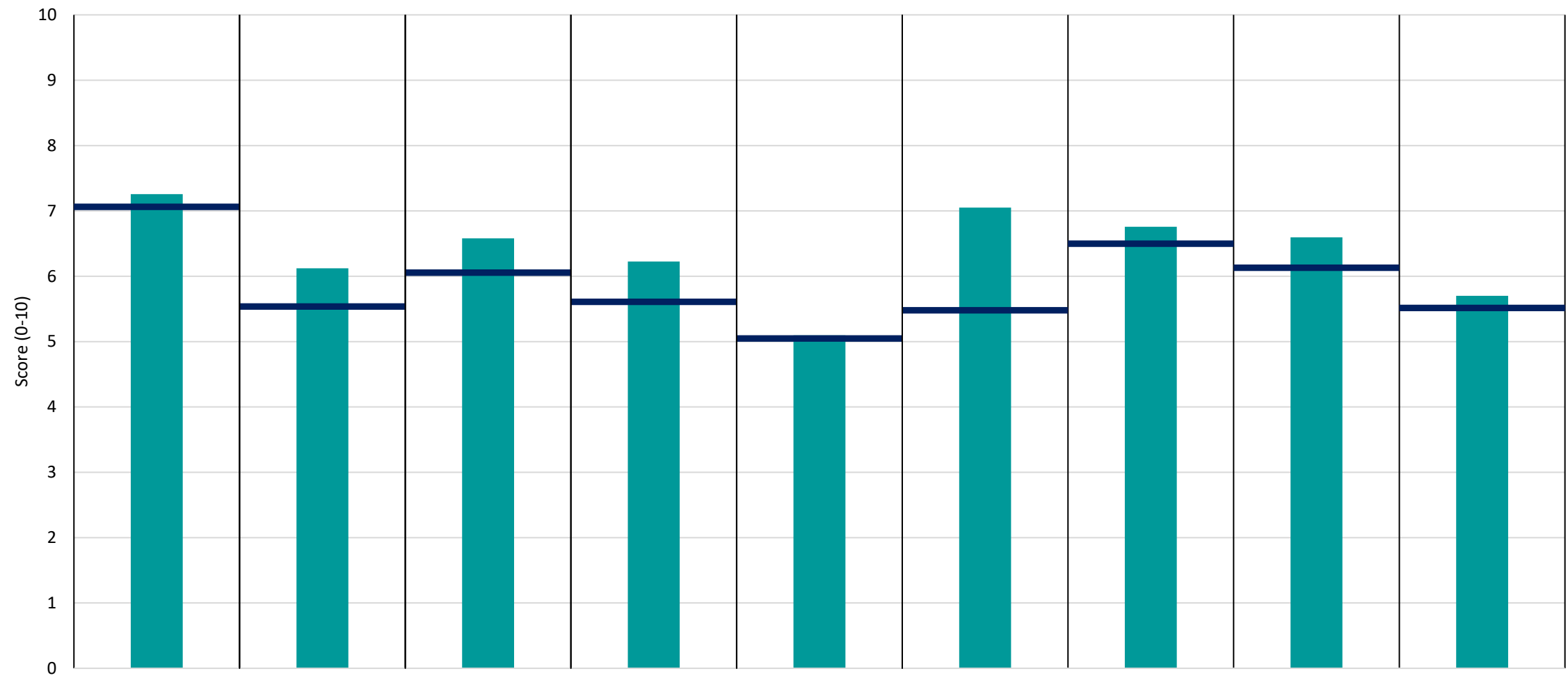
We work flexibly



We are a team

Staff Engagement

Morale



Breakdown	7.26	6.12	6.58	6.23	5.10	7.05	6.76	6.60	5.70
Your org	7.06	5.54	6.05	5.61	5.05	5.48	6.50	6.13	5.51

Responses	391	391	388	391	368	387	391	392	391
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# People Voice

Continued focus on speaking up

	2020	2021	2022	2023
Would feel secure raising concerns about unsafe clinical practice (20a)	74%	75%	66%	69%
Would feel confident that organisation would address concerns about unsafe clinical practice (20b)	61%	59%	49%	51%
Feel safe to speak up about anything that concerns me in this organisation (25e)	65%	62%	55%	58%
Feel organisation would address any concerns I raised (25f)	-	46%	39%	44%

