



Council of Governors meeting

DATE: Wednesday 3 April 2024
TIME: 6.30pm – 9.00pm
VENUE: Shaw House, Communities and Wellbeing, West Berkshire Council
Shaw House, Newbury, RG14 2DR

<u>Item</u>	<u>Action</u>	<u>Time</u>
OPENING BUSINESS		
1	Chair's Welcome and Apologies for Absence Sumit Biswas	Verbal To Note
2	Declaration of Interests Sumit Biswas	Verbal To Note
3	Minutes from Meeting on 31 January 2024 Sumit Biswas	Page 3 To Approve
4	Action Log Nora Hussein	Page 9 To Note
ACCOUNTABILITY FOR BOARD PERFORMANCE		
5	Chief Executive's Report David Eltringham	Page 11 To Note
6	Improvement Plan Update Mike Murphy	Page 18 To Note
7	Fit for the Future Programme Paul Kempster	Page 26 To Note
8	Reducing Health Inequalities Steve Goldensmith, BOB ICB	Page 33 To Note
9	Fit and Proper Person Test Framework Melanie Saunders	Page 52 To Note
10	Questions from Governors All	Verbal To Note
COMMITTEE UPDATE		
11	Membership and Engagement update Mark Davies, Margaret Eaglestone	Page 65 To Note
ANNUAL BOARD COMMITTEE REPORT		
12	Board and Committee Annual Schedule Nora Hussein	Page 69 To Note
ITEMS FOR DISCUSSION & NOTING		

<u>Item</u>	<u>Action</u>	<u>Time</u>	
<i>These items will be taken as read. Executive Directors will provide any verbal updates as required. Questions from Governors should be submitted to the Company.Secretary@scas.nhs.uk mailbox 24 hours before the meeting.</i>			
13	Executive Director Updates: a) Financial Performance Stuart Rees b) Peoples Directorate Melanie Saunders c) Quality Directorate Helen Young d) Digital Directorate Craig Ellis e) Operations Update – 999,111 & Other Paul Kempster	To Note Page 73 Page 80 Page 100 Page 109 Page 114	8.20
<i>Executive Directors to leave</i>			
COG OPERATIONS			
14	Lead Governor’s Report Helen Ramsay	Page 126 To Note	8.30
15	Health and Inequalities Governor Working Group Tim Ellison	Page 129 To Note	8.35
16	Non-Executive Director Report Nigel Chapman	Page 143 To Note	8.40
17	Governor Elections Update Nora Hussein	Verbal To Note	8.45
CLOSING BUSINESS			
18	Any Other Business Sumit Biswas	Verbal To Note	8.50
19	Questions from Members/Observers Sumit Biswas	Verbal To Note	
20	Review of Meeting Sumit Biswas, All Governors	Verbal To Note	
21	Date and Time of Next Meeting Sumit Biswas Wednesday 29 July 2024, Shaw House	Verbal To Note	9.00

Please note that some of these agenda items were received by the Trust Board on 28 March 2024.

Minutes Council of Governors Meeting

Date: Wednesday 31 January 2024

Time: 6.30pm - 9.00pm

Venue: MS Teams

Governors present

Helen Ramsay (Lead Governor, Public- Oxfordshire); Andy Bartlett (Public Governor – Hampshire); Loren Bennett (Staff Governor); Anne Crampton (Partner Governor - LA); Mark Davis (Deputy Lead Governor and Public Governor – Berkshire); Tim Ellison (CFR Governor, Romsey); Hilary Foley (Public Governor – Hampshire); Mike Charles (Governor-Buckinghamshire); Charles McGill (Public Governor – Hampshire); David Lockett (Governor-Hampshire); Tony Nicholson (Public Governor – Hampshire); Alan Weir (Staff Governor); Ian Sayer (Staff Governor); Loretta Light (Public Governor- Oxfordshire); Mark Perryman (Public Governor – Hampshire); Graeme Hoskin (Appointed Governor); Andy Bartlett (Public Governor- Hampshire); Tariq Khan (Staff Governor)

Governors not in attendance

Claire Dobbs (Partner Governor – Air Ambulance); Stephen Bromhall (Public Governor – Buckinghamshire); David Wesson (Public Governor- Oxfordshire); Rachael Cook (Staff Governor).

Executive Directors/Others in attendance

Professor Sir Keith Willett CBE (Chair); Sumit Biswas (NED and Deputy Chair); Nigel Chapman (NED); Les Broude (NED); Mike McEnaney (NED); Dr Anne Stebbing (NED); Dhammika Perera (NED); Ian Green (NED) ; David Eltringham (Chief Executive); Daryl Lutchmaya (Chief Governance Officer); Paul Kempster (Chief Operating Officer); Mark Ainsworth (Director of Operations); Stuart Rees (Interim Director of Finance); Craig Ellis (Chief Digital Officer) ; Kofo Abayomi (Head of Corporate Governance and Compliance); Nora Hussein (Interim Assistant Trust Secretary);; Margaret Eaglestone (Membership and Engagement Manager) Dai Tamplin (Senior Transformation Programme Manager); Joanne McPartlane (Head of NHS 111 & IUC Services) ;Nikhyta Patel, (Patient and Public Engagement Facilitator)

Directors / Executives' apologies received.

Dr John Black (Chief Medical Director); Mike Murphy (Chief of Strategy); Professor Helen Young (Chief Nurse Officer); Melanie Saunders (Chief People Officer);

Observers

Mark Potts (Public Governor from March 2024), Chris Jenner (Staff Governor from March 2024).

Item No.	Agenda Item
1	Chair's Introduction, including Apologies for Absence The Chair welcomed everyone to the meeting and noted apologies for absence as above.

	<p>Keith Willett gave his sincere thanks to the leaving Governors, Loretta Light, Andy Bartlett, Mark Perryman and Ian Sayer for their hard work and efforts and recognised their commitments.</p> <p>The Council of Governors gave a round of applause.</p> <p>Keith Willett welcomed the new Governors in attendance and asked all in attendance to introduce themselves.</p>
2	<p>Declarations of Interests No declarations of interest were received.</p>
3	<p>Minutes of the meeting held on 4 October 2023 The minutes of the meeting were approved, subject to minor editorial amendments which would be addressed following the meeting.</p>
4	<p>Action Log The Council of Governors Action Log was noted. It was agreed to close:</p> <ul style="list-style-type: none"> • Action 1 - Chair to raise at the Stakeholder Oversight Committee, Governor involvement within the ICS and that exit criteria to have a strategic focus. • Action 2 - The Chief Executive Officer requested that the Modernisation Programme be added as a standing item to the Council of Governors Agenda. • Action 3 - The Lead Governor requested that Data Security Protection Toolkit could be made available to Governors. <p>Action 1: Collated comments and actions from the workshop to be circulated to Governors.</p>
5	<p>Chief Executive's Report David Eltringham thanked the SCAS staff and volunteers for their continued hard work and support particularly through the challenging Christmas and New Year period.</p> <p>He continued to highlight:</p> <p>SCAS Strategy relaunch: 'Fit for the future' Strategy relaunch sessions were held on Tuesday, 5 December which were supported by the bi-monthly webinars on the 'Fit for the Future' Programme. Keith Willett SCAS Chair, Executive Directors and David Eltringham were supported by the Communications Team and visited sites across SCAS and engaged with staff to relaunch the SCAS vision and strategy 2024-2029. This followed on from a number of engagement events that were held over the summer, when I talked to staff across the Trust, identifying challenges as well as areas of good practice.</p> <p>Operational Performance and Hospital Handover Delays SCAS is regularly engaging with partners to assist with system transformation and partner development which includes participation in:</p> <ul style="list-style-type: none"> • HIOU Urgent Care Board and transformation programme • Local and Place based discussions • Providing tactical and strategic command training to system leaders <p>SCAS has regular meetings with the Acute Trusts to understand the causes of handover delays and provides a weekly report to the Integrated Care Boards.</p> <p>Charity</p>

	<p>South Central Ambulance Charity has been shortlisted in the Charity of the Year category for the Thames Valley Business & Community Awards. It is one of seven shortlisted. He thanked the Charity for their continued hard work and efforts.</p> <p>Elections There had a successful outcome for the Council of Governor elections. 13 constituency seats were elected unopposed, and two seats were successfully filled for the Berkshire constituency. Only two seats are currently unfilled, one in Oxfordshire and one in the staff constituency. The Chief Governance Officer is currently exploring options to fill the vacant seats.</p> <p>The Council of Governors noted the report.</p>
6	<p>Improvement Plan Update Dai Tamplin, Senior Transformation Programme Manager gave an overview of the Improvement programme detailing the four functional workstreams, governance and well-lead, culture and staff wellbeing, performance improvement and patient safety.</p> <p>He informed the Council of Governors of the layered structure detailing the delivery groups feeding into the Improvement Programme Oversight Board.</p> <p>He also gave an update on the action progress made within each workstream detailing some of the good progress made.</p> <p>The Council of Governors noted the update.</p>
7	<p>Fit for the Future Programme The paper was taken as read.</p> <p>The Council of Governors noted the update.</p>
8	<p>Hampshire Together <i>Colleagues from Hampshire and Isle of Wight Integrated Care Board and Hampshire Hospitals Foundation Trust attended to present the item.</i> James Lawrence-Parr, Associate Director Population Health, NHS Hampshire and Isle of Wight Integrated Care Board Shirlene Oh, Director of Strategy and Population Health, Hampshire Hospitals NHS Foundation Trust Mrs (Dr) Andrea Burgess, Associate Medical Director for Clinical Strategy and Consultant ENT Surgeon, Hampshire Hospitals NHS Foundation Trust Natasha Kerrigan, Programme Director, Modernising our Hospitals and Healthcare Services, Hampshire Hospitals NHS Foundation Trust</p> <p><i>Slides of the presentation were circulated ahead of the meeting.</i></p> <p>The Council of Governors were informed that the consultation proposed changes to two acute hospitals in Hampshire run by Hampshire Hospitals NHS Foundation Trust – the Royal Hampshire County Hospital in Winchester and Basingstoke and North Hampshire Hospital in Basingstoke.</p> <p>The Council of Governors were presented with a PowerPoint presentation detailing an overview of the consultation, reason why required, listening to staff and patients and the criteria used to evaluate the options.</p> <p>The Council of Governors heard in great detail the proposed options and advantages and disadvantages associated to them.</p>

	<p>Lorretta Light requested information on how the safeguarding issue was being managed regarding referrals. Craig Ellis responded that a working group has been established to manage the actions and monitor daily potential issues.</p> <p>He added that work was being carried out alongside the supplier on the automation of the process and changes in their updates. He informed the Council of Governors that work is also being done to recognise the lessons learned. He assured the Council of Governors that regular updates are provided to the Executive Committee and that work is being carried out to look into enlisting more effective systems.</p> <p>Tony Nicholson raised concerns of risk of delay and added costs that SCAS would occur. David Eltringham responded that conversations have been held to discuss potential opportunities SCAS could benefit from.</p> <p>He also asked when the option chosen will be known. It was responded that a number of stages are required before determining date such as business case approvals.</p> <p>Anne Crampton requested assurance that there would be no impact to the accident and emergency department. A response was provided that the whole approach is being revised within planned care and that substantial reinvestment is being made.</p> <p>A Governor commented that it was important to demonstrate through numbers a demonstration of the gain the approach aimed to achieve.</p> <p>Keith Willett advised that it would be beneficial to present a plan for the unusual scenario's demonstrated by case studies.</p> <p>He also added that it would be useful to add more detail to bed occupancy which residents would be interested in.</p> <p>The Governors were provided with contact email addresses for further information and encouraged to complete the online questionnaire.</p> <p>The Council of Governors noted the update.</p>
9	<p>Questions from Governors It was agreed that the Council of Governors would ask questions during each agenda item.</p>
10	<p>Membership and Engagement update The Deputy Chair of the Membership and Engagement Committee (MEC) provided an update on the Terms of Reference of the MEC and the Governor Elections Campaign. He also invited other Governors to join the membership of the MEC.</p> <p>The Council of Governors noted the update.</p>
11	<p>Annual People and Culture Committee Report The Chair of the People and Culture Committee Nigel Chapman provided an overview of the People and Culture Committee over the past year.</p> <p>The Council of Governors noted the report.</p>
12	<p>Annual Quality and Safety Committee Report The Chair of the Quality and Safety Committee Anne Stebbing provided an overview of the Quality and Safety Committee over the past year.</p>

	<p>Keith Willett informed the Council of Governors that Anne Stebbing's was coming to her end of tenure as Non-Executive Director at the end of March 2024. He thanked her for her hard work during her time at SCAS. The Council of Governors gave a round of applause.</p> <p>The Council of Governors noted the report.</p>
13	<p>Executive Director Updates: The reports were taken as read.</p> <ul style="list-style-type: none"> a) Financial Performance b) Peoples Directorate c) Quality Directorate d) Digital Directorate e) Operations Update – 999,111 & Other f) Governance <p>In response to a question regarding the cost implications of dual crewed ambulance conversion costs, Mike McEnaney responded that the first ambulance had been delivered today with more to follow during the remainder of the week. They were informed that the remaining ambulances are expected to be delivered by June- July 2024 and that the costs of the conversions had been capitalised.</p> <p>In response to a question regarding the cost implications of organisational change, Les Broude responded that this remained challenging and that a Mutually Agreed Redundancy Scheme is place which would have an impact on the cost structure. He added that a number of cost saving schemes were being explored across the organisation and was assured that realistic and well-structured costs would be available in due course.</p> <p>Anne Stebbing added that she had spoken with Senior Managers and the Interim Director of Finance and was assured that cost savings were being explored.</p> <p>In response to a question regarding the digital risk management work being carried out by third parties, Craig Ellis responded that SCAS staff would be undertaking the work and that third parties would not be involved. He added that training would also be made available to staff on cyber-attack prevention.</p> <p>The Council of Governors noted the updates.</p>
14	<p>Urgent Care/111 Briefing The Council of Governors received a briefing by PowerPoint presentation on the Urgent Care/111 Briefing from Joanne McPartlane, Head of NHS 111 & IUC Services.</p> <p>In response to a query regarding the difference of figures in Hampshire and Thames Valley recommendations of self-care. Joanne McPartlane responded that Hampshire currently have more resources in comparison to Thames Valley.</p> <p>In response to a query regarding efficiency of patient transfer as part of the pathways. Joanne McPartlane responded that a shortened report would be sent to the GP detailing the patients journey.</p> <p>The Council of Governors noted the briefing.</p>
15	<p>Patient Panel Update The Council of Governors received an update by PowerPoint presentation by Nikhyta Patel, Patient and Public Engagement Facilitator detailing:</p>

	<ul style="list-style-type: none"> • What is a Patient Panel • Eligibility criteria • Structure of the Patient Panel and levels of involvement • Aims of the Patient Panel • Compliance with NHS Requirements for organisations to have a Patient Panel and SCAS Annual Plan <p>A suggestion was received that it would be helpful to receive feedback from a range of long-term symptom patients.</p> <p>Sumit Biswas commented that the update was useful and would appreciate future updates.</p> <p>The Council of Governors noted the update.</p> <p>Executive Directors left the meeting at this point, the Chief Governance Officer remained in the meeting.</p>
16	<p>Lead Governor's Report</p> <p>Helen Ramsay presented the Lead Governor's report.</p> <p>The Council of Governors noted the report.</p>
17	<p>NED Report</p> <p>Mike McEnaney presented the NED report.</p> <p>The Council of Governors noted the report.</p>
18	<p>Any Other Business</p> <p>Daryl Lutchmaya informed that the Council of Governors that new Governors would receive a Induction on 18 March 2024.</p> <p>Andy Bartlett thanked the Council of Governors for the opportunity and welcomed new Governors into their new roles.</p> <p>Loretta Light added that she felt that the Council of Governors had strengthened over time and that the forum had become much more transparent and open. She also welcomed the new Governors into their new roles.</p>
19	<p>Questions from Members/Observers</p> <p>There were no questions.</p>
20	<p>Review of Meeting</p> <p>There was no review.</p>
21	<p>Date and Time of next meeting</p> <p>Wednesday 31 January 2024.</p>
-	<p>The meeting closed at 8.50pm.</p>

Council of Governors Meeting 3 April 2024

Key for Status  Open  Propose to Close

Action No.	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
1		KPI's and milestones for the enabling plans to be shared with the CoG.	MM	3/04/24	Open	KPI's and milestones will be available at the end of the financial year and the conclusion of the budget cycle. 4/10/23 Board Seminar on strategy/annual cycle of business and annual work plan training in March/April 24 to plan KPI's and milestones.
2	20. Council of Governor's Development Action Plan	The Chief Governance Officer informed the Governors that a new Council of Governor's Development Action Plan is being developed and will be shared with the Lead Governor for comment.	DL	3/04/24	Open	The new one will be presented at the April meeting.
3.	4. Action Log	Collated comments and actions from the workshop to be circulated to Governors	NH	31.01.24	Closed	Sent to Governors on 08.02.24



Report Cover Sheet

Report Title:	Chief Executive Officer's Report
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	5
Executive Summary:	<p>The purpose of the CEO report is to keep the Council of Governors updated on key events and messages not covered elsewhere on the agenda, since the last Public Board meeting held on 25 January 2024.</p> <p>The CEO report the following:</p> <ul style="list-style-type: none"> ▪ Operational Performance ▪ Financial Recovery ▪ Staff Survey ▪ Fit for the Future ▪ Kings Coronation Medals and Coins ▪ Awards ▪ SCAS' first ever Wellbeing Week 2024 ▪ Site visits and engagements undertaken
Recommendations:	The Council of Governors are asked to note the report.
Accountable Director:	David Eltringham, Chief Executive Officer
Author:	David Eltringham, Chief Executive Officer
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable

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



Meeting Report

Name of Meeting	Council of Governors
Title	Chief Executive Officer's Update
Author	David Eltringham, Chief Executive Officer
Accountable Director	David Eltringham, Chief Executive Officer
Date	3 April, 2024

1. Purpose

The purpose of this CEO Report is to keep the Council of Governors abreast of key issues and developments since its last meeting in public held in January 2024.

2. Background and Links to Previous Papers

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

3. Executive Summary

The CEO Report includes the following:

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

Introduction

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

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

Operational Performance

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

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

Financial Recovery

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

Staff Survey

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

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

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

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

Fit for the Future

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

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

Kings Coronation Medals and Coins

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

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

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

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

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

Awards

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

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

SCAS' first ever Wellbeing Week 2024

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

Summary of Visits and Engagement and Events

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

Thank you

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

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

David Eltringham
Chief Executive Officer

March 2024

Appendix 1 Summary of Visits and Stakeholder Engagement Activities

Site visits and engagements

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

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



Report Cover Sheet

Report Title:	Improvement Programme Oversight Board Update - February 2024
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday 3 April 2024
Agenda Item:	6
Executive Summary:	<ul style="list-style-type: none"> • The February Improvement Programme Oversight Board highlight report is attached as an appendix to this paper. The report forms the basis of the report to the Tripartite Provide Assurance Meeting (TPAM) with the ICB and NHS England in April. • The Trust continues to have one outstanding Must Do in the Governance workstream relating to achieving improved assurance through corporate governance structures. While significant progress has been made since the last report in improved risk management, work to embed the Governance Accountability and Assurance Framework remains outstanding. In addition, we are undertaking a rapid review of this programme and metrics to ensure our action plan is clearly triangulated to the exit criteria. • The Fit and Proper Person external audit has now been completed and feedback received. An updated policy is now under review and will be published in April 2024. • The Trust has resolved the outstanding Should Do action in the Performance Improvement workstream relating to the way that the Trust monitors outcomes for patients who are not transferred to hospital, with a solution fully tested and implemented. Further work now needs to be done ensuring stakeholder uptake. • A Should Do relating to ensuring newly qualified staff receive appropriate clinical support and supervision has been moved from green to amber following feedback received from a Health Education England survey of staff. A new action plan is in development to address this area and will be ratified at the Performance Improvement Delivery Group in May. • A 12-week external culture review is now underway. The insights from this work will inform the ongoing work programme for the Culture and Wellbeing Workstream.