# Burnout & stress

	2021	2022	2023
Never/rarely find work emotionally exhausting	16%	19%	20%
Never/rarely feel burnt out because of work	21%	24%	27%
Never/rarely frustrated by work	11%	13%	15%
Never/rarely exhausted by the thought of another day/shift at work	27%	29%	30%
Never/rarely worn out at the end of work	12%	13%	13%
Never/rarely feel every working hour is tiring	40%	45%	47%
Never/rarely lack energy for family and friends	28%	28%	29%

Sector average	SCAS
18%	20%
24%	27%
13%	15%
27%	30%
12%	13%
43%	47%
28%	29%

# Compassionate leadership

	2021	2022	2023	Sector average	SCAS
Immediate manager works with me to understand problems	67%	66%	68%	61%	<b>68%</b>
Immediate manager listens to challenges I face	70%	69%	<b>72%</b>	66%	<b>72%</b>
Immediate manager cares about my concerns	69%	68%	<b>71%</b>	63%	<b>71%</b>
Immediate manager helps me with problems I face	66%	64%	<b>68%</b>	62%	<b>68%</b>
Not experienced discrimination from manager/team leader or other colleagues	91%	91%	91%	89%	<b>91%</b>
Immediate manager values my work	69%	69%	71%	61%	<b>71%</b>
Can approach immediate manager to talk openly about flexible working	61%	60%	<b>66%</b>	61%	<b>66%</b>
Immediate manager takes a positive interest in my health & well-being	68%	68%	<b>73%</b>	63%	<b>73%</b>
Immediate manager encourages me at work	69%	69%	72%	63%	<b>72%</b>

# Appraisal / PDR

Quantity has plateaued. Quality unchanged.

	2018	2019	2020	2021	2022	2023
Received appraisal in the past 12 months	84%	82%	-	70%	80%	78%
Appraisal helped me improve how I do my job	19%	22%	-	19%	19%	19%
Appraisal helped me agree clear objectives for my work	30%	33%	-	29%	27%	28%
Appraisal left me feeling organisation values my work	26%	30%	-	30%	28%	28%