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



Improvement Programme Oversight Board (IPOB)

Update to SCAS Board

28th 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 29th 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
Must	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b)		
Should	The trust should consider how to improve communication and relationships between staff and senior leaders		
Should	The trust should review methods of communication between senior executives and call takers in the EOC to ensure important information is received and understood		
Should	The trust should consider asking staff and patients with less positive experiences to present to the board to allow more opportunities for learning		
Culture & Staff Wellbeing [Melanie Saunders]:		Actions	Embedding
Must	The trust must ensure it takes staff's concerns seriously and takes demonstrable action to address their concerns. This to include where staff have raised concerns relating to bullying, harassment and sexually inappropriate behaviours. Regulation 17 (2) (b)		
Must	The trust must ensure that it listens and responds to staff who raise concerns in line with their own policy and the Public Interest Disclosure Act (1998)		
Should	The trust should ensure it provides appraisals and continuous professional development to all staff		
Should	The trust should ensure that staff complete mandatory training appropriate to their roles and responsibilities		
Should	The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale		
Should	The trust should ensure all staff receive a timely appraisal to assure leaders that competency is maintained		
Should	The trust should review the arrangements for the role of the Freedom to Speak Up Guardian to improve the speak up culture		
Performance Improvement [Mark Ainsworth]:		Actions	Embedding
Should	The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times		
Should	The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest		
Should	The trust should consider revising their diversion policy to ensure they are transferred to hospital care in a timely way		
Should	The trust should ensure ambulances are staffed by appropriately skilled crews		

SCAS Improvement Programme: Must Do / Should Do Update

February 2024

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

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

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 29th 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 7th 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.



Report Cover Sheet

Report Title:	Fit for the Future Strategic Case for Change
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	07
Executive Summary:	<p>This strategic case for change has the aim of providing the South Central Ambulance Service (SCAS) Trust Board information relating to the strategic context, the drivers for change and how the Fit For the Future Programme (FFFP) should become the vehicle for delivery of the Trust Strategy. It is the first step in the 5-case model to developing a full Programme Business case.</p> <p>In December 2023, the Executive relaunched the SCAS strategy following a significant number of workshops, engagement sessions, discussions, and visits both across the organisation and with external partners and other Ambulance Trusts. It found that the Strategy that had been launched in 2021, still reflected the Trust’s position and aspiration and its Vision and Mission remained correct.</p> <p>The scale, breadth and inter dependent actions that are required to deliver the change and ensure that SCAS meets its vision and mission have been aligned within six high level drivers for change as follows;</p> <ol style="list-style-type: none"> 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. 5. SCAS are not able to meet the national requirements of an ambulance service without implementing its Strategy. <p>The benefits of the change will result in improved patient outcomes, improved recruitment and retention rates along with financial</p>

efficiencies. Some examples of these, linking directly back to the drivers for change, are as follows:

1. We have an estate that is able to meet our current and future needs, the estate will provide a physical environment in which staff want to work and remove inefficient practices.
2. Patients will be directed to their place of definitive care at the earliest opportunity, this will result in improved patient outcomes and reduction in avoidable conveyances to Emergency Departments.
3. Our people will feel safe, able to speak up and be heard. This will be evidenced by improved NHS staff survey results and provides a link to improved outcomes and response times for our patients.
4. All staff are empowered and encouraged to contribute within their working environments, this will be seen by increased engagement and the number of innovative practices being seen across the organisation.
5. Our revised operational model will deliver better career opportunities across the organisation and improve retention rates.
6. There will be an increased use of digital solutions to deliver efficiencies that improve patient care and outcomes.

The agreement of the strategic case for change is the first step in a programme which will take approximately 5 years to fully implement and realise the full extent of associated financial and non-financial benefits. Following agreement of the case for change there will be a number of other elements of the business case that will be taken to the Board for review and agreement. This will include a document scoping the options to address the drivers for change (economic case), commercial case, financial and management cases. This is in line with the His Majesty's Treasury (HMT) Programme Guidance (Green Book) five case model.

It is the intention that these will culminate in a Year 1 business case that will seek Board approval to commence year 1 and provide assurance on the financial and non-financial return on investment during 2024/2025. Therefore, the attached strategic case for change does not provide detail in relation to the potential impact on patient outcomes, response times, financial impact as these require additional modelling, and agreement on overarching principles and planning assumptions to be agreed. It does however provide indicative timeframes for delivery of the necessary subsequent cases and proof of concept as detailed within His Majesty's Treasury (HMT) Green Book.

Recommendations:

The Council of Governors are asked to: Note

Accountable Director:	Paul Kempster - Chief Transformation Officer
Author:	Tina Lewis - Fit for the Future Programme Manager
Previously considered at:	Executive Management Committee – 19 th March 2024 Finance and Performance Committee – 20 th March 2024
Purpose of Report:	Approve
Paper Status:	Internal
Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	
List of Appendices	Fit for the Future Strategic Case for Change



Meeting Report

Name of Meeting	Council of Governors
Title	Fit for the Future Strategic Case for Change
Author	Tina Lewis – Fit For the Future Programme Manager
Accountable Director	Paul Kempster – Chief Transformation Officer
Date	3 April 2024

1. Purpose

The purpose of the paper is to provide the Council of Governors with information relating to the strategic case, drivers for change and proposed model in which to deliver the Fit for the Future Programme.

2. Background and Links to Previous Papers

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

3. Rationale for Private Paper

The direction of travel has not yet been agreed, therefore it is not appropriate to share the report content within the public domain.

4. Executive Summary

This strategic case for change has the aim of providing the SCAS Executive, and subsequently the Trust Board, information relating to the strategic context, the drivers for change and how the Fit for the Future Programme should become the vehicle for delivery of the Trust Strategy. It is the first step in the 5-case model to developing a full Programme Business case.

In December 2023, the Executive relaunched the SCAS strategy following a significant number of workshops, engagement sessions, discussions, and visits both across the organisation and with external partners and other Ambulance Trusts. It found that the Strategy that had been launched in 2021, still reflected the Trust's position and aspiration and its Vision and Mission remained correct:

“The Trust’s vision - to be an outstanding team, delivering world leading outcomes through innovation and partnership with the outcome of delivering the right care, first time, every time.

The Trust’s Mission - we deliver the right care, first time, every time.”

The scale, breadth and inter dependent actions that are required to deliver the change and ensure that SCAS meets its vision and mission have been aligned within six high level drivers for change as follows;

1. **Our Operating model** needs to evolve to better meet the needs of our patients.
2. **Our people** tell us that our buildings, vehicles, management models and processes / policies are not people focussed.
3. **Our Organisational culture** requires improvements to ensure that our people feel safe, respected, supported, and valued.
4. **Our Estate** does not meet the design or capacity of a modern Ambulance Service
5. **Our current Fleet** is unable to consistently meet our organisational requirement now or our net zero model of the future.
6. SCAS are not able to meet the **national requirements** of an ambulance service without implementing its Strategy.

The benefits of the change will result in improved patient outcomes, improved recruitment and retention rates along with financial efficiencies. Some examples of these, linking directly back to the drivers for change are as follows:

1. We have an estate that is able to meet our current and future needs, the estate will provide a physical environment in which staff want to work and remove inefficient practices.
2. Patients will be directed to their place of definitive care at the earliest opportunity, this will result in improved patient outcomes and reduction in avoidable conveyances to Emergency Departments.
3. Our people will feel safe, able to speak up and be heard. This will be evidenced by improved NHS staff survey results and provides a link to improved outcomes and response times for our patients.
4. All staff are empowered and encouraged to contribute within their working environments, this will be seen by increased engagement and the number of innovative practices being seen across the organisation.
5. Our revised operational model will deliver better career opportunities across the organisation and improve retention rates.
6. There will be an increased use of digital solutions to deliver efficiencies that improve patient care and outcomes.

The agreement of the strategic case for change is the first step in a programme which will take approximately 5 years to fully implement and realise the full extent of associated financial and non-financial benefits. Following agreement of the case for change there will be a number of other elements of the business case that will be taken to the Board for review and agreement. This will include a document scoping the

options to address the drivers for change (economic case), commercial case, financial and management cases. This is in line with the His Majesty’s Treasury (HMT) Programme Guidance (Green Book) five case model and outlined below in Figure 1. It is the intention that these will culminate in a Year 1 business case that will seek Board approval to commence year 1 and provide assurance on the financial and non-financial return on investment during 2024/2025. Therefore, the attached strategic case for change does not provide detail in relation to the potential impact on patient outcomes, response times, financial impact as these require additional modelling, agreement on overarching principles and planning assumptions to be agreed. It does however provide indicative timeframes for delivery of the necessary subsequent cases and proof of concept as detailed within HMT Green Book.

Figure 1 – HMT Programme Guidance Five Case Model

Strategic dimension	What is the case for change, including the rationale for intervention? What is the current situation? What is to be done? What outcomes are expected? How do these fit with wider government policies and objectives?
Economic dimension	What is the net value to society (the social value) of the intervention compared to continuing with Business As Usual? What are the risks and their costs, and how are they best managed? Which option reflects the optimal net value to society?
Commercial dimension	Can a realistic and credible commercial deal be struck? Who will manage which risks?
Financial dimension	What is the impact of the proposal on the public sector budget in terms of the total cost of both capital and revenue?
Management dimension	Are there realistic and robust delivery plans? How can the proposal be delivered?

5. Areas of Risk

The risks associated with the program will be detailed within each of the relevant subsequent submissions to board. However, the risks that are attributed to this paper are;

- Clinical/Quality – Poor recruitment and retention rates that mean that we do not have the necessary workforce to support good patient outcomes. A revised operating model will ensure we are able to deliver the right care at the right time.
- Financial – Non delivery of efficiency savings across the organisation
- Business – Inability to submit competitive tenders such as PTS. FFFP will enable efficiency savings to be identified and therefore reduce costs.
- Performance – Continued poor compliance against national operational targets. There will be a reduction of preventable “Lost hours” which will result in increased operational hours.

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

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

7. Governance

None.

8. Responsibility

Paul Kempster – Chief Transformation Officer

7. Recommendations

The purpose of this paper is to gain Board agreement for the following;

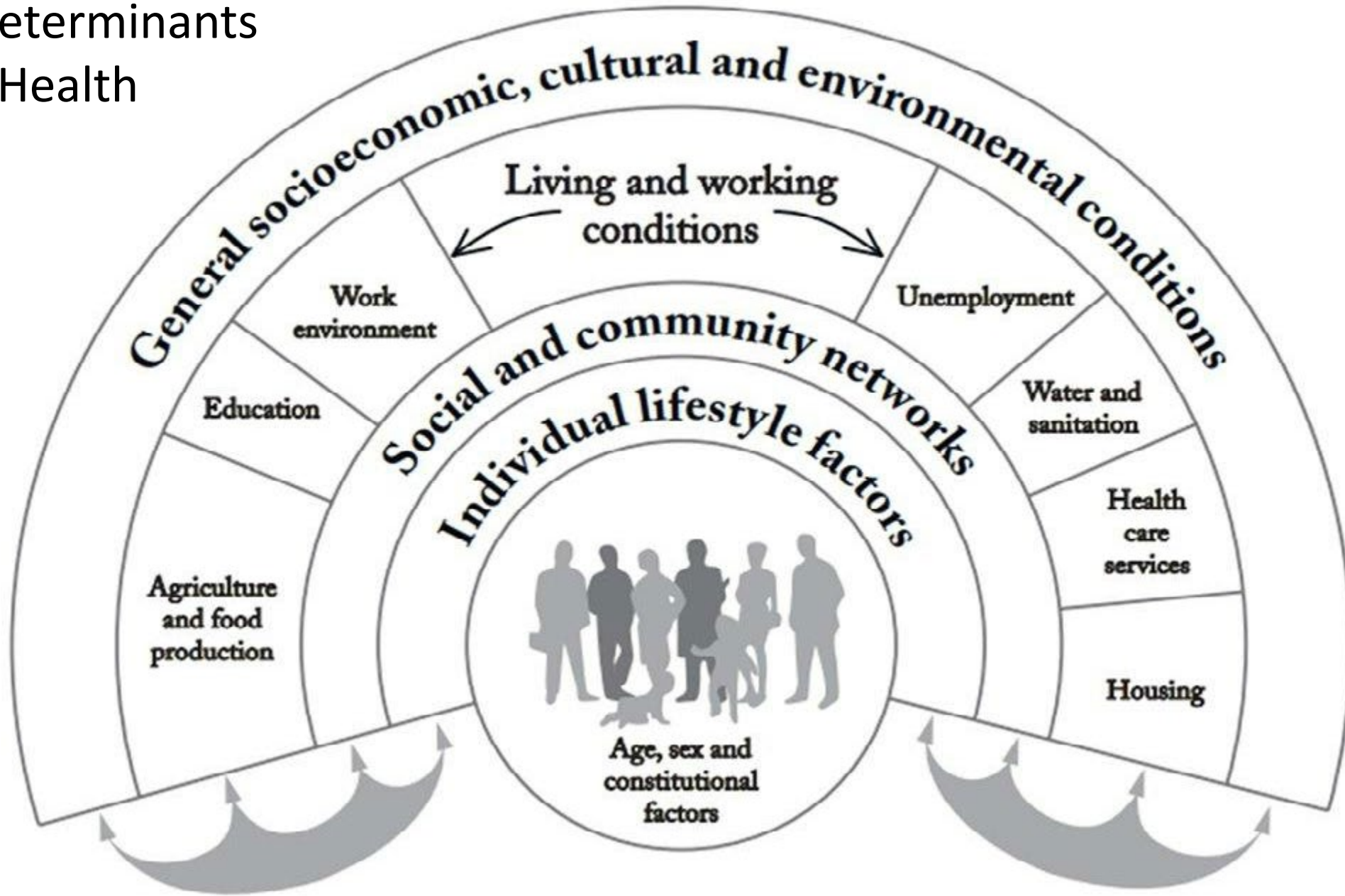
1. Agree that the role of the Fit for the Future Programme is the vehicle for delivering the large-scale changes required by the Trust Strategy.
2. Agreement that the Strategic Case for change is the first stage of the wider governance framework (as provided in section 4 of the strategic case) and that the next stage will be to progress with the
 - Detailed economic options appraisals
 - Scoping of Proof of Concepts
 - Development of our communications plans and engagement strategy

Agenda item 8- Reducing Health Inequalities

Inequalities

Steve GoldenSmith
Head of Prevention & health Inequalities
BOB ICB

Wider Determinants of Health



What Drives Inequalities

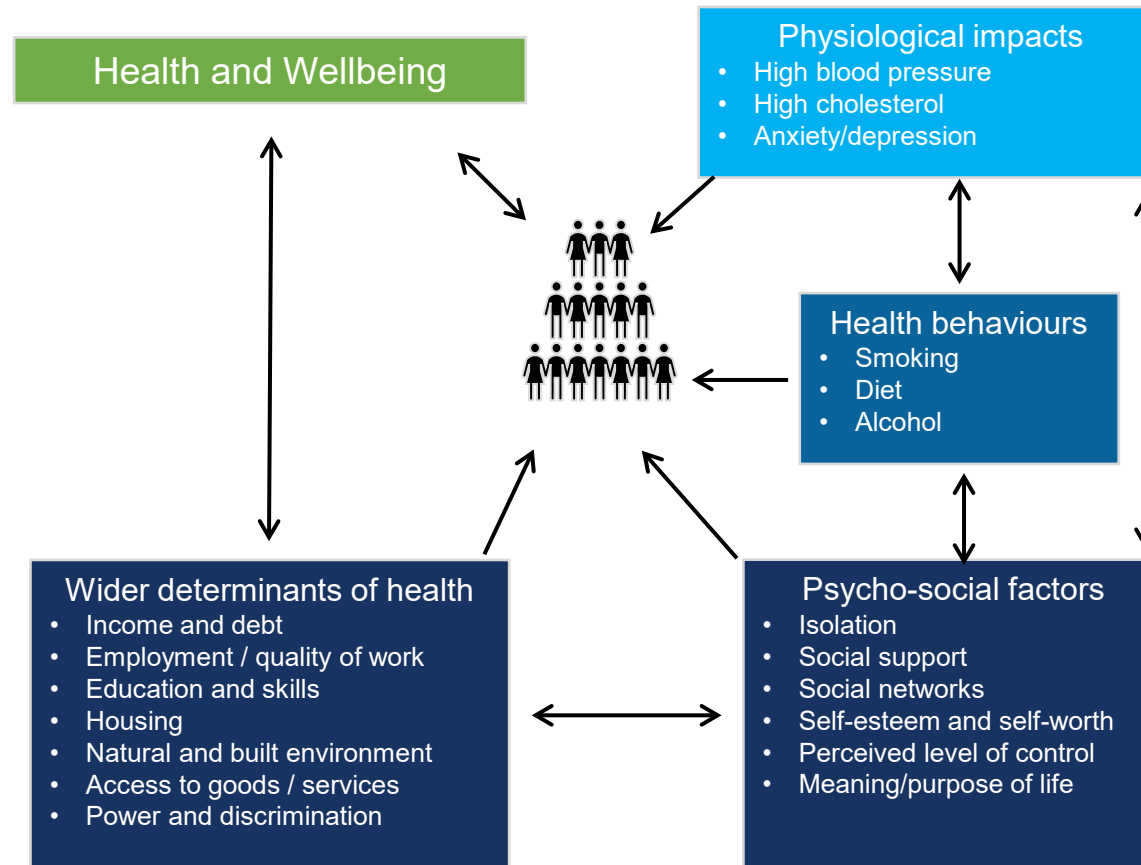
Opportunities / Outcomes

- Opportunity - when people aren't given equal opportunities and rights. When they are treated unfairly and experience discrimination.
- Outcomes – Income/ Educational Attainment / Health Status
- Social / Financial/ Political/ Legal/ Housing/ Education/ Employment
- Health Influencing Behaviours

The causes of health inequalities

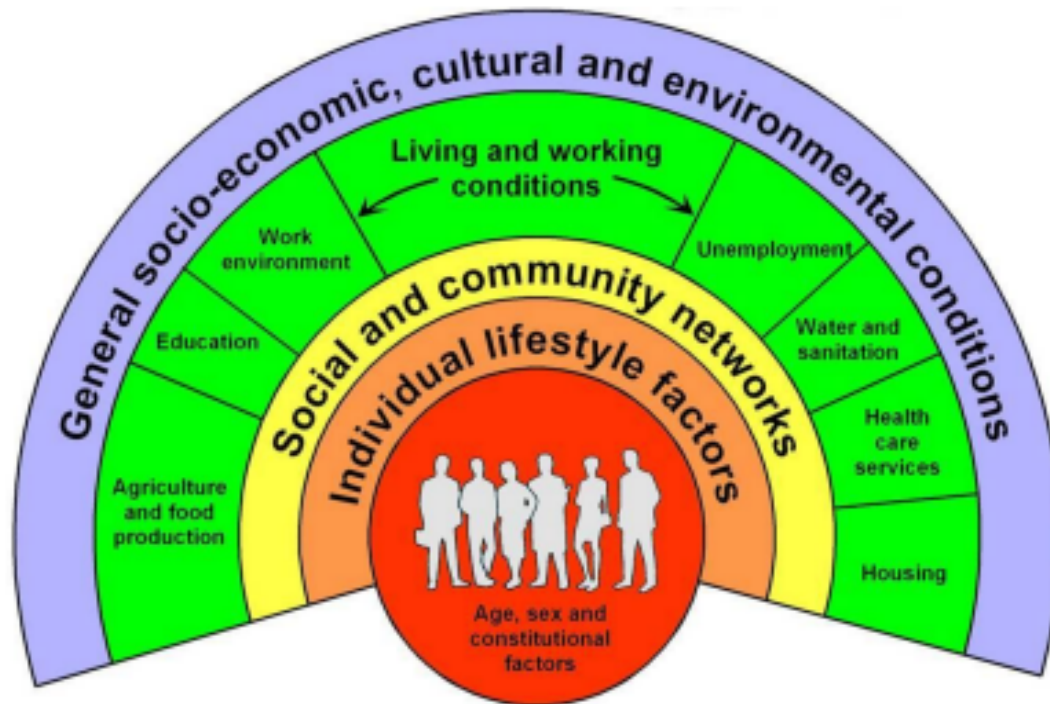
This adapted **Labonte model**¹ simplifies the complex system that causes health inequalities.

It shows the different factors that impact our health; where they stem from; and how – both in sequence and simultaneously – they interact, multiply and re-enforce each other.

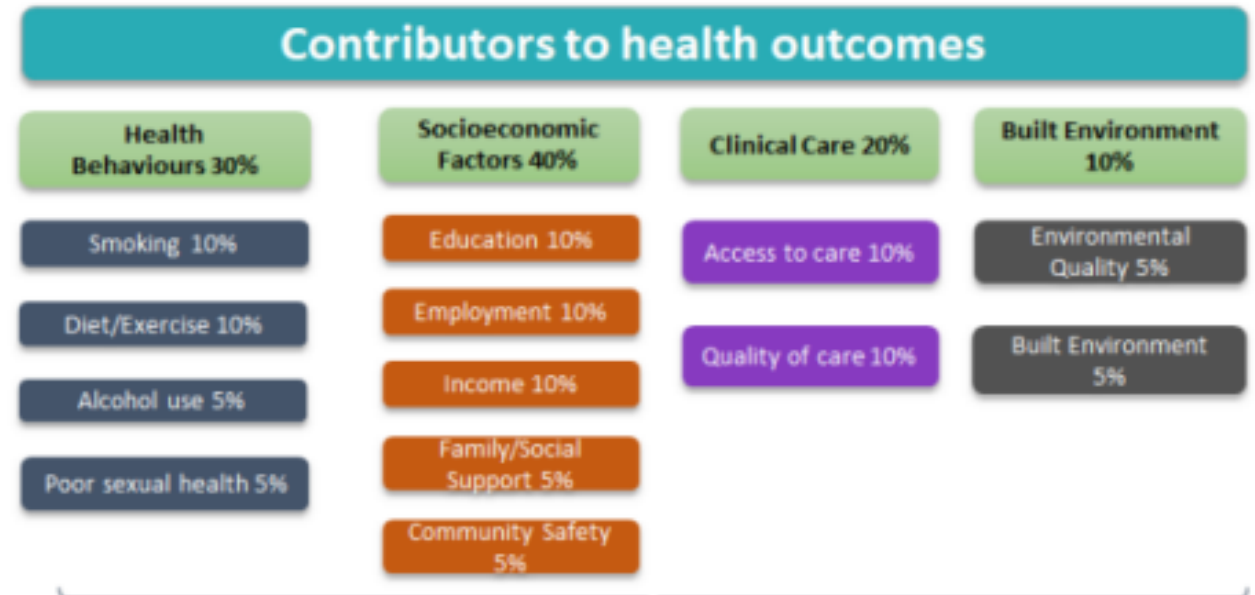


Manifesto Commitment

Extend healthy life expectancy by five years by 2035



Source: Dahlgren and Whitehead, 1991



Health Inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

- Life Expectancy
- Healthy Life Expectancy
 - Behavioural Risks

We typically look at these through 4 lenses

1) Geographical – Areas of Deprivation

2) Socio Economic - Income/Ed/Housing/ Occupation/ Employment

3) Protected Characteristics – Age, Gender, Ethnicity, Disability etc

4) Inclusion Health Groups – Homeless / Criminal Justice / Drug & Alc

Inc Armed Forces, Carers, Learning Disability, Pregnancy, Mental Health

Snapshot of BOB ICS Population



Population over 75

BOB = 8%

Highest PCN = Henley Sonnet (12%)

Lowest PCN = Reading University (2.1%)



BAME population

South East England = 8.7%

Highest PCN = Cygnet – High Wycombe (36%)

Lowest PCN = Thame / Henley Sonnet (3%)



Deprivation

% of GP patients in CCG that live in most deprived national quintile (IMD 2019)

Berkshire West = 2.9%

Oxfordshire = 4.6%

Buckinghamshire = 0.3%

% of GP patients in CCG that live in most deprived BOB ICS quintile (IMD 2019)

Berkshire West = 24.9%

Oxfordshire = 19.7%

Buckinghamshire = 16.9%



Physical health:

Hypertension: BOB = 13.1% Highest PCN = Eynsham & Witney (17.7%) Lowest PCN = Reading Uni (5.6%)

CHD: BOB = 2.5% Highest PCN = Westongrove (3.6%) Lowest PCN = Reading Uni (0.7%)



Mental health - depression

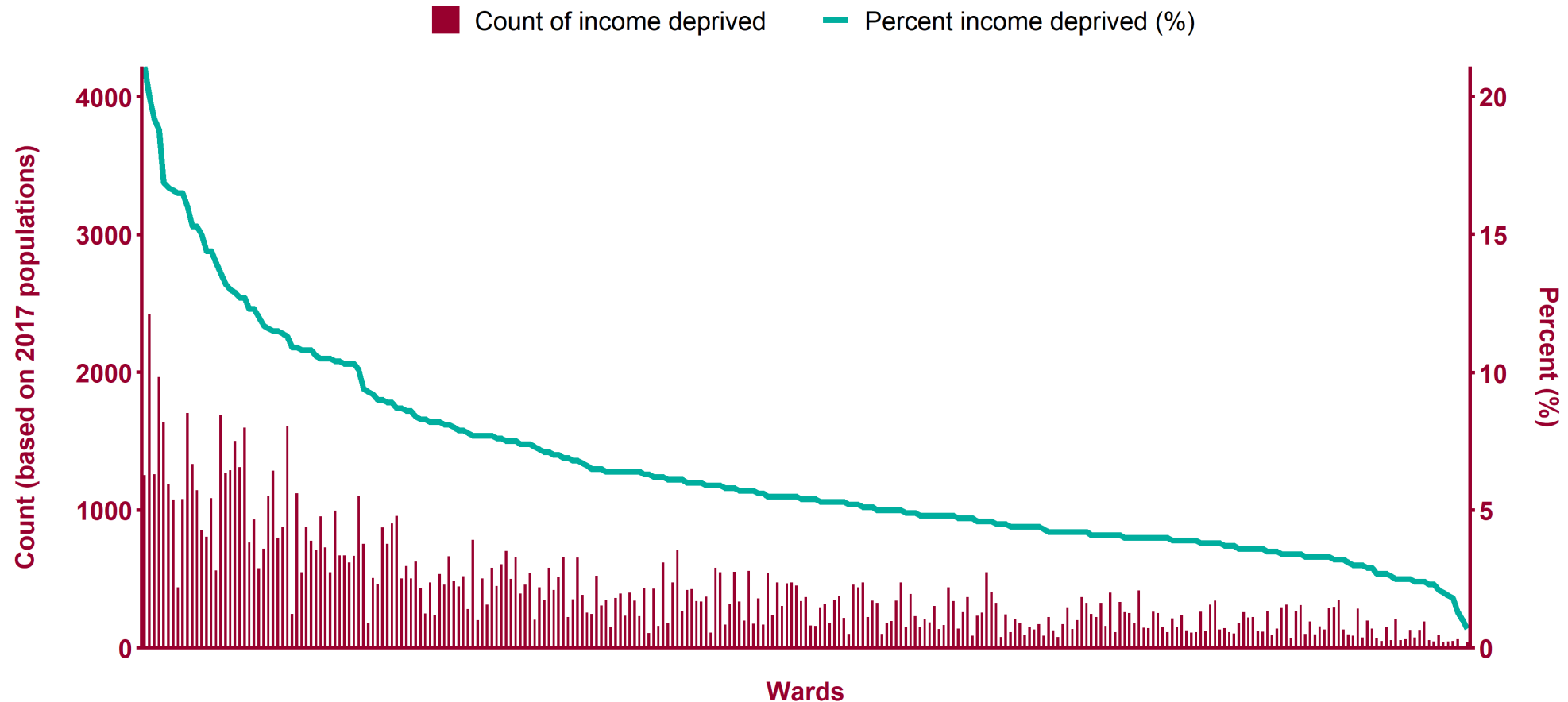
BOB = 11.4%

Highest PCN = Kennet (17.3%)

Lowest PCN = Reading Central (6.6%)

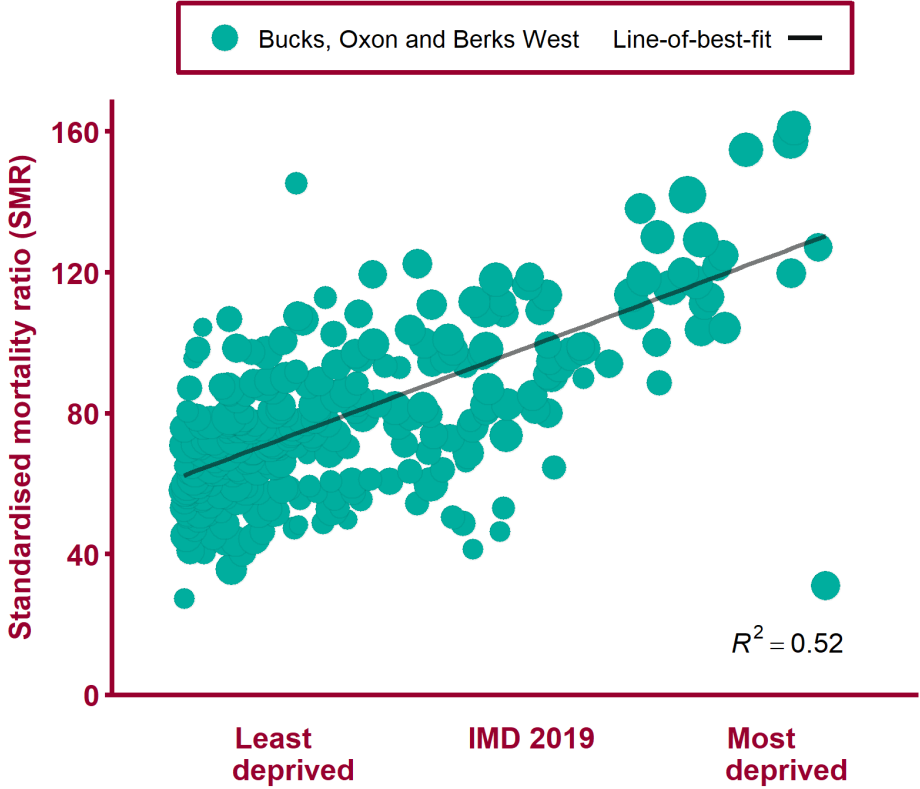
Distribution of income deprivation across Buckinghamshire, Oxfordshire and Berkshire West

Income deprivation by ward (IMD 2019)

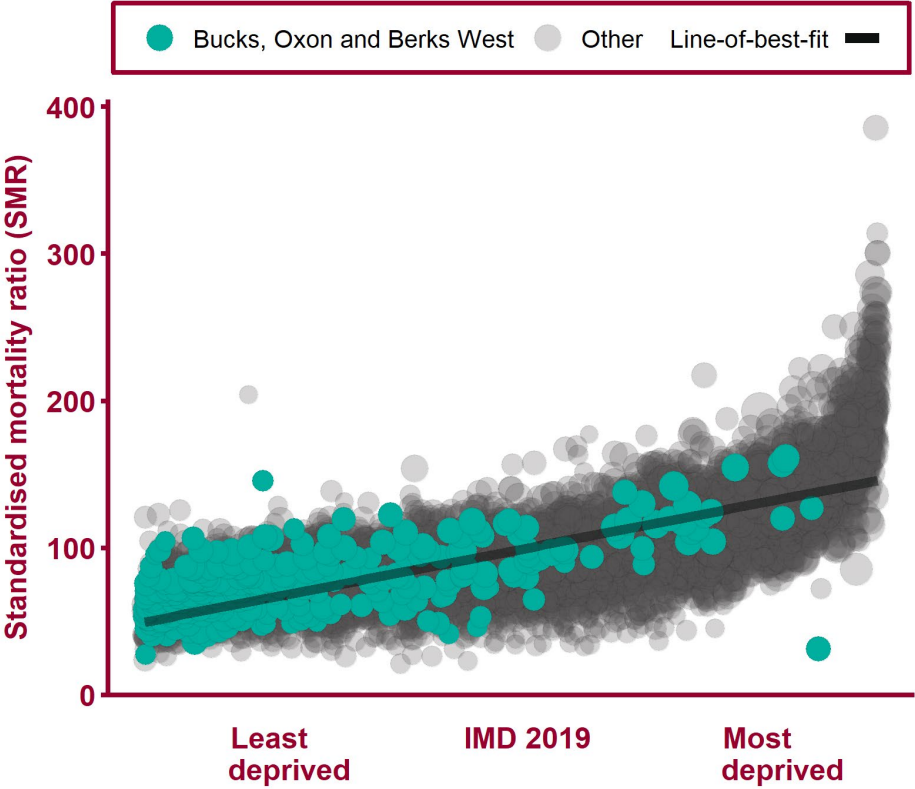


Deaths from causes considered preventable, all ages (2013 - 17)

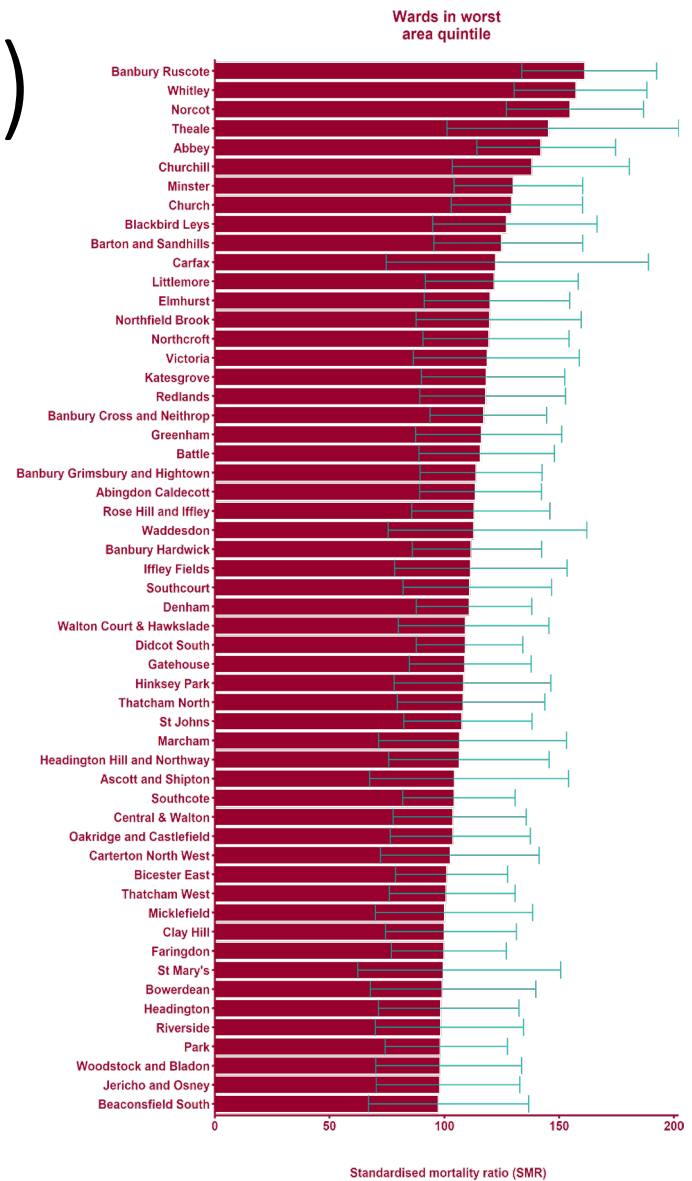
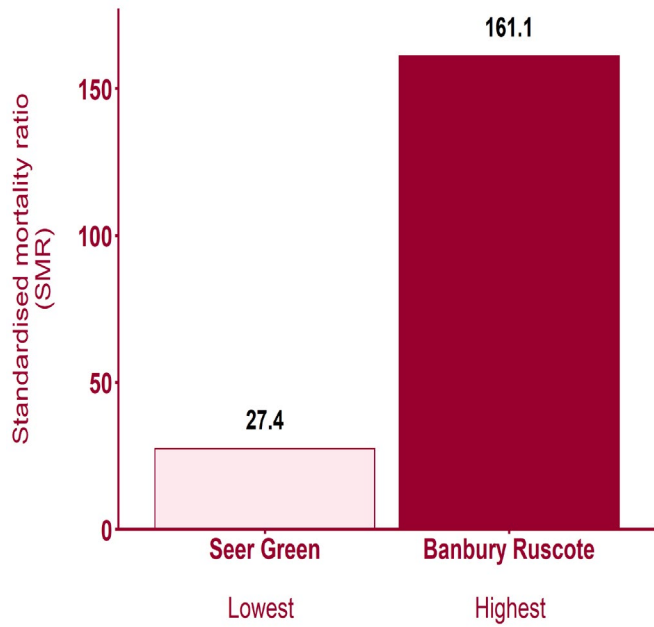
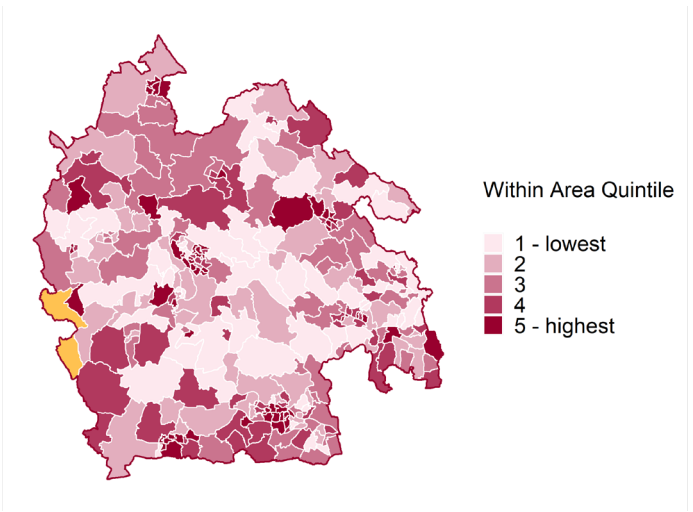
Wards within STP



Wards within England

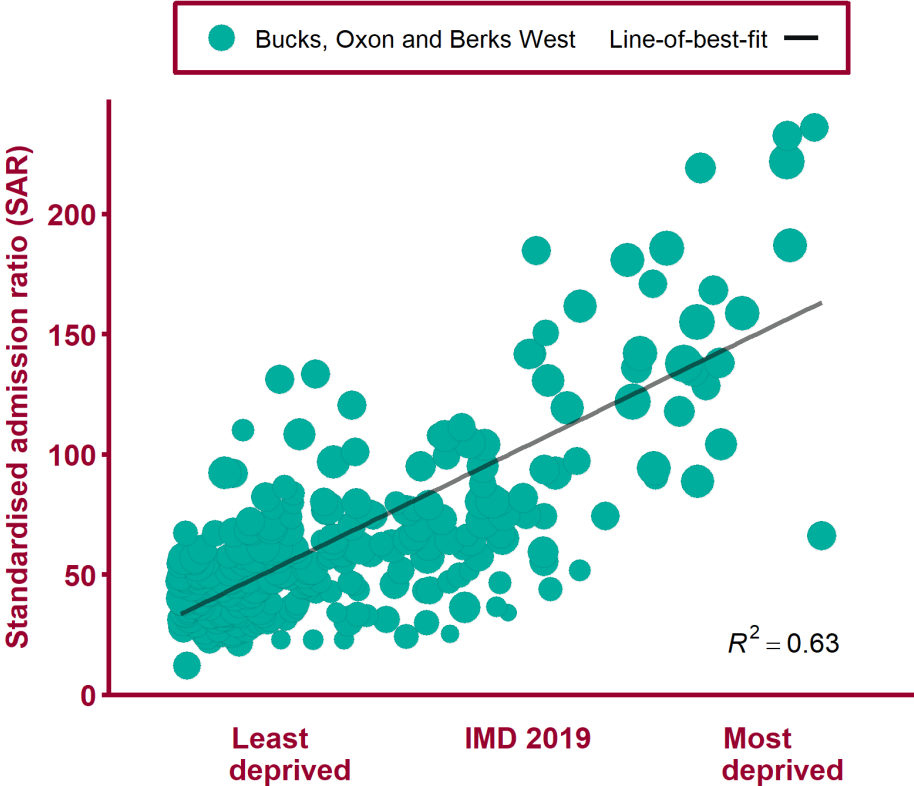


Deaths from causes considered preventable, all ages (2013 - 17)