Sector average	SCAS
76%	78%
17%	19%
25%	28%
23%	28%

# New for 2023 - sexual safety

**Never** been the target of unwanted behaviour of sexual nature – public

**Never** been the target of unwanted behaviour of sexual nature – colleagues

80%

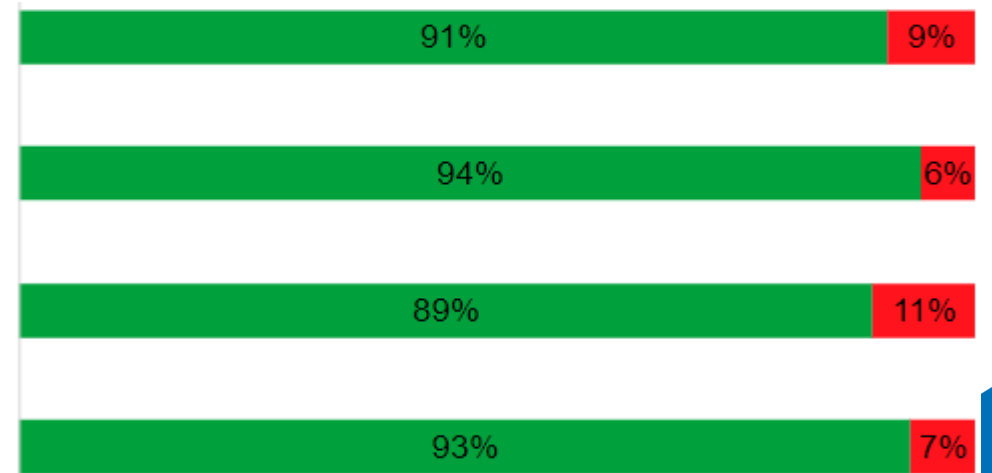
20%

91%

9%

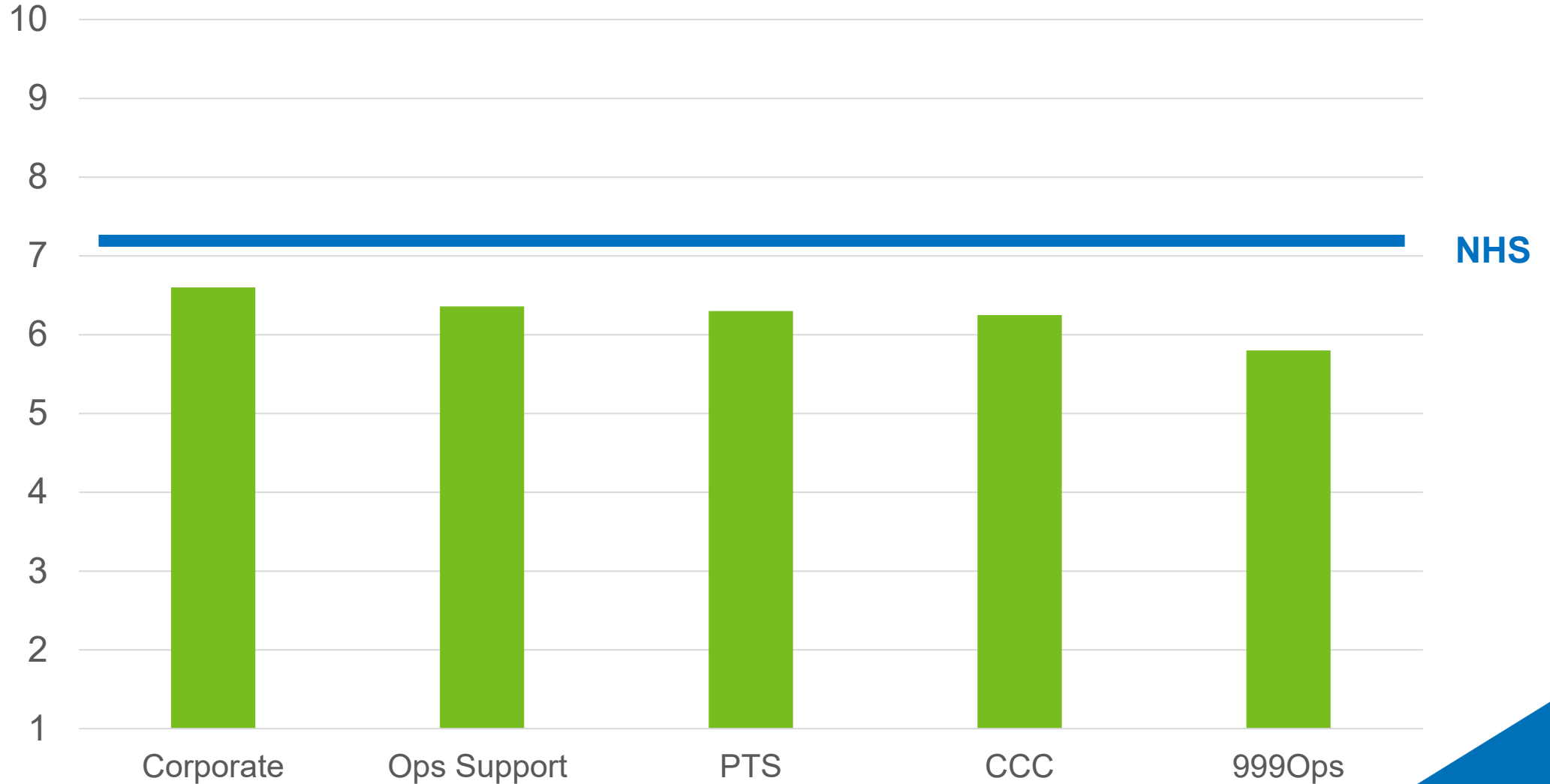