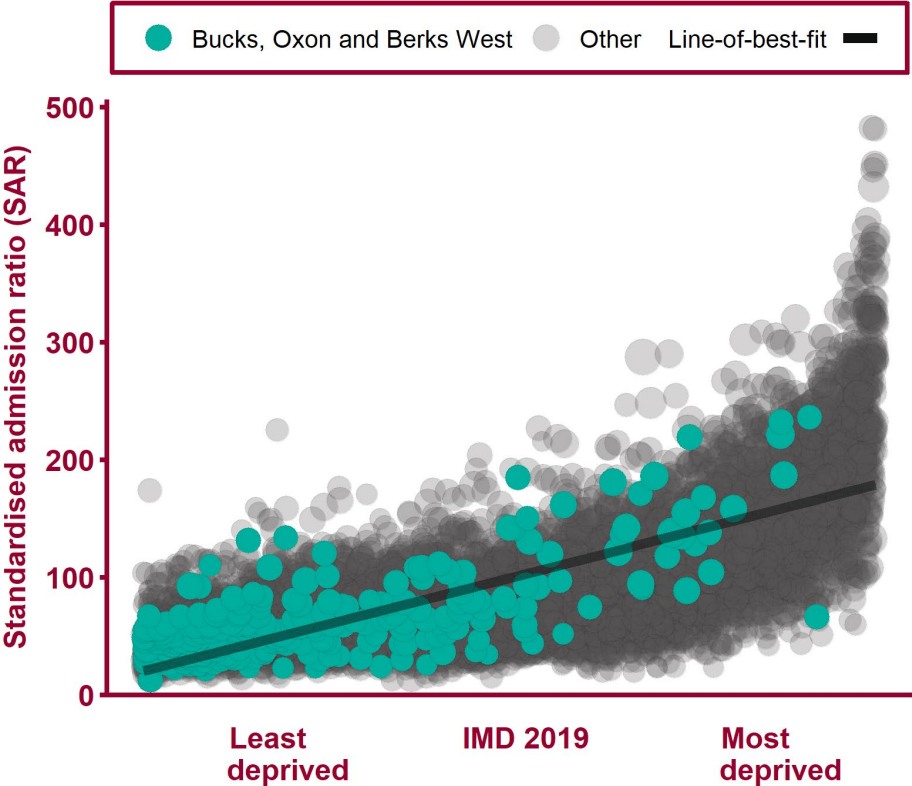


Emergency hospital admissions for COPD (2013/14 - 2017/18)

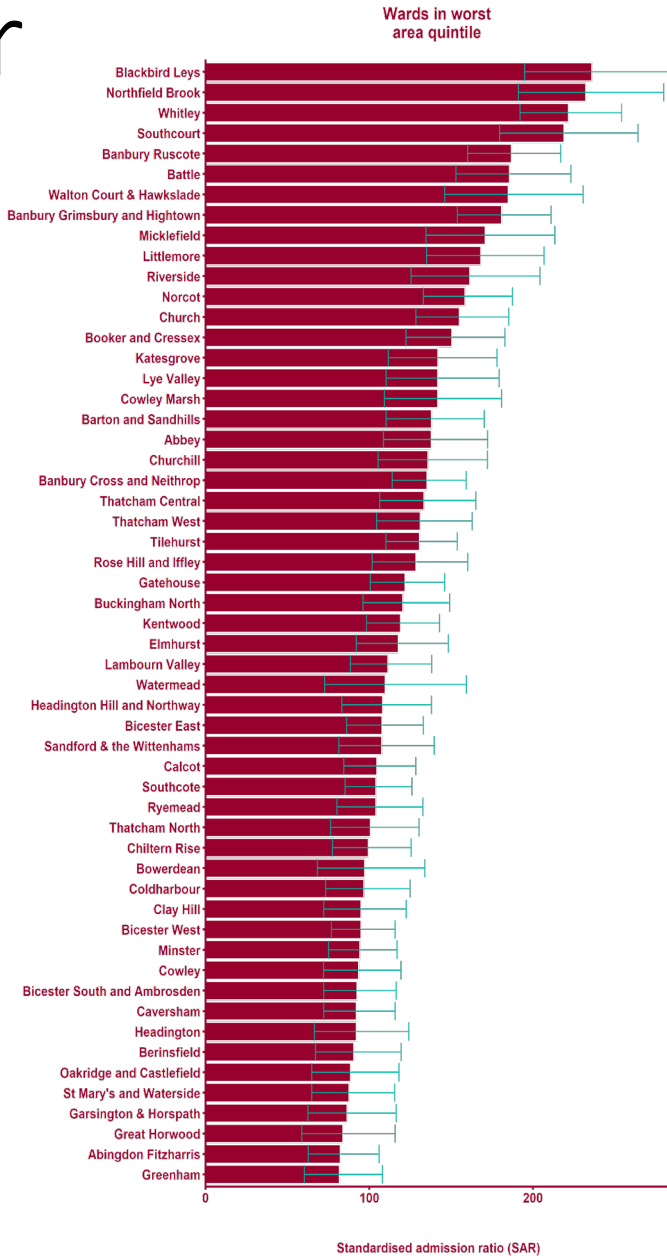
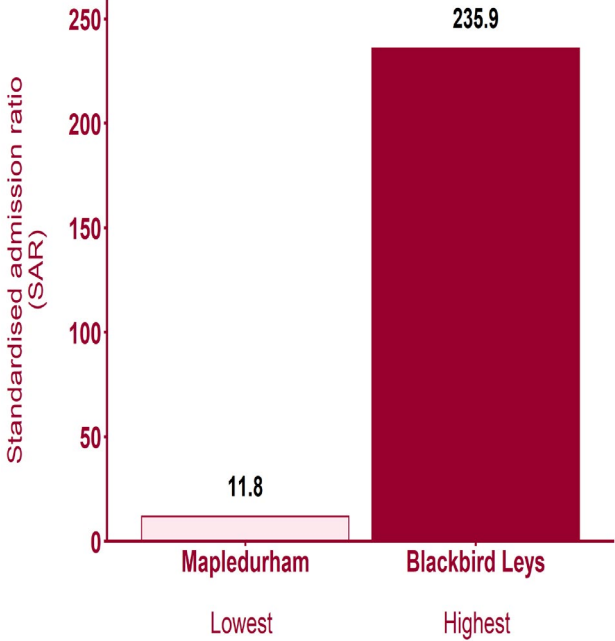
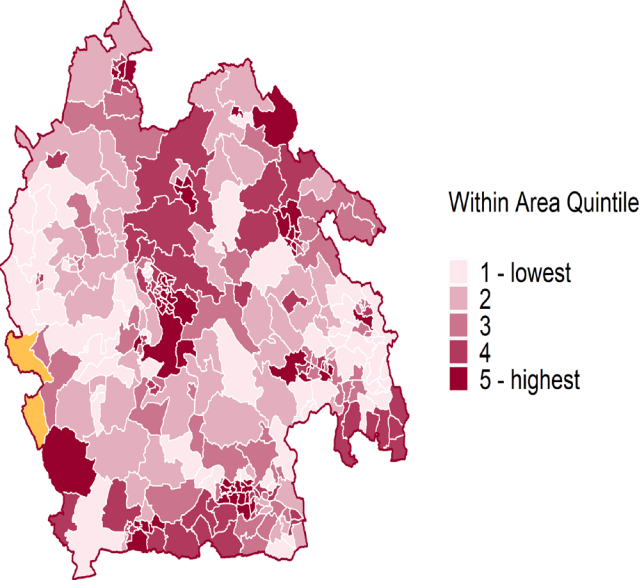
Wards within STP



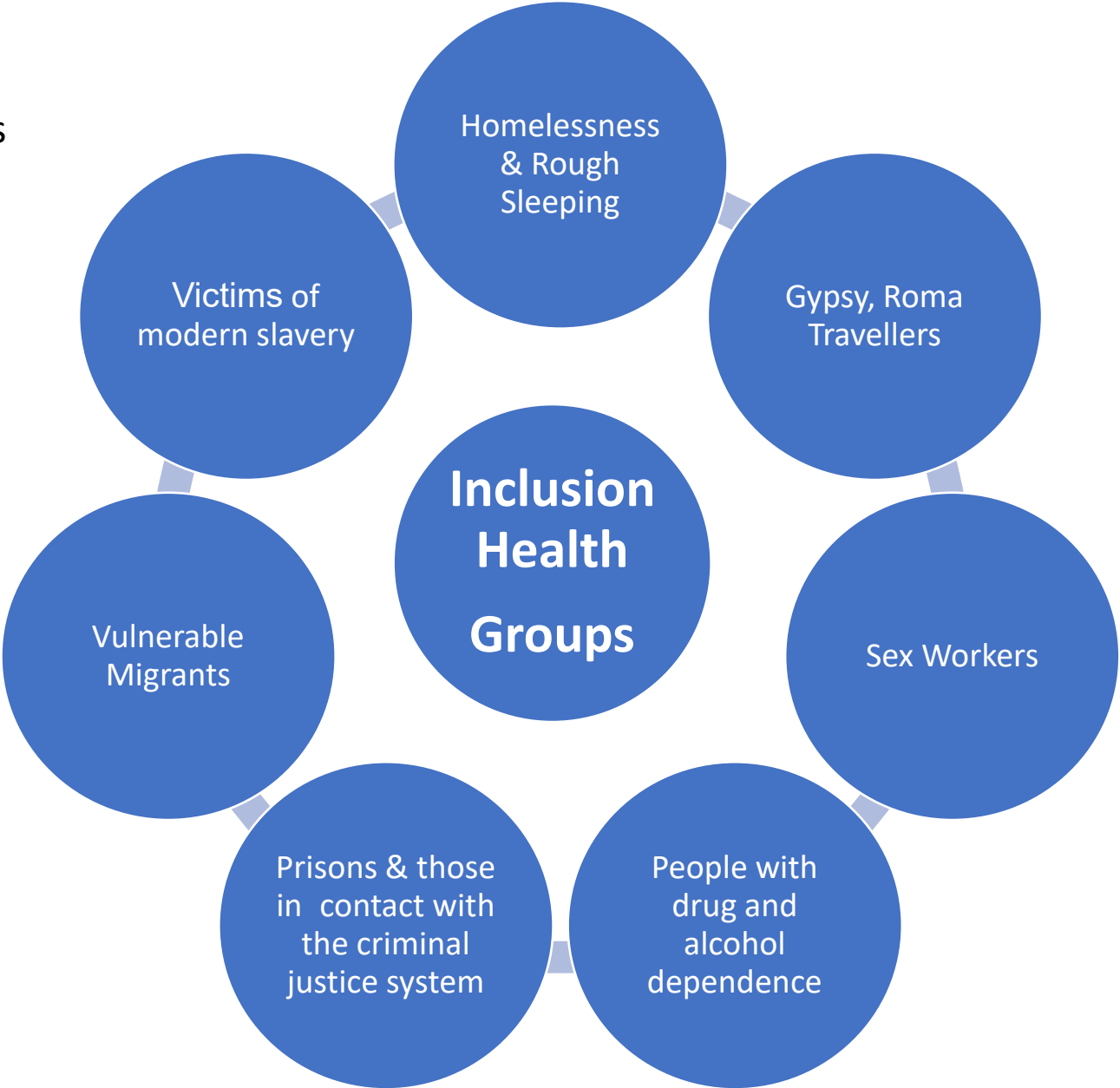
Wards within England



Emergency hospital admissions for COPD (2013/14 - 2017/18)



Inclusion Health Groups



MH Inequalities – Example

What Drives -

Social / Financial/ Political/ Legal/ Housing/ Education/ Employment

Trauma, Isolation, Disadvantage, Discrimination, Bereavement, Long Term Stress, Being Ill

Psychotic disorders 9 x higher in lowest income households

Gypsies and Travellers are three times as likely to suffer from anxiety and twice as likely to suffer from depression compared to the general population

On Street Sex Workers 71% report anxiety or depression – 55% report suicide attempt

82% of Homeless have Mental health condition

Health Behaviours

Smoking, 14.9% overall Pop Vs 40.5% SMI – 1/3rd of all cigarettes smoked by people with MH problem

Of those is community substance misuse services 85% Alcohol , 75% of Drug Users have MH problems

Health

Adults

1.2 x CHD

1.6 x Stroke

2.1 x COPD

Young Adults

3 x Obese

3.7 x Diabetes

3.2 x Hypertension

Mortality

SMI die 20 Years earlier - 2 in 3 deaths due to physical illness that can be prevented

Homeless Example

What Drives

Poverty, systemic inequality and discrimination, and incomes that are failing to keep up with rapidly rising rents and the cost of living.

Pressures of private renting, lack of social housing,

Discrimination – LGBTQ+, Black & minority Ethnic people, ex-prisoners, care system, on benefits, refugees more likely to be homeless

68% of homeless women have experienced deep trauma

Adverse experiences as teenager (Early adult experiences (especially being excluded from school, serious drug use, being in care leaving education early, experiencing unemployment, illness/ disability, social relationships with family)

Physical and mental health conditions and substance misuse can also be both a cause or a result of housing insecurity and homelessness.

Health Behaviours

78% Smoke

38% alcohol dependent

30% to 70% of homeless youth abuse substances

Health

78% Physical Health Condition

34 x TB

6X Heart Disease

12 x Epilepsy

82% Mental Health Condition

50X HepC

5X stroke

13 x COPD

6 x A&E / 4 X Admission / 3 X as long

Mortality

Frailty and premature aging is being seen in the homeless population. Although the average age of participants was 56 years (range 38-74), the levels of frailty were comparable to 89-year-olds in the general population.

Deaths 35% Drug poisoning – Suicide 13.4%

Homeless die 30 Yrs younger - The mean age of death was 45.4 years for men and 43.2 years for women.

Health Service Inequalities

Access, Experience, Outcomes

- Access : time/ digital / costs / beliefs / candidacy/ fear / previous experiences/ self-organisational
- Experience : Language – Discrimination – Waiting Times – Service Level
- Outcome : Diagnosis Rates – Sub Optimal Care & Treatment Variations – Clinical Variation

Our Context and Ambition: Inequalities and Prevention

Context: Inequalities

- People living in more deprived circumstances tend to:
 - Be more likely to smoke and consume a less healthy diet
 - Have worse physical or mental health
 - Develop more long-term conditions and at an earlier age
 - Achieve poorer health outcomes from available health services
- People from ethnic groups are often more likely to be living in more deprived communities but also can be at a higher risk of developing some diseases. For example, people from Black and South Asian ethnic groups are at a higher risk of diabetes and CVD.
- People from Health Inclusion Groups i.e. the Homeless, Asylum Seekers & Refugees, Carers, Victims of Domestic Violence, those with Drug & Alcohol Dependency, as well as those with SMI/LD experience significant health inequality in access, experience and health outcomes.

Context: Prevention

- Many people have long term conditions (e.g. Diabetes/ COPD/ Cardiovascular Disease/ Cancer/ Stroke) that could have been prevented, delayed or mitigated with early interventions, diagnosis and the optimal support and management
- Approx. 1 in 5 adults do less than 30 mins of moderate exercise per week.
- It's estimated that 3 in 5 people over 60 years old have at least one long-term condition and many long-term conditions are preventable.
- Primary Prevention—intervening before health effects occur, e.g. vaccinations, altering risky behaviours (poor eating habits, tobacco use), and restricting things known to be linked with a disease or health condition.
- Secondary Prevention— detecting the early stages of disease and intervening before the onset of signs and symptoms in the earliest stages, through measures such as regular blood pressure testing.
- Tertiary Prevention—managing disease post-diagnosis to slow or stop disease progression (e.g. chemotherapy, rehabilitation, and screening for complications).

Our Ambition...

We will increase our primary and secondary prevention work, keeping people healthy for as long as possible and delaying a deterioration into poor health. To enable this, we will focus on the key areas of smoking, obesity & diet, alcohol & drugs, self-care, physical activity and early interventions, diagnosis and optimal management.

To Deliver Our Ambition, We Will:

INEQUALITIES

1. Governance – Develop an embedded and mature system-wide governance structure, approach and multi-agency partnership supporting decision making and delivery

2. Population Health Management – (PHM) Develop a comprehensive and effective population health management approach

3. Workforce – Develop an integrated workforce that is supported and capable to work differently to address inequality in the BOB system

4. Resourced Actions – Develop a system wide prioritised, resourced, coordinated and focused approach to Health Inequalities and improving outcomes

5. Community Engagement & Insight – To enhance engagement, understanding and service provision for Inclusion Health Groups and populations / areas of inequality

PREVENTION

6. Smoking – Reduce smoking prevalence (and increase access to tobacco dependency services)

7. Weight Management – Work to reduce excess weight and increase access to weight management support services.

8. Physical Activity – Work to increase Physical Activity rates for people in BOB

9. Drug and Alcohol – To reduce harmful drinking, drug behaviours and drug use (and increase referrals to Drug & Alcohol services)

What We Need For Success:

A shared ambition

- Engagement with delivery key partners & communities, inc. Health Providers and Organisations, Local Authorities inc. Social Care, Housing, Public Health, Voluntary & Community Sector & local populations
- A culture of sharing learning, shared responsibility, collaboration and a recognition of need to work differently across all system partners
- A cohesive partnership with shared ambitions across inequalities & prevention agenda

Clarity on resourcing

- Sufficient resource is invested to enable additional activity required across key areas

- Agreed resource prioritisation to enable improvements and change in delivery
- An integrated workforce that is supported, ambitious, capable and invested in prioritising prevention, addressing inequalities and improving patient outcomes

The infrastructure to work together

- Partnership agreements and support for an integrated PHM service, including across organisation and service/ portfolio areas boundaries
- Systematic data collection on protected characteristics and deprivation captured and reported across ICS services.

Objectives

- Target Worse Off
- Reduce Inequitable Gaps within Services
- Reduce Inequalities across whole population

Focus on

- Prevention & Harm Reduction
- Evidence Based High Impact Interventions
- Inclusive Recovery

Maximise Enablers

- Governance & Assurance Macro- Micro
- Data, Information, Insight and Expertise
- Effective delivery of prioritised resourced actions and interventions
- Person Centred, Community engagement and coproduction approaches
- Skilled and motivated workforce



Report Cover Sheet

Report Title:	New Fit and Proper Person Test Framework Report 2023/24
Name of Meeting	Council of Governors Meeting
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	9
Executive Summary:	The purpose of this paper is to highlight the key changes to the Fit and Proper Person Test (FPPT) as provided in NHS England's FPPT Framework and implementation of these changes within the Trust.
Recommendations:	<p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> • Discuss and note the content of the report. • Note that this report provides assurance that the Board of Directors (and wider Directors tested) are fit and proper and comply with the new FPPT guidance. • Note that this evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – fit & proper person: directors.
Accountable Director:	Daryl Lutchmaya, Chief Governance Officer Melanie Saunders, Chief People Officer
Author:	Kofo Abayomi, Head of Corporate Governance & Compliance
Previously considered at:	Not applicable
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	<p>Assurance Level Rating Options -</p> <p>Assurance Level Rating: Acceptable</p>

Justification of Assurance Rating:	Not Applicable
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	Further update to be provided to the Trust Board of Directors.
List of Appendices	https://www.england.nhs.uk/long-read/nhs-england-fit-and-proper-person-test-framework-for-board-members/



Meeting Report

Name of Meeting	Council of Governors
Title	New Fit and Proper Person Test Framework Report 2023/24
Author	Kofo Abayomi, Head of Corporate Governance & Compliance
Accountable Director	Daryl Lutchmaya, Chief Governance Officer & Melanie Saunders, Chief People Officer
Date	3 April 2024

1. Introduction/Background

1.1 On 2 August 2023, NHS England published revised requirements in respect of the Fit and Proper Person Test (FPPT) for board members following recommendations in the Kark Review (2019) by Tom Kark KC into the FPPT. A FPPT Framework has been introduced, which sets out new and more comprehensive requirements both for new board appointments and annual review. It is applicable to integrated care boards, NHS trusts, foundation trusts and arms-length bodies - the Care Quality Commission and NHS England.

1.2 The purpose of strengthening the FPPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate meeting the requirements as well as highlighting those deemed unfit and preventing them from moving between NHS organisations.

1.3 The portfolio of evidence for each board member will be held locally and entered onto ESR, which has been updated with new fields to reflect the additional requirements and will provide a dashboard to evidence the recorded results. Before commencing the collection of any evidence, organisations must issue a privacy notice to each board member advising them how the information will be used and stored. This has been carried out for all current board members and directors employed by the Trust.

1.4 The Chair of an organisation has overall accountability for the FPPT, however, nominated individuals such as the Company Secretary and workforce staff can assist to carry out and record the outcome of the assessment for each board member against the FPPT requirements based upon the evidence collected.

1.5 Organisations are required to make an annual submission to NHS England confirming the outcome of FPPT for their board members. There is also a new FPPT attestation form for board members to complete. These checks are carried out as part of the appointment process and repeated on an annual basis.

1.6 A new reference template has also been introduced for any new board member appointments with effect from 30th September 2023. The template should also be completed and retained locally for any board members leaving the organisation.

1.7 To help inform the fitness assessment in the FPPT a new Leadership Competency Framework (LCF) for board roles will be introduced to support the development of a diverse range of skilled and proficient leaders. A new board appraisal framework is also being produced which will incorporate the LCF. It is expected that the new appraisal template will be used to appraise 2023/24 performance with appraisals taking place in Quarter 1: 2024/25. 2023/24 appraisals for Executive Directors were completed earlier in the year, following receipt of guidance from NHS England (via BOB ICB) the new new appraisal template will be adapted for all board members during 2024/25..

2. Main content of report

2.1 The Board of Directors took the decision to apply the new FPPT guidance to existing Board Directors and also extended this to Directors without an executive portfolio. In this case the Executive Director of Operations and Director of Communications, Engagement and Marketing.

2.2 The new FPPT requirement has been applied to the Chair, Chief Executive Officer, Non-Executive Directors, Executive Directors and Directors (without an executive portfolio) as if they were new appointments, with the exception of the appraisal process, which will be implemented during 2024/25.

2.3 The Trust has completed testing relating to the new FPPT guidance. The individuals that were tested are listed below:

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

- Craig Ellis (Chief Digital Officer)
- Aneel Pattni (Chief Finance Officer) (Extended Leave since May 2023)
- Stuart Rees (Interim Director of Finance)
- Mark Ainsworth (Director of Operations)
- Gillian Hodgetts (Director of Communications, Marketing and Engagement)

Privacy notices

2.4 Privacy notices were issued to board members and directors above advising of the new FPPT guidance requirements and the need to collect additional information, including the right to opt out. All members of staff agreed to the new guidance and additional testing.

Self-Attestation Forms

2.5 Self-attestation forms were issued and have been signed and returned by individuals.

2.6 A FPPT checklist (Appendix 7 of the guidance) was completed to evidence the checks performed for each individual included as part of the testing. This included the additional checks on being disqualified from being a charity trustee, investigations into disciplinary matters/complaints/grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT and social media checks.

ESR Recording

2.7 As part of the new guidance, the Electronic Staff Record (ESR) has been updated to enable the recording of key information relating to the FPPT and a dashboard of the findings can be produced. A summary of the checks and declarations have been collated and the ESR system has been updated for the mandatory fields to record FPPT outcomes and this was checked as part of validation processes.

Outcome Validation

2.9 In order to ensure appropriate and independent checks are performed in relation to individual outcomes, the following approach will be undertaken:

- Results for Executive Directors and Directors of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence will be provided to the Chief Executive Director
- Results for the Chief Executive Officer of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence will be provided to the Chair
- Results for the Non-Executive Directors of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence will be provided to the Chair.

- Results for the Chair of the Trust – a summary of the outcomes, including the ESR dashboard and supporting evidence will be provided to the Senior Independent Director

3. Key issues, significant risks and mitigations

3.1 The risk relating to this paper is the potential breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

3.2 The Trust has undertaken a thorough and comprehensive process to apply the new FPPT guidance and independent checks have been performed in relating to the outcomes and this can be evidenced by a robust audit trail.

4. Conclusion/Summary/Next steps

4.1 The Trust has strictly followed the new FPPT guidance and applied this to 19 Board members and Directors.

4.2 In accordance with the new Fit and Proper Person Test Framework requirements, the Board of Directors of South Central Ambulance Service NHS Foundation Trust are compliant with the new guidance.

4.3 This evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Next Steps

4.4 The Trust has prepared the documentation that is required to be signed by the Chair and returned to NHSE to confirm the outcomes of the FPPT guidance for 2023/24.

5. Recommendation

5.1 The Council of Governors are asked to;

- Discuss and note the content of the report.
- Note that this report provides assurance that the Board of Directors (and wider Directors tested) are fit and proper and comply with the new FPPT guidance.
- Note that this evidences that the Trust is compliant with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 – fit & proper person: directors.

Appendix 7: FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>	Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / InterAuthority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second Name/Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Organisation (ie current employer)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Staff Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Job Title Current Job Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Occupation Code	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Position Title	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		

Employment History Including: <ul style="list-style-type: none"> • job titles • organisation/ departments • dates and role descriptions • gaps in employment 	□	x	□	x	□	□	Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
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FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
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Training and Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	<p>Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification.</p> <p>Annually updated records of training and development completed/ongoing progress.</p>	<p>* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration.</p> <p>At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role.</p> <p>For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role.</p> <p>It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be.</p> <p>Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.</p>
References Available references from previous employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	Recruitment process	Including references where the individual resigned or retired from a previous role
Last Appraisal and Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.

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FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Disciplinary Findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Whistleblowing claim(s) against the board member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour not in accordance with organisational values and behaviours or related local policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Type of DBS Disclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR	
Date of Medical Clearance* (including confirmation of OHA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local arrangements	
Date of Professional Register Check (eg membership of professional bodies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eg NMC, GMC, accountancy bodies.	
Settlement Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board member reference at recruitment and any other information that comes to light on an ongoing basis.	Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Insolvency Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.

Disqualified Directors Register Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Companies House	
Disqualification from being a Charity Trustee Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charities Commission	
Employment Tribunal Judgement Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment Tribunal Decisions	
Social Media Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Various – Google, Facebook, Instagram, etc.	
Self-Attestation Form Signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Template self-attestation form	Appendix 3 in Framework
Sign-off by Chair/CEO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other Templates to be Completed								
Board Member Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday whichever latest. Appendix 2 in Framework.
Letter of Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Template	For joint appointments only - Appendix 4 in Framework.

Annual Submission Form	X	☐	☐	☐	☐	☐	Template	Annual summary to Regional Director - Appendix 5 in Framework.
FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Privacy Notice	X	☐	X	X	☐	☐	Template	Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6.



Report Cover Sheet

Report Title:	Membership and Engagement Committee (MEC) update
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	MEC update
Executive Summary:	The purpose of the MEC is to make recommendations and report to the Council of Governors about membership, recruitment, engagement, communications, involvement and representation.
Recommendations:	NA
Accountable Director:	Gillian Hodgetts
Author:	Margaret Eaglestone Stakeholder and Engagement Manager
Previously considered at:	
Purpose of Report:	Note
Paper Status:	Public

Assurance Level:	Assurance Level Rating Options - <ul style="list-style-type: none"> • Significant – High level of confidence in delivery of existing mechanisms/objectives • Acceptable – General confidence in delivery of existing mechanisms/objectives • Partial – Some confidence in delivery of existing mechanisms/objectives • No Assurance – No confidence in delivery Assurance Level Rating: Significant/Acceptable/Partial/No Assurance (delete as applicable)
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)



Meeting Report

Name of Meeting	Membership and Engagement Committee (MEC)
Title	MEC update
Author	Margaret Eaglestone
Accountable Director	Gillian Hodgetts
Date	21 March 2024

1. Purpose

This paper provides an update on the activities of the MEC.

2. Background and Links to Previous Papers

The purpose of the MEC is to make recommendations and report to the Council of Governors about membership, recruitment, engagement, communications, involvement and representation.

3. Executive summary

The MEC was held online at 6 pm on 6 February.

- Governors shared case studies of engagement including key messages on Fit for the Future programme.
- Simon Clarke, Commercial and Relationship Manager, Civica, presented a paper on the pros and cons of a single transferable vote, which was discussed by Governors. The Company Secretary will this up and determine what the next steps will be.
- Promotion of the governor elections launched in February, with an internal and external campaign to raise awareness of vacancies to staff members, public members, and stakeholders across a range of communication platforms and channels. Governors have supported the campaign with testimonials and short films:
https://www.youtube.com/watch?v=R7K_KEr6RbE
<https://www.youtube.com/watch?v=FyF4A8Gp5y0>
- Your Health Matters is a series of public talks, which feature our healthcare professionals explaining the work that they do for SCAS to our members and

the wider public, online or in person and often in collaboration with other NHS providers or healthcare organisations.

Date	Public talk	Partner
16 April	<ul style="list-style-type: none"> Children's services 	<ul style="list-style-type: none"> UHS
June	<ul style="list-style-type: none"> New report on reducing health inequalities 	<ul style="list-style-type: none"> Resuscitation Council UK
September	<ul style="list-style-type: none"> Cardiac arrest and heart attack 	<ul style="list-style-type: none"> Frimley

- Other events – please contact Margaret Eaglestone for information on events this year.
- Helen Ramsay, Lead Governor, has set up a working group on reducing health inequalities. The group has set up guidance for governors to support engagement to reduce health inequalities and invited BOB ICB speaker to present at the COG.

Organisation	Venue	Governor
<ul style="list-style-type: none"> Southampton council of faiths 	<ul style="list-style-type: none"> Lunch at Vedic Temple 	<ul style="list-style-type: none"> Hilary Foley, Tony Nicholson
<ul style="list-style-type: none"> Barton community larder 	<ul style="list-style-type: none"> Drop in at Barton Community Centre 	<ul style="list-style-type: none"> Helen Ramsay
<ul style="list-style-type: none"> Make Every Contact Count 	<ul style="list-style-type: none"> Community event in Blackbird Leys 	<ul style="list-style-type: none"> Helen Ramsay
<ul style="list-style-type: none"> Youth ambition service 	<ul style="list-style-type: none"> Talk and CPR demonstrations at Littlemore youth club 	<ul style="list-style-type: none"> Ian Sayer
<ul style="list-style-type: none"> Asylum seekers 	<ul style="list-style-type: none"> Talk and CPR demonstrations at Oxford Witney Hotel 	<ul style="list-style-type: none"> Ian Sayer Helen Ramsay David Wesson



Report Cover Sheet

Report Title:	Board and Committee Annual Schedule
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	12
Executive Summary:	The document details the dates of the Board and Committee meetings. Two Governors are able to observe the committee/s of their choice on a first come first serve basis by contacting the governance team.
Recommendations:	The Council of Governors are asked to note the report.
Accountable Director:	Daryl Lutchmaya, Chief Governance Officer
Author:	Nora Hussein, Interim Assistant Trust Secretary
Previously considered at:	n/a
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Not Applicable
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable

Assurance Level:	Assurance Level Rating Options - <ul style="list-style-type: none"> • Significant – High level of confidence in delivery of existing mechanisms/objectives • Acceptable – General confidence in delivery of existing mechanisms/objectives • Partial – Some confidence in delivery of existing mechanisms/objectives • No Assurance – No confidence in delivery Assurance Level Rating: Significant/Acceptable/Partial/No Assurance (delete as applicable)
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations)
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

Next Steps:	n/a
List of Appendices	Schedule of Board and Committee dates.

Board & Board Sub-Committees	April	May	June	July	August	September	October	November	December	2025 January	February	March
Board Public & Private		30 09:00 - 17:00		25 09:00 - 17:00		26 09:00 - 17:00		28 09:00 - 17:00		30 09:00 - 17:00		27 09:00 - 17:00
Audit Committee	3 10:00 - 13:00	1 10:00 - 12:00	20 10:00 - 12:00			18 10:00 - 12:00			5 10:00 - 12:00		6 10:00 - 12:00	
Finance & Performance	19 10:00 - 12:00	22 10:00 - 13:00	20 13:00 - 15:00	18 10:00 - 13:00	21 10:00 - 12:00	19 10:00 - 12:00	23 10:00 - 12:00	21 10:00 - 13:00	18 10:00 - 12:00			
People & Culture		16 11:00 - 13:30		17 11:00 - 13:30		12 11:00 - 13:30		14 11:00 - 13:30		16 11:00 - 13:30		13 11:00 - 13:30
Quality & Safety		2 10:00 - 13:00		4 10:00 - 13:00		5 10:00 - 13:00		7 10:00 - 13:00		9 10:00 - 13:00		6 10:00 - 13:00
Charitable Funds Committee	12 10:00 - 12:00			10 10:00 - 12:00			11 10:00 - 12:00					



Report Cover Sheet

Report Title:	M11 Finance Report
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	13.a
Executive Summary:	<p><u>I&E Position</u></p> <p>The Trust recorded an in-month deficit of £1.3m in M11, increasing the YTD deficit to £19.5m. The underlying factors driving the deficit remain unchanged, noting that the underlying position has improved slightly from the start of the year. The Trust is currently forecasting a year-end outturn of £21.9m deficit.</p> <p>The Trust's forecast position continues to assume receipt of £5.2m of national funding to support improved operational performance. This funding is yet to be received and is a significant risk to delivery of the £21.9m deficit forecast.</p> <p><u>Capital</u></p> <p>The Trust's capital spend YTD is £12.8m. The Trust is currently forecasting to underspend against its available capital allocation by £8.7m. This is made up of a £5.2m overspend against internal CDEL offset by a £13.8m underspend against IFRS16.</p> <p>The forecast overspend on internal CDEL means that HIOW ICS is at risk of breaching its annual CDEL allocation. NHS England are attempting to find capital cover for the overspend, including potential scope to formally offset this against the reduction in IFRS 16 capital</p>

	<p>impact spend, noting that the overspend has been caused by factors outside of SCAS's control. Options to internally mitigate the overspend are being explored.</p> <p><u>Cash</u></p> <p>The Trust's cash balance at the end of February stood at £28.4m. There was a net cash inflow in M11 due to the receipt of backdated commissioner contract income.</p> <p>The Trusts cash balance has decreased by £21.6m since the start of the financial year, an average monthly net cash outflow of £2m. At the current expenditure run rate and revised forecast, the Trust will require cash support from Quarter 4 2024/25 to support continuing operations.</p>
Recommendations:	The Committee is asked to note the report.
Accountable Director:	Stuart Rees, Interim Director of Finance
Author:	Sam Dukes, Deputy Chief Financial Officer
Previously considered at:	Finance and Performance Committee, 19 March 2024
Purpose of Report:	Note
Paper Status:	Public
Assurance Level:	Assurance Level Rating: Acceptable
Justification of Assurance Rating:	N/A
Strategic Objective(s):	Finance & Sustainability
Links to BAF Risks or Significant Risk Register:	SR5 - Increasing Cost to Deliver Services
Quality Domain(s)	All Quality Domains
Next Steps:	N/A

List of Appendices	N/A
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Meeting Report

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

1. Purpose

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

2. Background and Links to Previous Papers

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

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

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

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

3. Executive Summary

Income and Expenditure

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

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

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

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

The main points to note for Month 11 performance are:

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

Financial Sustainability Programme (FSP)

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

Capital

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

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

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

Key drivers of the current capital position are:

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

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

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

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

Cash

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

The Trust's cash balance has decreased by £21.6m since the start of the financial year, an average monthly net cash outflow of £2m. At the current expenditure run rate and revised forecast, the Trust will require cash support from Quarter 4 2024/25 to support continuing operations.

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

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

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

4. Areas of Risk

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

5. Recommendations

The Committee is asked to note the report.



Report Cover Sheet

Report Title:	National Staff Survey 2023-24
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	13.b
Executive Summary:	<p>The NHS Staff Survey (NSS) describes how our NHS people experience their working lives. Its strength is in providing a national picture alongside local detail, enabling staff voices, providing the data organisations need to improve staff engagement and experience, and tracking progress towards achieving the People Promise.</p> <p>During the Autumn of 2022 SCAS ran the 2023 NSS between September and November 2023, 52% of the eligible workforce participated.</p> <p>The 2023 results are of particular importance given they will go some way to demonstrate whether the Trust programme of improvement, whether cultural, governance, clinical or quality is making a difference to our people.</p> <p>The Trust results showed an improvement across all people promise themes, with 24 scores showing a statistical improvement and only 2 showing a statistical decline from 2022. The presentation attached outline the progress across the Trust along with some further detail on the areas of particular focus during 2022.</p> <p>Whilst an improving set of results overall, this should be balanced against the fact the Ambulance sector as a whole have the lowest scores across the range of themes within the national staff survey.</p>
Recommendations:	The Board is asked to: Note and discuss the results of the 2023 NSS.