## From the public

## From colleagues

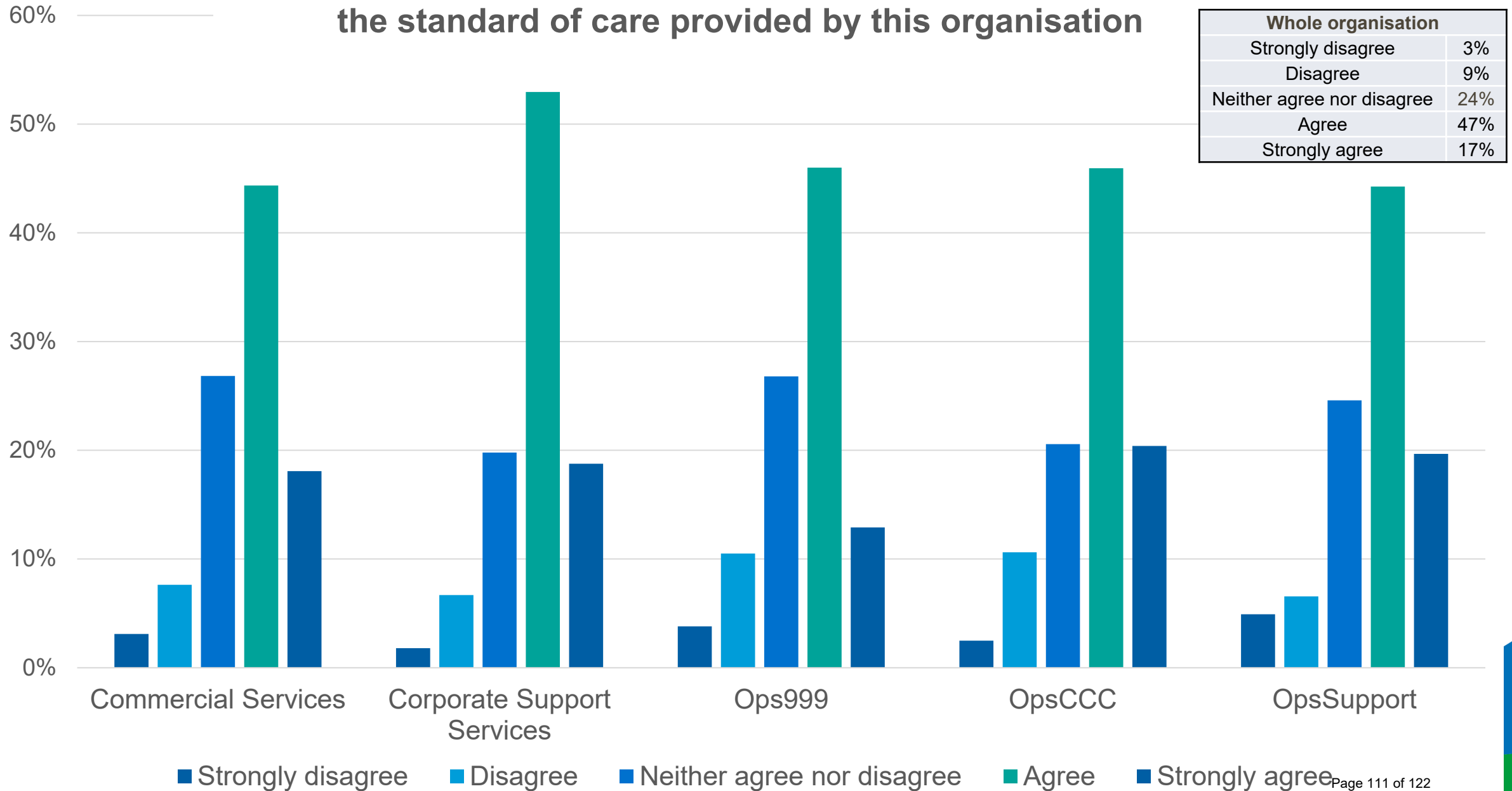


# Staff engagement

Motivation / Involvement / Advocacy

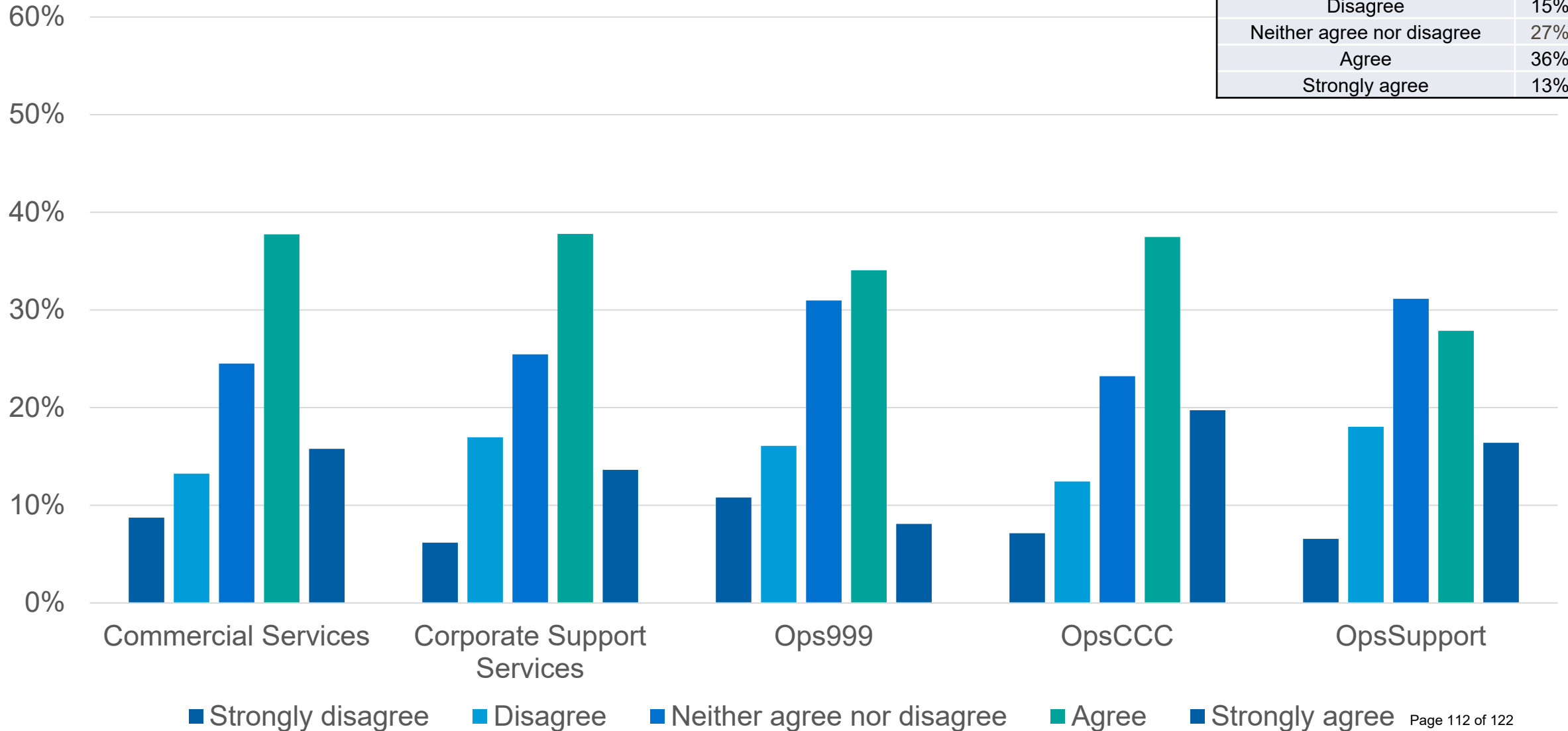


## If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



# I would recommend my organisation as a place to work







Whole organisation	
Strongly disagree	9%
Disagree	15%
Neither agree nor disagree	27%
Agree	36%
Strongly agree	13%
















# Focus for 2024/25

- Benchmark to NHSE culture recommendations  
<https://www.england.nhs.uk/publication/culture-review-of-ambulance-trusts/>
- Independent cultural diagnostic
- Burnout factors
- Speaking up
- Personal development incl appraisal & talent mgt
- Sexual safety