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



NHS

**South Central
Ambulance Service**
NHS Foundation Trust



People Strategy update


National Staff Survey 2023

<https://www.nhsstaffsurveys.com/>

March 2024

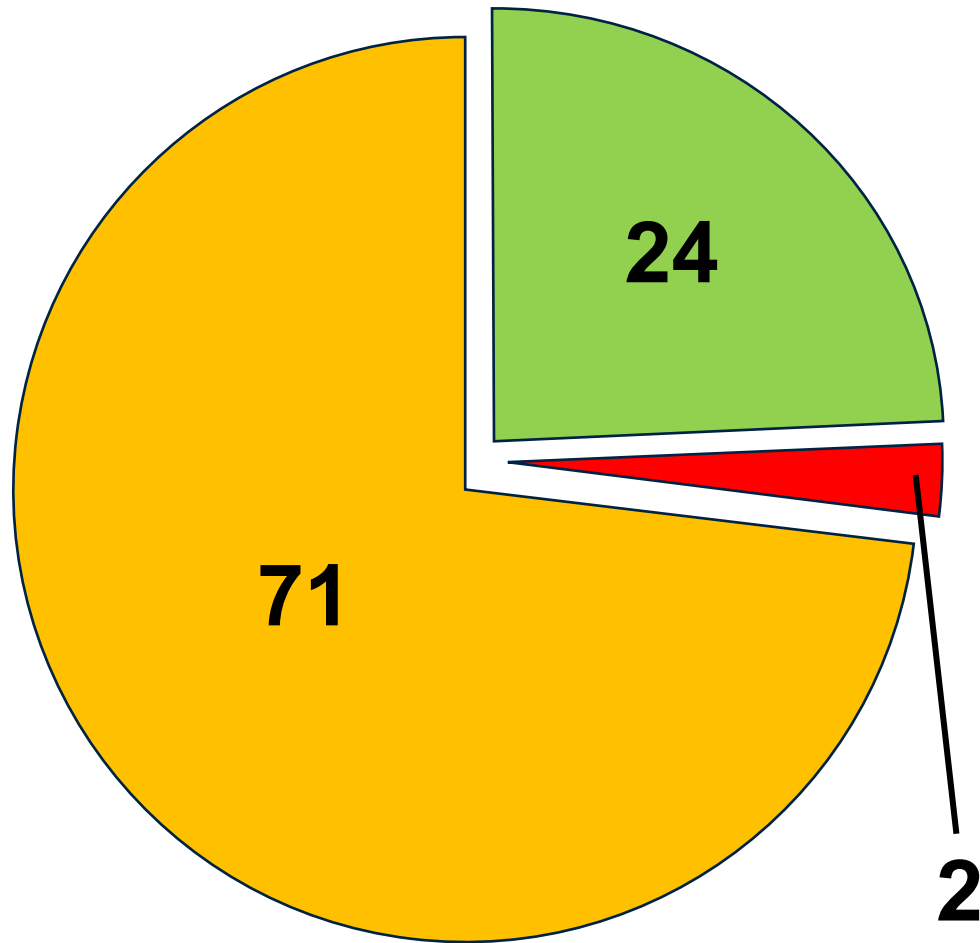
Nicky Howells
Assistant Director of OD

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

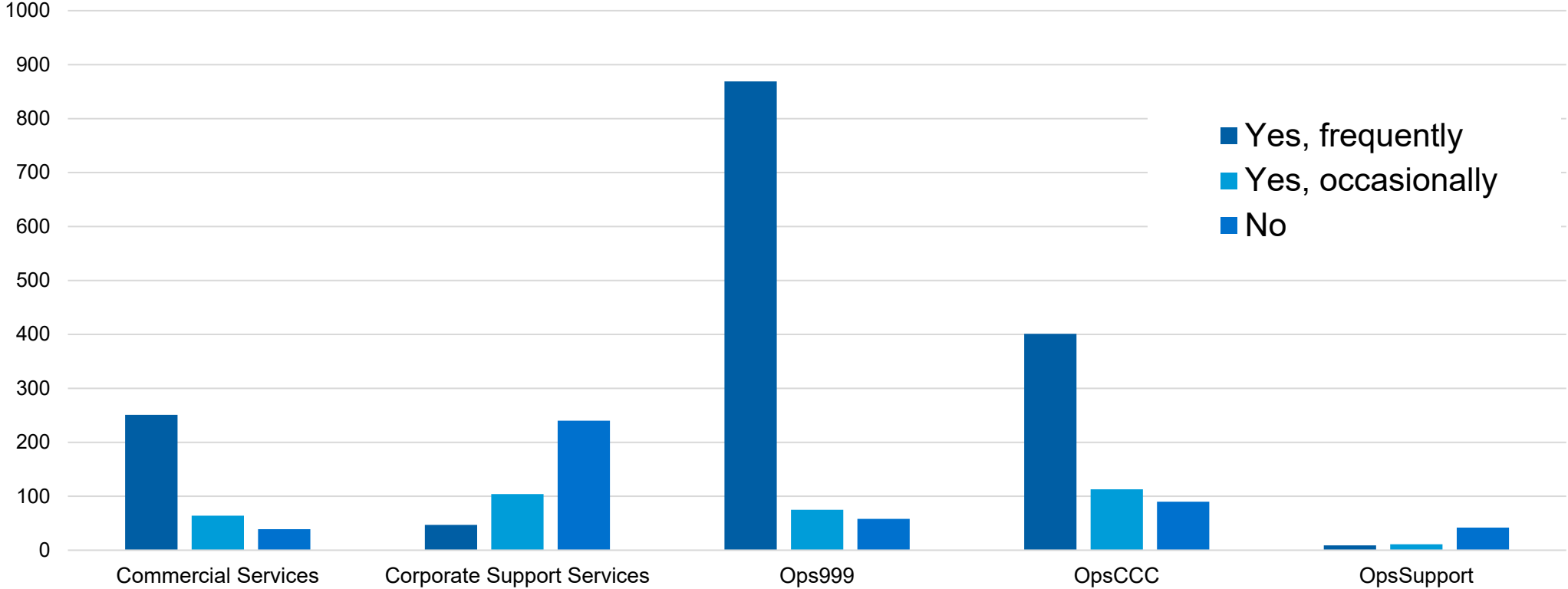


Harassment, bullying & abuse from
colleagues & public

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



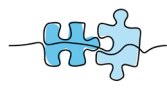
We are safe and
healthy



We are always
learning



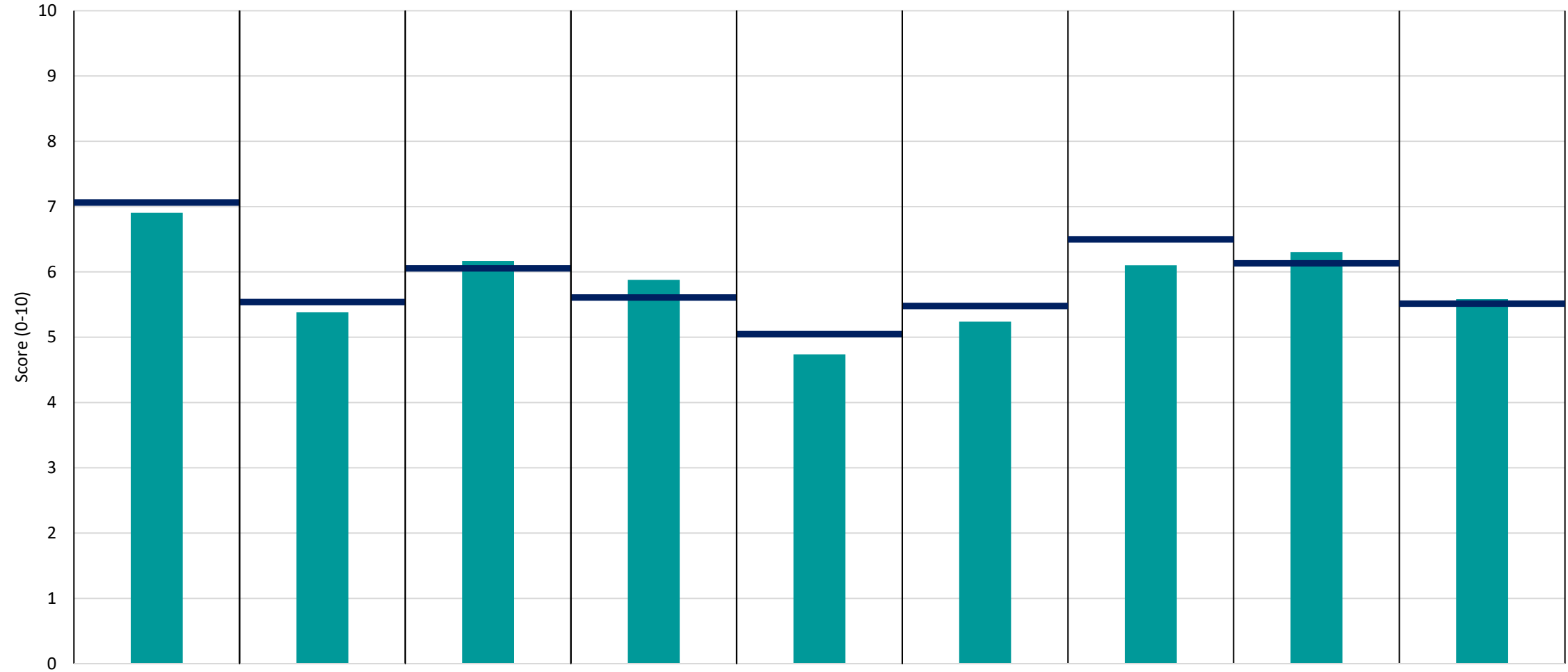
We work flexibly



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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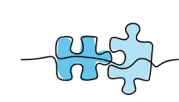
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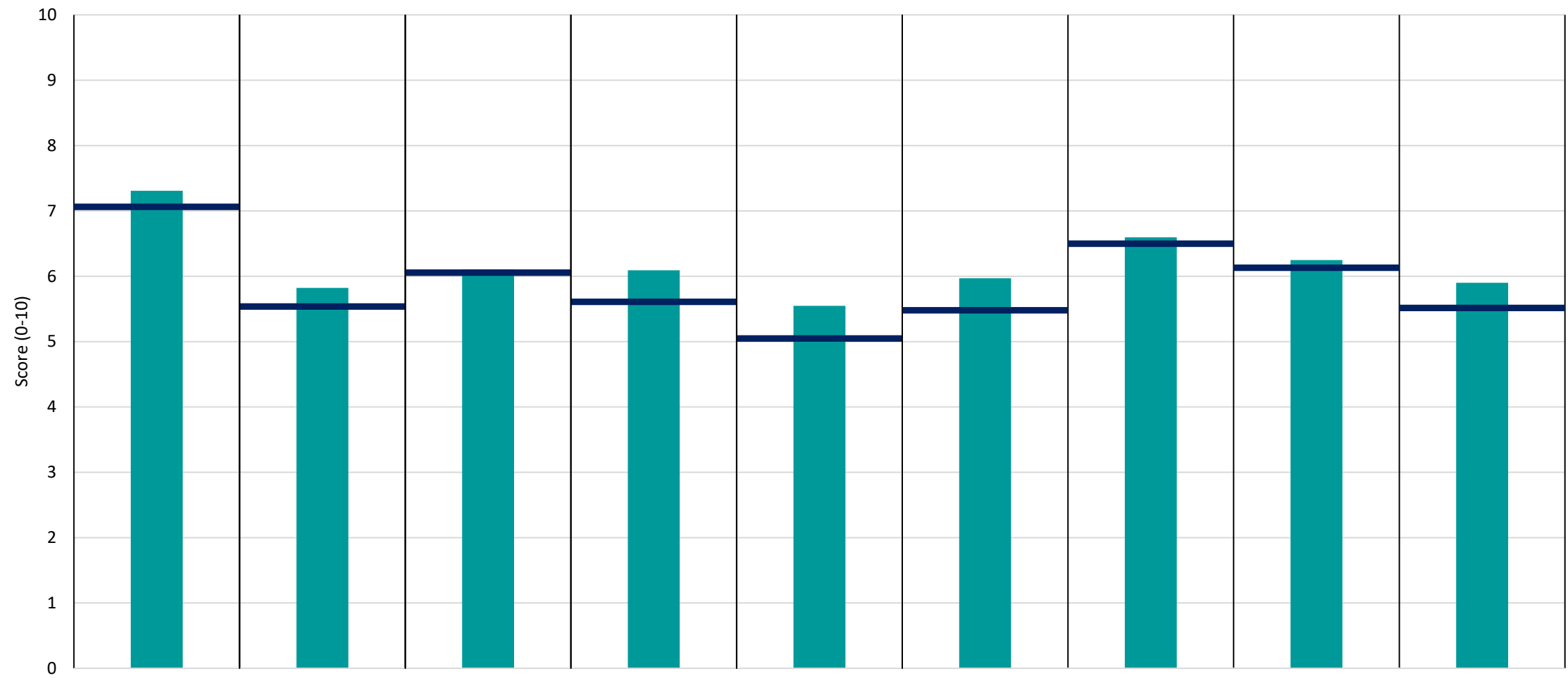
We work flexibly



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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that counts



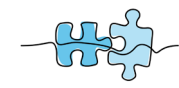
We are safe and
healthy



We are always
learning



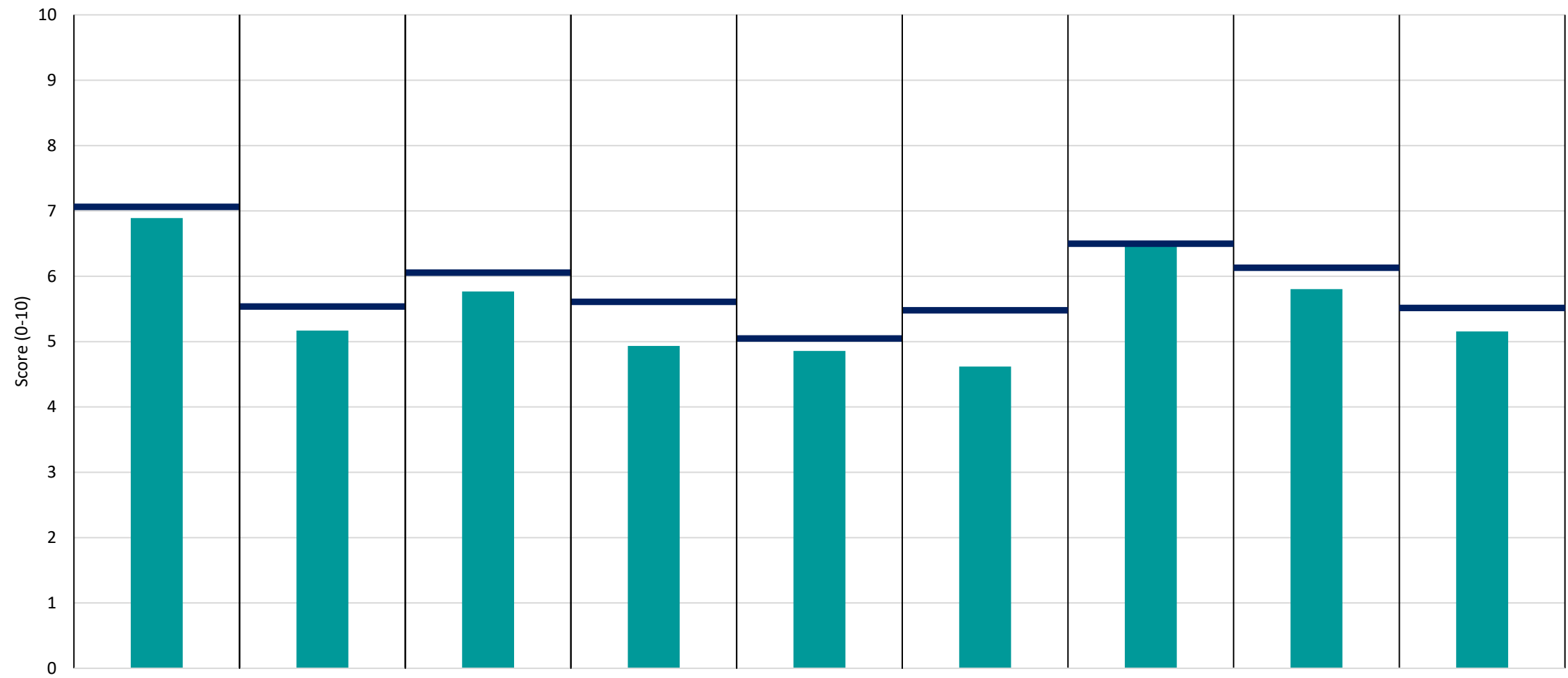
We work flexibly



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



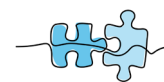
We are safe and
healthy



We are always
learning



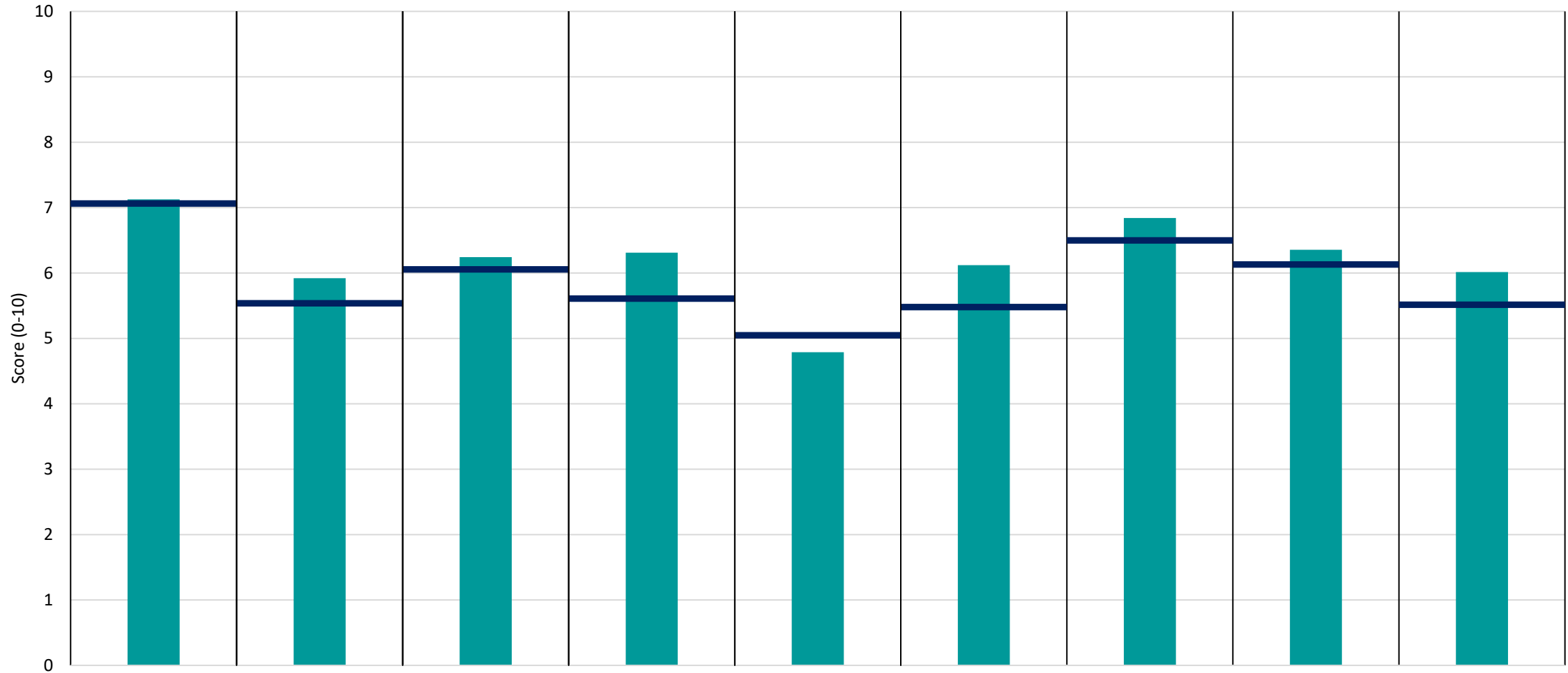
We work flexibly



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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 62



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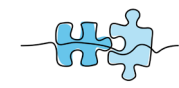
We are safe and
healthy



We are always
learning



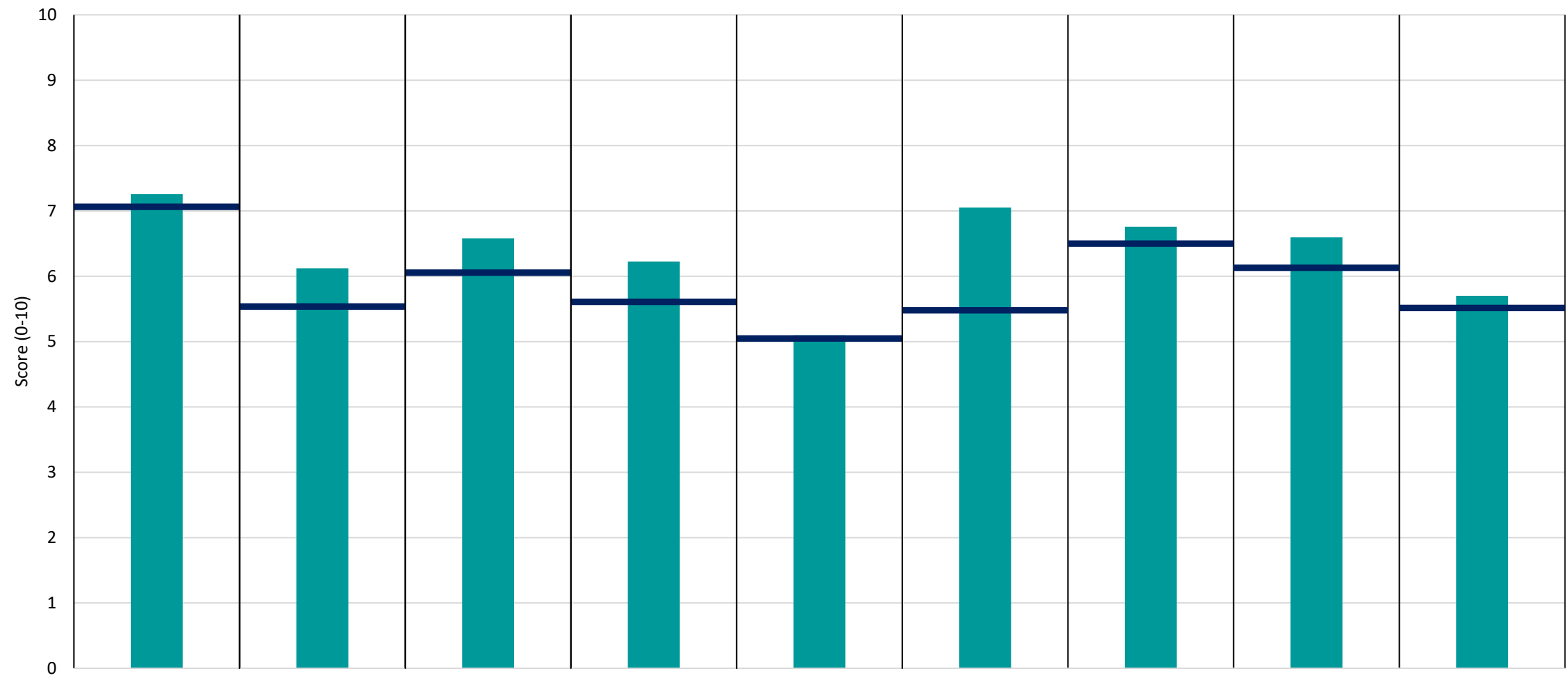
We work flexibly



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

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

Appraisal / PDR

Quantity has plateaued. Quality unchanged.