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

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

Strategic Risk	Strategic Domain / Exec Lead	Strategic Objective	Risk Rating Movement Same  Improved  Worsened 	Historic Current Risk Rating				Inherent / Current / Target Risk	Oversight Committee / Last Review Date at Committee	Strength of Controls	Strength of Assurance
				AUG 12	SEP 12	OCT 12	NOV 12				
<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.	Melanie Saunders	safe and have a sense of belonging.		AUG 12	SEP 12	OCT 12	NOV 12	Current 12			
				DEC 12	JAN 12	FEB 12	MAR	Target 8			
<b>SR8</b> <b>IF</b> we are unable to prioritise and fund digital opportunities, <b>THEN</b> we will have insufficient capacity and capability to deliver the digital strategy, <b>LEADING TO</b> system failures, patient harm and increased cost.	Technology Transformation	We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.		APR 20	MAY 20	JUN 20	JUL 20	Inherent 25	Finance & Performance February 2024	TBC	TBC
	Barry Thurston			AUG 20	SEP 20	OCT 20	NOV 20	Current 20			
				DEC 20	JAN 20	FEB 20	MAR	Target 15			
<b>SR9</b> <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.	Well Led	We will become an organisation that is well led and achieves all its regulatory requirements by being rated Good or Outstanding and being at least NOF2.	NEW	APR	MAY	JUN	JUL	Inherent 25	Board January 2024	Partially Effective	Partially Effective
	Mike Murphy			AUG	SEP	OCT	NOV 20	Current 20			
				DEC 20	JAN 20	FEB 20	MAR	Target 10			



# Improvement Programme Oversight Board (IPOB)

## Update to SCAS Board

28<sup>th</sup> March 2024

## Programme Overview February 2024

	Actions	Embedding		Actions	Embedding
Governance & Well Led:			Culture & Staff Wellbeing:		
Performance Improvement:			Patient Safety:		
Improvement Programme Summary:					

- Key Progress:**
- Fit and Proper Persons audit completed by NHS Improvement Team and feedback provided including a shared file path for documents and an appraisal summary sheet.
  - NED appraisal process has been completed. Executive and Executive Direct Report development sessions planned until July, with the next sessions taking place on the 12th March
  - Culture diagnostic tender of 5 applicants is complete and successful partner will begin the 12-week piece of work in March
  - Progress continues for the refreshed sexual safety campaign with training and bystander toolkit development progressing and a sexual safety presentation at Board Seminar on 29<sup>th</sup> Feb
  - February has seen a 10-minute improvement with our cat 2 performance to 32:16. This has been supported by a reduction in handover delays of over 3,000 hours from January
  - We have had a more sustainable level of operational hours from SCAS resources and our private providers with all contracts now issued and in place for our approved suppliers
  - A reduction in SG L3 training compliance (80%) has been realised due to expiring competencies and new starters. Additional measures have been put in place (overtime options and additional training capacity) but it is expected that Q4-end compliance will fall below trajectory (87.5%). Active planning underway to achieve compliance early in Q1, with oversight by SG Committee
  - Patient Safety Survey (MaPSAF) has concluded (29/02/2024) with a significantly higher return rate (22.4%) compared to the previous iteration and well above trajectory. Further work is now required to analyse the results with follow-on action planning informing additional improvements needed

- Key Risks/Issues:**
- Upcoming change in the organisation may affect staff morale / wellbeing / engagement which may in turn impact attrition, the staff survey results, increase in FTSU cases. Careful management of staff communications and engagement over the changes is required
  - Significant pressure on staff resources across all workstreams due to BAU pressures, live issues (e.g. SG referrals), absence and vacant positions. Situation being actively managed at a senior level with escalation to EMC as required

**RAG Assessment:**  
 No change. Q4 Quarter-to-Date (QTD) Metric reporting included, where available (due to reporting cycle).