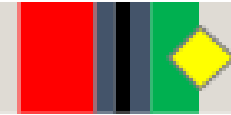
	2018	2019	2020	2021	2022	2023
Received appraisal in the past 12 months	84%	82%	-	70%	80%	78%
Appraisal helped me improve how I do my job	19%	22%	-	19%	19%	19%
Appraisal helped me agree clear objectives for my work	30%	33%	-	29%	27%	28%
Appraisal left me feeling organisation values my work	26%	30%	-	30%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

80%



20%

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

91%

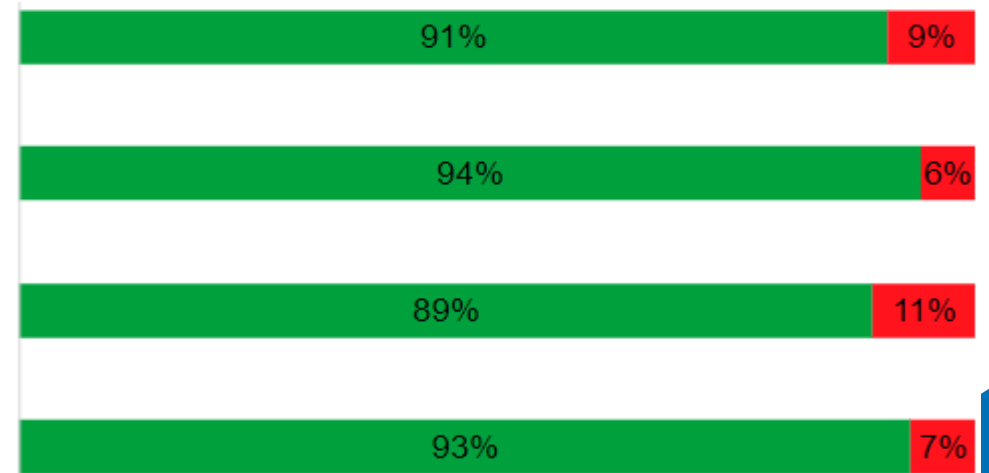


9%

From the public

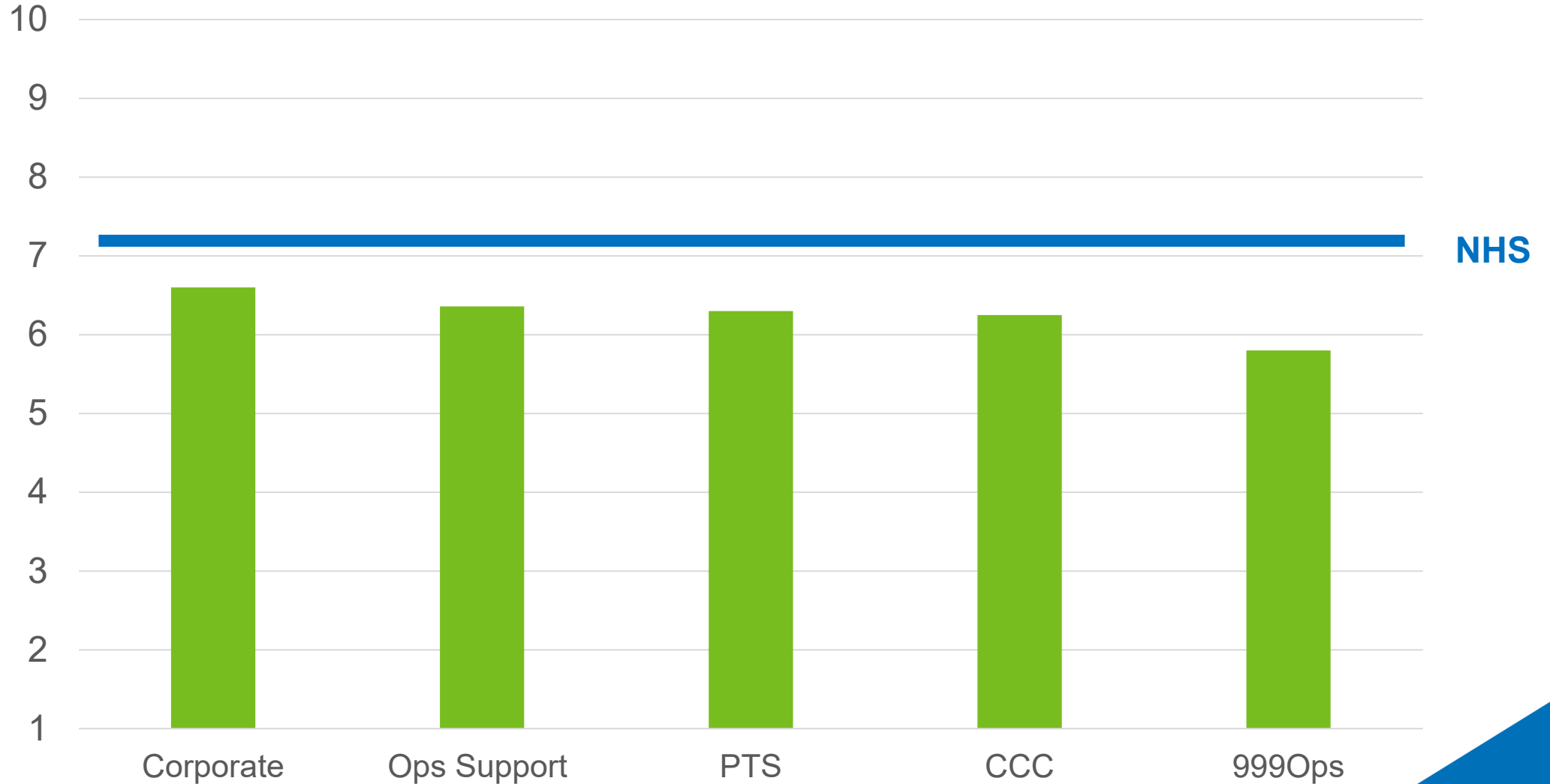


From colleagues

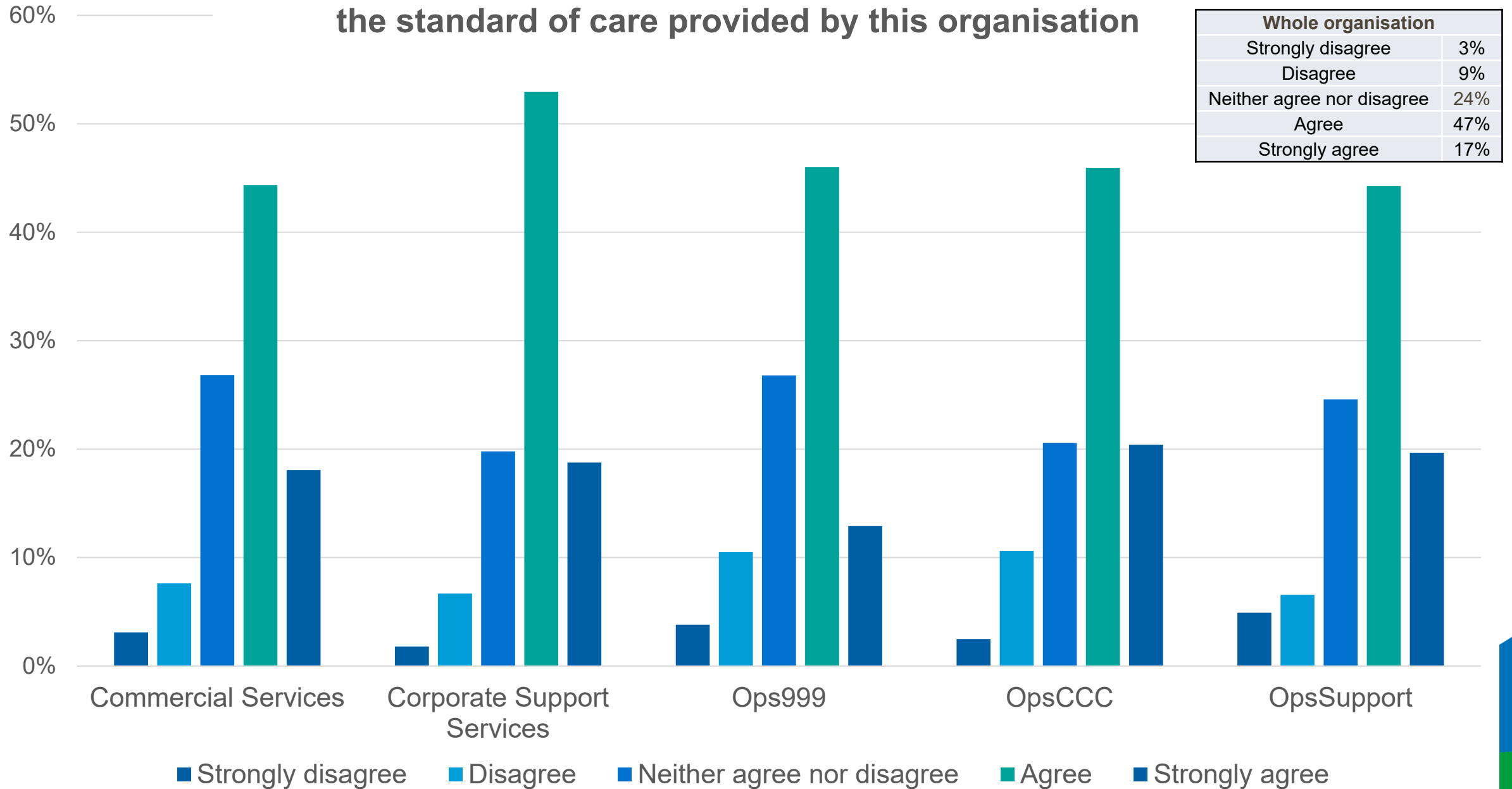


Staff engagement

Motivation / Involvement / Advocacy

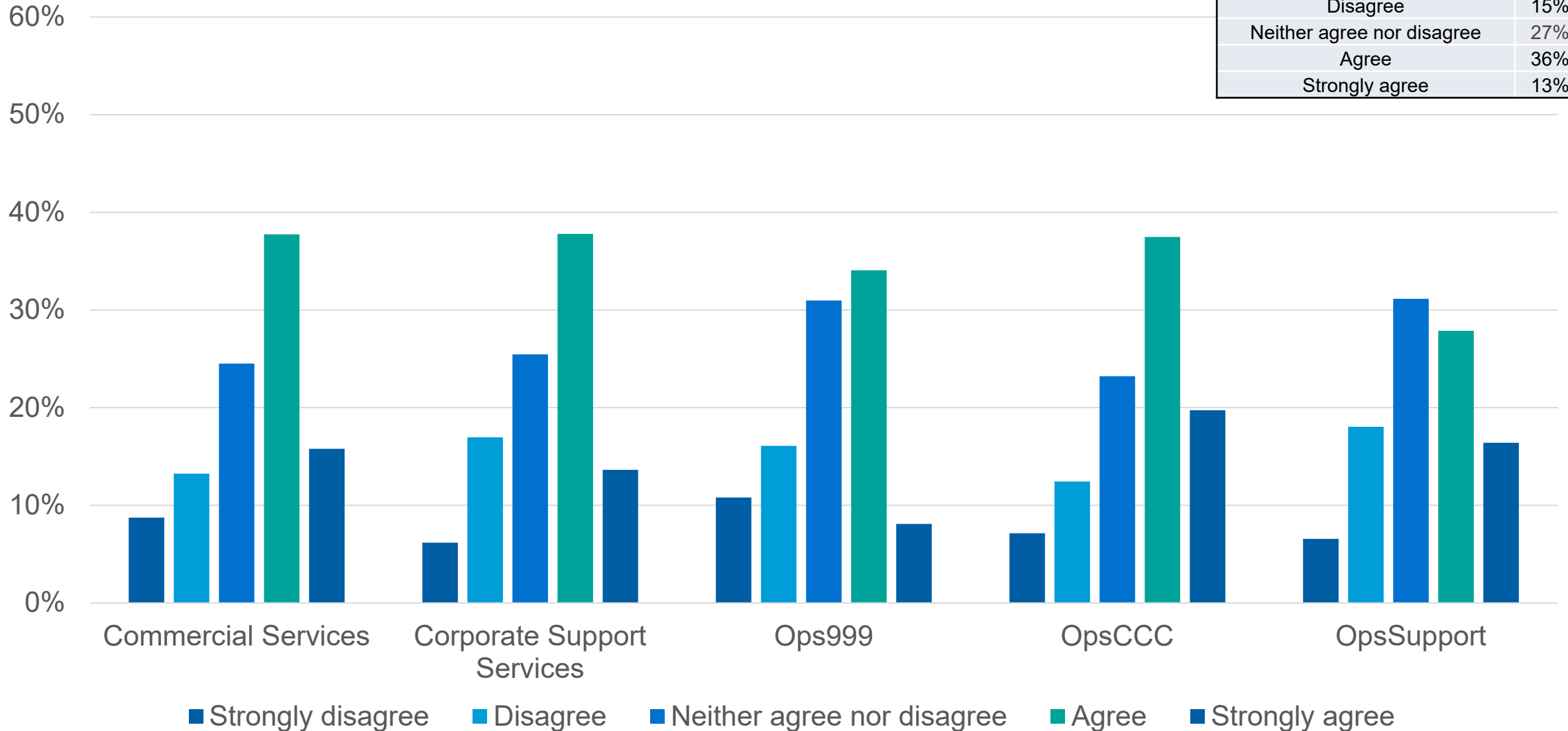


If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation




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
- 



Report Cover Sheet

Report Title:	Quality and Patient Safety Report
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	13c
Executive Summary:	<p>The purpose of the report is to provide the Board of Directors with a summary against the statutory quality and safety processes necessary to deliver safe, effective clinical care to our patients and our people.</p> <p>Progress continues to be made against the objectives outlined in The <i>Patient Safety Improvement Plan</i>. All oversight and assurance meetings continued during the reporting period.</p> <p>The top risks for the Trust continue to be Handover Delays at the Queen Alexandra Hospital (25), Handover Delays at other hospitals (25) and Safeguarding System Outage (25).</p> <p>Compliance Two pilot sites for accreditation have been completed and recorded on the online audit system and visits are planned to be completed by the first week of March 2024. The first cohort of the bespoke QI champions course is progressing well, with positive feedback. The second cohort will commence in April 2024. The Quality Improvement strategy will be presented to a future board.</p> <p>Infection Prevention and Control (IPC) During the reporting period the number of audits completed (vehicles and buildings) remained below trajectory, but compliance against the standard remained high. This position has improved during February 2024 with an increase in the number of audits completed.</p> <p>Medical Devices The Zoll system update has now captured over 86% of devices. The remainder are being identified as they are not currently on operational vehicles. ZOLL are reviewing issues experienced since the update and a trial is being undertaken at Kidlington to test a new program setting. If this works, the Trust will re-run the update roll-out. These issues relate to user error, no patient harm has been identified during the upgrade.</p> <p>Safeguarding The Safeguarding Improvement metrics all remain above trajectory, apart from Level 3 Safeguarding which is slightly behind at 82% against a 90% target.</p>

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

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

Mental Health

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

Clinical/ Non- Clinical Incidents

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

PSIRF

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

Serious Incidents (SIs)

Patient Safety incidents identified and declared as Serious Incidents.

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

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

Incident Review Panel (IRP)

A total of 996 Patient Safety Incidents were reported across this period:

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

Patient Experience (PE) and Engagement

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

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

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



PUBLIC TRUST BOARD PAPER

Title	Quality & Patient Safety Report
Author	Sue Heyes, Deputy Chief Nursing Officer
Responsible Director	Professor Helen Young, Chief Nursing Officer / Executive Director of Patient Care
Date	3 April 2024

1. Purpose

- 1.1 The purpose of the paper is to provide the Council of Governors with a summary against the statutory quality and safety processes necessary to ensure the delivery of safe, effective clinical care to our patients and our people.
- 1.2 The report presents the data relating to the period (**December 2023 – January 2024 unless otherwise stated**), and will highlight risks, issues and mitigations which are reflected in the Corporate Risk Register (CRR), Integrated Performance Report (IPR) and Board Assurance Framework (BAF). The information provided within the paper demonstrates evidence of compliance against Care Quality Commission (CQC) regulations where appropriate.

2. Executive Summary

- 2.1 The Patient Safety Improvement Plan consists of specific workstreams which include, Safeguarding, Patient Safety and Experience, Management of Medical Devices and Equipment, Medicines Management and Infection Prevention and Control (IPC). The actions are managed and monitored through the Patient Safety Improvement Plan which reports and provides assurance to the Patient Safety Delivery Group and the Integrated and Oversight Board.
- 2.2 All oversight and assurance meetings were held throughout the reporting period and progress against actions and assurance provided.
- 2.3 All reporting metrics are on trajectory for delivery by the end of (Q4). However further analysis of Level 3 face to face data is being undertaken as this is reporting a below trajectory position at 82% against a 90% target. Further training is being sourced and it is anticipated the trajectory will be achieved in April 24.
- 2.4 The top risks for the Trust continue to be handover delays at the Queen Alexandra Hospital (25), Handover Delays at other Hospitals (25) and Safeguarding System outages (25).
- 2.5 The thematic review of incidents where delays were a significant contributory factor has found several themes which include the vacancy levels of clinical staff, the end of shift policy, meal break policy and hospital handover delays. This is currently being reviewed by operational and clinical colleagues.

3. Main Report and Service Updates

Compliance/Quality Improvement

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

Infection, Prevention and Control (IPC)

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

Management of Medical Devices

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

Device Type	% Compliant
Zoll	97
Suction Devices	98
Ventilators	98

Safeguarding

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

Mental Health

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

Clinical Incidents

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

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

Enhanced Patient Safety Procedure (EPSP)

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

Audit Review – Category 1 and 2 Dispositions

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

Patient Safety Incident Response Framework (PSIRF)

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

Learning From Patient Safety Events (LFPSE) /Datix

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

Serious Incidents

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

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

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

Incident Review Panel (IRP) Activity

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

Patient Experience (PE) and Engagement

- 3.39 Trust wide there was a **13% decrease** in the total number of PE contacts raised (603) when compared with the previous reporting period (697).
- 3.40 In the same period last year, the Trust received (540) PE cases, a **9% increase year on year**.
- 3.41 (602) cases were responded to and closed during the same period, of which 65% (392 cases) were either fully or partly upheld when the investigations were concluded, meaning that in just **over seven out of ten cases the complaint was justified in full or in part**.
- 3.42 Healthcare Professional Feedback is currently 60% of the total PE workload, unchanged from the previous two months. The team have completed an audit of HCPF to determine and ascertain patient safety concerns which require a response and percentage of feedback which does not require a response. **Initial analysis**

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

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

Table 1, Breakdown of patient experience activity across departments.