# SCAS Improvement Programme: Must Do / Should Do Update

February 2024

Governance & Well Led [Daryl Lutchmaya]:		Actions	Embedding
<b>Must</b>	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b)		
<b>Should</b>	The trust should consider how to improve communication and relationships between staff and senior leaders		
<b>Should</b>	The trust should review methods of communication between senior executives and call takers in the EOC to ensure important information is received and understood		
<b>Should</b>	The trust should consider asking staff and patients with less positive experiences to present to the board to allow more opportunities for learning		
Culture & Staff Wellbeing [Melanie Saunders]:		Actions	Embedding
<b>Must</b>	The trust must ensure it takes staff's concerns seriously and takes demonstrable action to address their concerns. This to include where staff have raised concerns relating to bullying, harassment and sexually inappropriate behaviours. Regulation 17 (2) (b)		
<b>Must</b>	The trust must ensure that it listens and responds to staff who raise concerns in line with their own policy and the Public Interest Disclosure Act (1998)		
<b>Should</b>	The trust should ensure it provides appraisals and continuous professional development to all staff		
<b>Should</b>	The trust should ensure that staff complete mandatory training appropriate to their roles and responsibilities		
<b>Should</b>	The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale		
<b>Should</b>	The trust should ensure all staff receive a timely appraisal to assure leaders that competency is maintained		
<b>Should</b>	The trust should review the arrangements for the role of the Freedom to Speak Up Guardian to improve the speak up culture		
Performance Improvement [Mark Ainsworth]:		Actions	Embedding
<b>Should</b>	The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times		
<b>Should</b>	The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest		
<b>Should</b>	The trust should consider revising their diversion policy to ensure they are transferred to hospital care in a timely way		
<b>Should</b>	The trust should ensure ambulances are staffed by appropriately skilled crews		

# SCAS Improvement Programme: Must Do / Should Do Update

February 2024

Performance Improvement [Mark Ainsworth]:		Actions	Embedding
<b>Should</b>	The trust should ensure that staff have enough time to report adverse incidents	Complete & Embedded	Complete & Embedded
<b>Should</b>	The trust should ensure that staff, particularly newly qualified staff, receive appropriate clinical support and supervision to enable them to provide safe patient care	Off Track; Recovery Actions Effective	Off Track; Recovery Actions Effective
<b>Should</b>	The trust should continue to identify ways to recruit staff according to their current strategy in order to improve the call handling times	Complete & Embedded	Complete & Embedded
<b>Should</b>	The trust should improve response times in line with the Ambulance Response Programme	Complete & Embedded	Off Track; Recovery Actions Effective
<b>Should</b>	The trust should act to ensure the clinical welfare calls are completed within the targeted timeframes	Complete & Embedded	Off Track; Recovery Actions Effective
<b>Should</b>	The trust should optimise information systems to make less labour intensive for staff and improve efficiency in reporting	Complete & Embedded	Complete & Embedded
Patient Safety [Helen Young]:		Actions	Embedding
<b>Must</b>	The trust must ensure all staff complete safeguarding training at the role appropriate level and any additional role specific training in line with the trust target. Regulation 18 (2) (a)	Complete & Embedded	Complete & Embedded
<b>Must</b>	The trust must ensure that incidents are identified, reported and investigated in line with the NHS Serious Incident Reporting Framework, that action is taken to mitigate risks and that learning is shared across the organisation. Regulation 17 (2) (b) (e)	Complete & Embedded	Complete & Embedded
<b>Must</b>	The board must be sighted on accurate information about serious incidents occurring at the trust to enable strategic oversight and planning. Regulation 17 (2) (b) (e)	Complete & Embedded	Complete & Embedded
<b>Must</b>	The trust must ensure that where trends in adverse incidents are known that these are fully investigated, and action is taken to reduce future risks. 17 (2) (b) (e)	Complete & Embedded	Complete & Embedded
<b>Must</b>	The trust must ensure that it meets the statutory requirements of the duty of candour. Regulation 20	Complete & Embedded	Complete & Embedded
<b>Must</b>	The trust must provide a separate Mental Capacity Act (2005) Policy and ensure that staff understand the principles and application of the Mental Capacity Act (2005) Regulation 17 (1)	Complete & Embedded	Off Track; Recovery Actions Effective
<b>Must</b>	The trust must ensure medicines are managed in accordance with the national guidance and that only authorised persons have access to controlled drugs. Regulation 12 (2) (7)	Complete & Embedded	Complete & Embedded
<b>Must</b>	The provider must ensure that systems and processes for managing safeguarding within the trust are adequately resourced, effective and monitored by the board. Regulation 13 (1) (2) (3)	Complete & Embedded	Off Track; Recovery Actions Effective
<b>Should</b>	The trust should ensure that medicines are always kept safely, whether in stations or on vehicles	Complete & Embedded	Off Track; Recovery Actions Effective
<b>Should</b>	The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed	Complete & Embedded	Off Track; Recovery Actions Effective



# SCAS Improvement Programme: Exit Criteria Update

February 2024

<b>Governance &amp; Well Led:</b>		<i>Substantive improvement in governance and leadership with evidence of improved assurance and accountability</i>	<b>Daryl Lutchmaya</b>
1	Improved board effectiveness; use of Board Assurance Framework and significant progress in embedding recommendations from the governance review		
2	Improved assurance through effective corporate governance structures and information flows between committees and board		
3	Board development programme in place including senior leadership review completed with plan signed off and progressing		
4	Evidence of strengthened partnership working		
<b>Culture &amp; Staff Wellbeing:</b>		<i>Board approved culture improvement programme in place, with evidence of improved engagement and experience from all staff including volunteers</i>	<b>Melanie Saunders</b>
1	Revised and approved People and OD Strategy to ensure SCAS has the necessary infrastructure to meet future need		
2	Culture Improvement Programme in place, including evidence of improved engagement		
3	Clear recruitment and retention plan, with agreed timeline and evidence of delivery to support the revised operating model (see below)		
4	Approved FTSU plan (strategy, process and function) with evidence of delivery against plan and impact		
<b>Performance Improvement:</b>		<i>Board approved plan for performance recovery and future operating model</i>	<b>Mark Ainsworth</b>
1	A clear plan for performance recovery which includes representation from quality, finance, contracting and human resources / workforce		<i>[Paul Kempster]</i>
2	Demonstration of improvement against performance recovery plans		
3	Demonstration of continued and sustained improvement in operational performance to be in line with the agreed trajectories in hear & treat and see & treat rates		
<b>Patient Safety:</b>		<i>Improvements in patient safety and experience, with evidence of effective systems and process in place around safeguarding and adverse incidents</i>	<b>Helen Young</b>
1	Embedded section 4.2.1 and the 11 core arrangements within the Safeguarding Accountability and Assurance Framework		
2	PSIRF plan developed, approved and published in partnership with the ICB with evidence of delivery against plan		
3	Evidence of improvement in Patient Safety and Just Culture		
4	Demonstrable improvement in learning from SIs (individual, organisation and system wide)		
5	Evidenced improved management of SIs		

## Summary of Delivery Group Updates to IPOB

## February 2024

### Governance & Well-led:

- We will review the programme, for example, the structure and metrics to demonstrate that we are delivering against the exit criteria and to the trajectory that we have set ourselves.
- The Group discussed whether the RAG rating should remain red, noting that there a number of key outputs on the Governance side that had been delivered, not just within the Governance Programme but also across the other elements of the improvement programme.

### Performance Improvement:

- Whilst work is reasonably well advanced to deliver a strategic case for longer term modernisation of the service to the Board at the end of the month, there remained a risk around the delivery of sufficient detail by the end of next week to meet the Board deadline. The strategic case for change, with a reasonably higher level delivery plan to support it will be presented to the Board at the end of the month (March).

### Culture & Staff Wellbeing:

- Following a tender exercise, SCAS has appointed RealWorldHR to do a 12-week review of the temperature of the organisation. IPOB and other relevant parties will be kept updated on progress over the 12 weeks
- We started our re-launch of the refreshed sexual safety campaign at the Board Seminar on Thursday 29<sup>th</sup> February. We want to be able to identify individuals that will be able to help cascade the message in a powerful way as some of the speakers did at the Board Seminar.
- The national staff survey results were formally published on 7<sup>th</sup> March 2024
- A third Freedom to Speak Up Guardian has now been made substantive

### Patient Safety:

- The response to the Patient Safety Survey has been encouraging as is indicative of improving awareness and improving Patient Safety culture where everybody can see this as part of their own agenda. There is more work that needs to be done and the surveys will continue with the next one to follow in 6 months' time.
- One of the concerns within Patient Safety a constraint created by the Safeguarding Referrals Process. The Chief Digital Officer and his team are working to resolve the constraint with our suppliers. The consequence is that we are now struggling to report this data which will introduce an element of risk in terms of continuity of data sets.
- We have identified a building resource challenge in the safeguarding space.
- We are currently relying on our named professionals to deliver safeguarding management.