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

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

PHSO

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

Compliments

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

Patient Engagement

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

4. Recommendations

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

Sue Heyes, Deputy Chief Nurse

Date: 18 March 2024



Report Cover Sheet

Report Title:	Chief Digital Officer Report
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	13.d
Executive Summary:	To provide an update to the SCAS board of directors and executives on key issues, achievements, and upcoming plans within the Digital Function.
Recommendations:	Note
Accountable Director:	Craig Ellis, Chief Digital Officer
Author:	Craig Ellis, Chief Digital Officer
Previously considered at:	Not Applicable
Purpose of Report:	Note
Paper Status:	Private
Assurance Level:	Assurance Level Rating Options - Assurance Level Rating: Acceptable
Justification of Assurance Rating:	Not applicable
Strategic Objective(s):	Technology Transformation
Links to BAF Risks or Significant Risk Register:	SR8 - Ability to Deliver the Digital Strategy
Quality Domain(s)	Not applicable

Next Steps:	Note
List of Appendices	Not Applicable

Chief Digital Officer's Report (March 2024)

Introduction

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

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

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

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

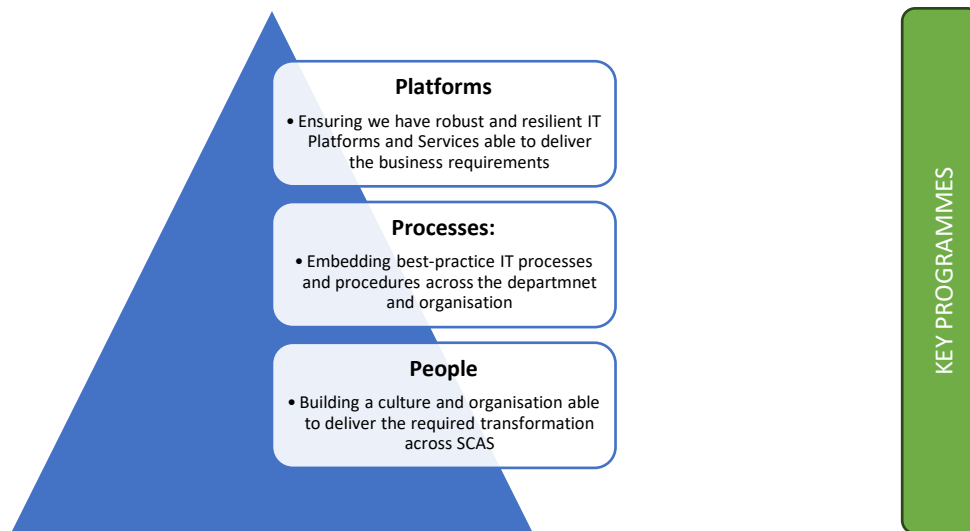
Initial Insight

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

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

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

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



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

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

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

Key Issues and Achievements

Issues

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

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

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

Key Achievements

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

In Summary

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

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

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

Craig Ellis
Chief Digital Officer – March 2024



Report Cover Sheet

Report Title:	Operations Report – 999, 111 and Other
Name of Meeting	Council of Governors
Date of Meeting:	Thursday, 28 March 2024
Agenda Item:	13.e
Executive Summary:	This report is to update the Council of Governors on SCAS 999 and 111 performance for February. Category 1 performance for February was 8 minutes 41 seconds, which is a 15 second improvement from January, however, remains 1:41 above the national target. Category 2 performance improved to 31:48, from 42:11 in January, which was still above our trajectory of 27:25 for the month, with the main impact coming from increased handover delays. Calls offered to 111 in February was 4.42% above short term forecast at 135,459, a step up of 1.6% from January. Call answer performance was impacted at 61.14% with abandonment rate of 6.84%, in part due to a reduction in logged hours. Both remain outside of national KPI but above trajectory.
Recommendations:	The Council of Governors are asked to note the issues in the 999 and 111 areas of SCAS and the operational support work to help with those challenges.
Accountable Director:	Mark Ainsworth
Author:	Mark Ainsworth, Exec Director of Operations
Previously considered at:	Operations Reports are presented at every Board meeting in public.
Purpose of Report:	Note/Assure
Paper Status:	Public
Assurance Level:	Assurance Level Rating Options - Assurance Level Rating: Partial

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



Board Meeting Report

Name of Meeting	Council of Governors
Title	Operations Report – 999, 111 and Other
Author	Mark Ainsworth, Mark Adams, Dan Holliday, Rob Ellery, Ruth Page
Accountable Director	Mark Ainsworth
Date	3 April 2024

1. Purpose

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

2. Background and Links to Previous Papers

- 2.1 This paper provides an update on key performance measures for 999 and 111 services for February 2024. The paper also updates the board on our delivery against our Category 2 trajectory, as well as risks and actions to improve our performance. Additional data charts have been provided as appendices to support the narrative.

3. Executive Summary

- 3.1 Category 1 performance for February was 8 minutes 41 seconds, which is a 15 second improvement from January, however, remains 1:41 above the national target. Category 2 performance improved to 31:48, from 42:11 in January, which was still above our trajectory of 27:25 for the month, with the main impact coming from increased handover delays. The average handover time in the north hospitals was 3 minutes above plan, adding 1minute 45 on to our category 2 performance, and the south was 15 minutes above plan, adding 5 minutes to our category 2 performance. The total hours lost at handover reduced to 6,296 hours, from 9,677 in January, with the QAH reducing to 2,795 from 5,033 in January. Handover delays remain our highest risk for delivery of our category 2 trajectory and improving our response to patients. SCAS operational hours improved by 1% above planned hours and enabled us to improve category 2 by 1 minute 20 seconds. 999 call answer time increased by 5 seconds to 22 seconds which is 12 seconds above national target and 4 seconds above our improvement plan. Calls offered to 111 in February was 4.42% above short term forecast at 135,459, a step up of 1.6% from January. Call answer performance was impacted at 61.14% with

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

EOC

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

111

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

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

Hospital Handover Delays

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

See Treat & Convey (ST&C) to ED

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

Resilience & Specialist Operations

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

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

999 U&E Roster Review

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

EOC Roster Review

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

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

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

999 & 111 CAD Replacement Programme

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

4. Areas of Risk

- **Handover delays impacting on ambulance availability.**
- **Fleet provision to meet increased operational requirement.**
- **Inability to secure required additional Private Provider hours.** The volume of hours has been increasing and we are now at 85% of required hours.

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

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

6. Governance

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

7. Responsibility

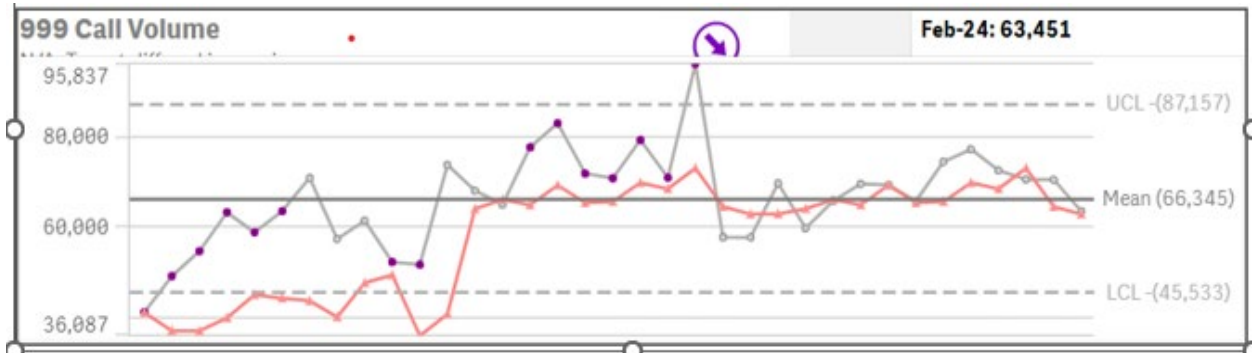
- 7.1 The Executive Director of Operations is responsible for delivery and monitoring of the improvements within the Operational Board Report.

8. Recommendations

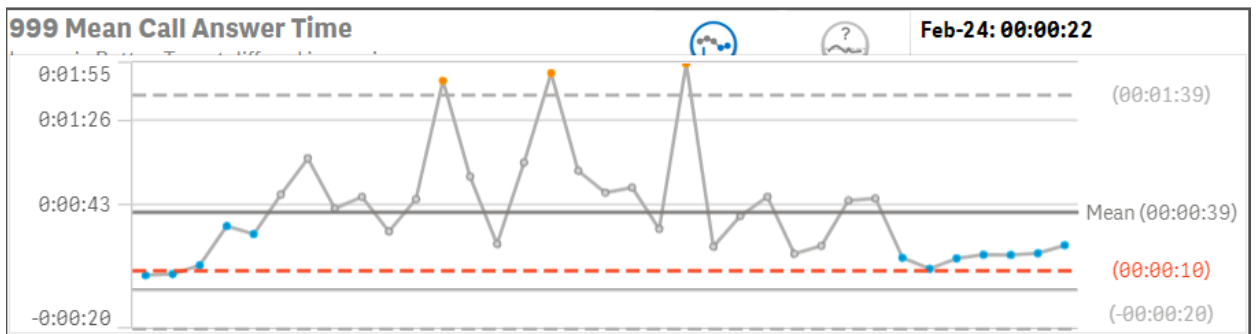
- 8.1 The Board is asked to **note** the contents of the report.

Appendices

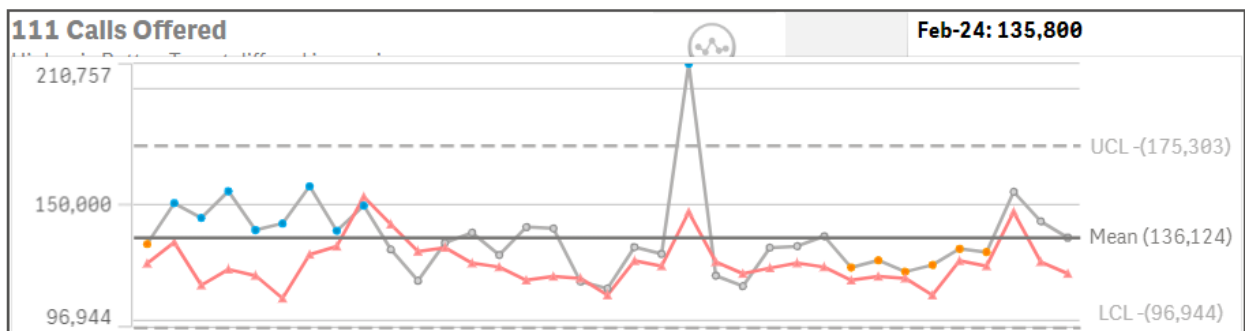
1.1 999 Call Demand



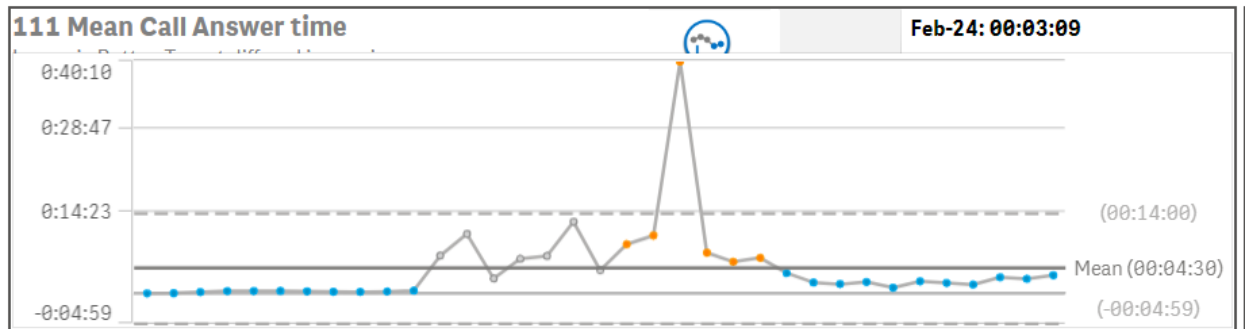
999 call answer mean



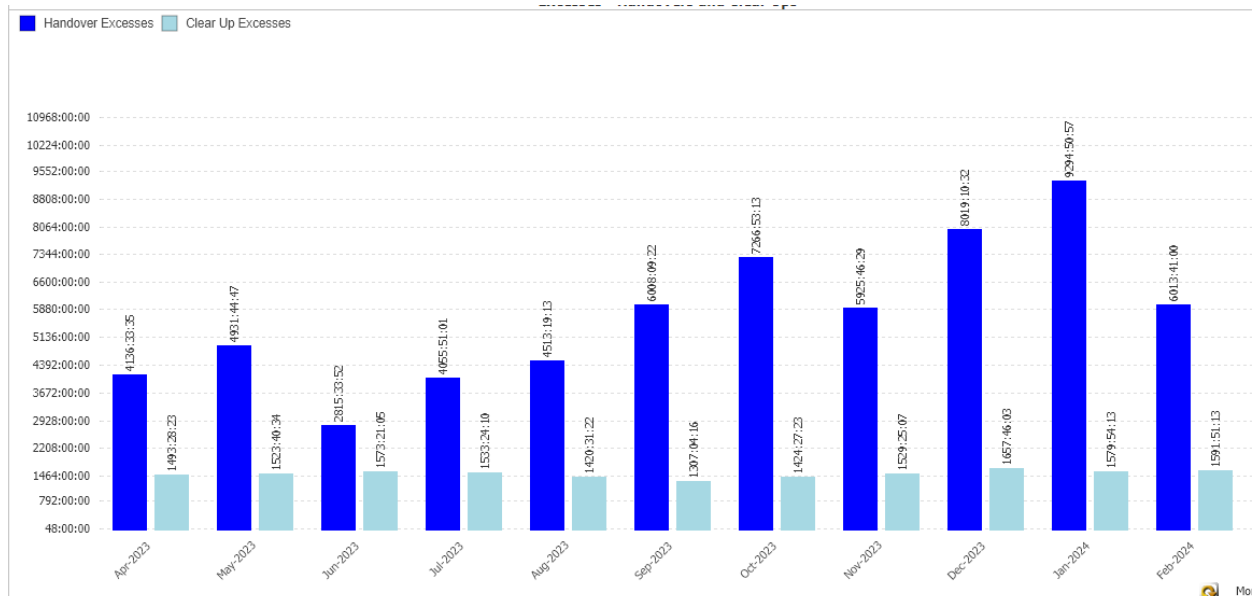
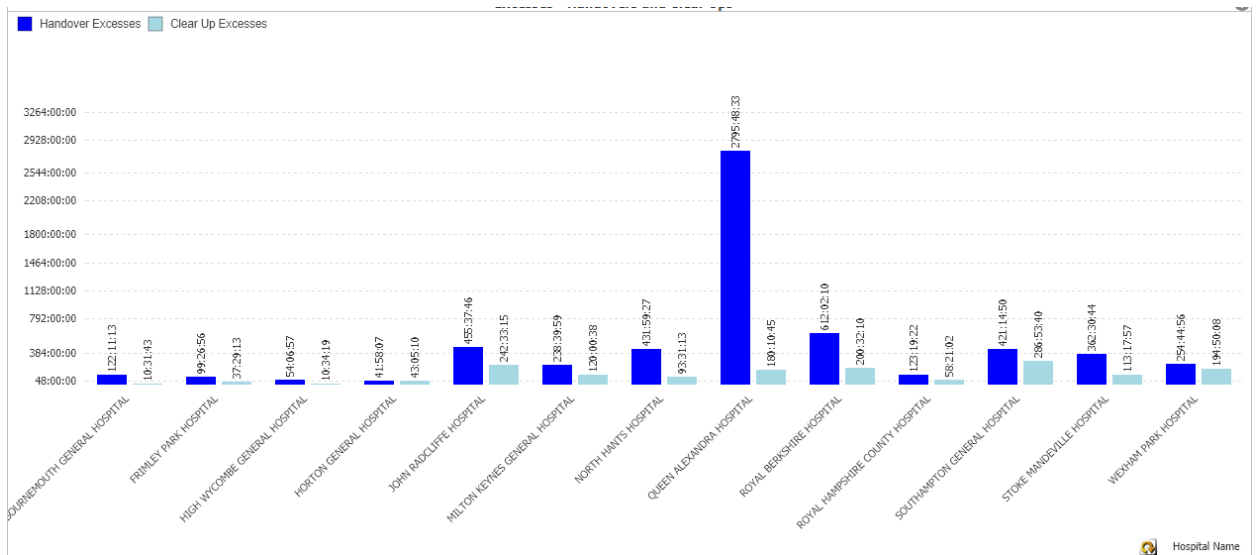
1.2 111 Demand



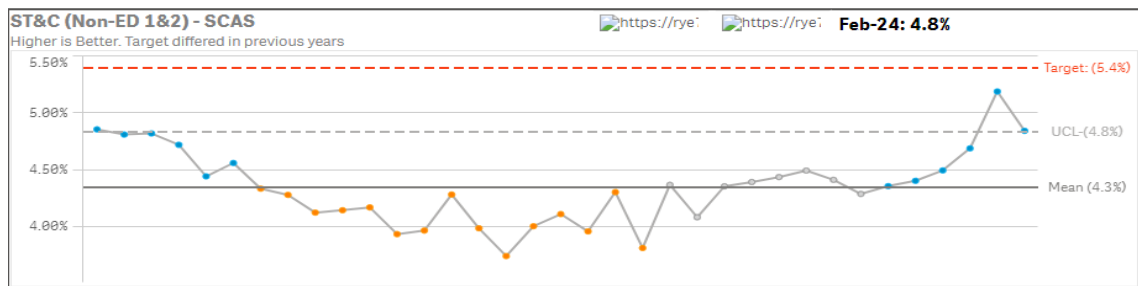
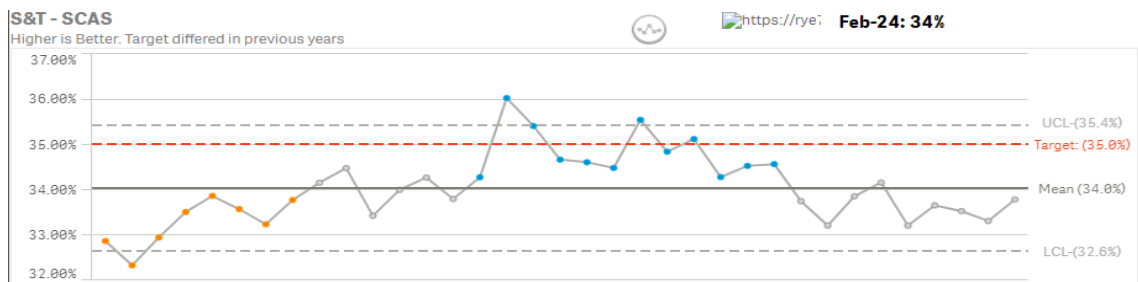
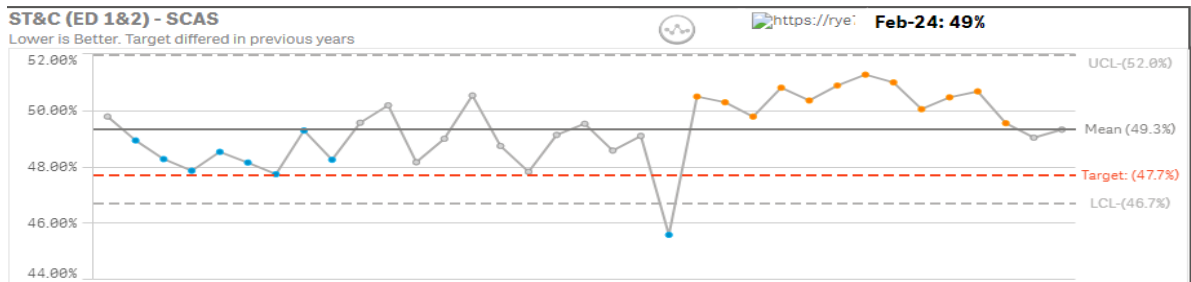
1.3 111 Call Answer Mean



1.4 Hospital Handover Delays



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



1.6 Indirect Resources

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

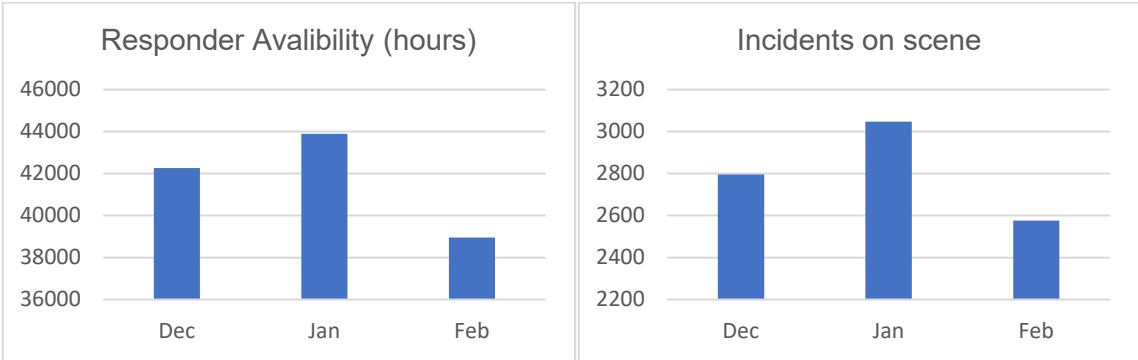
The total calls that our responders arrived on scene at was 2,576 which was a slight decrease from January, due to the associated decrease in call volume and half term. The hours that our responders continue to give is high, with 38,958 hours of availability which is a drop on the previous two months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

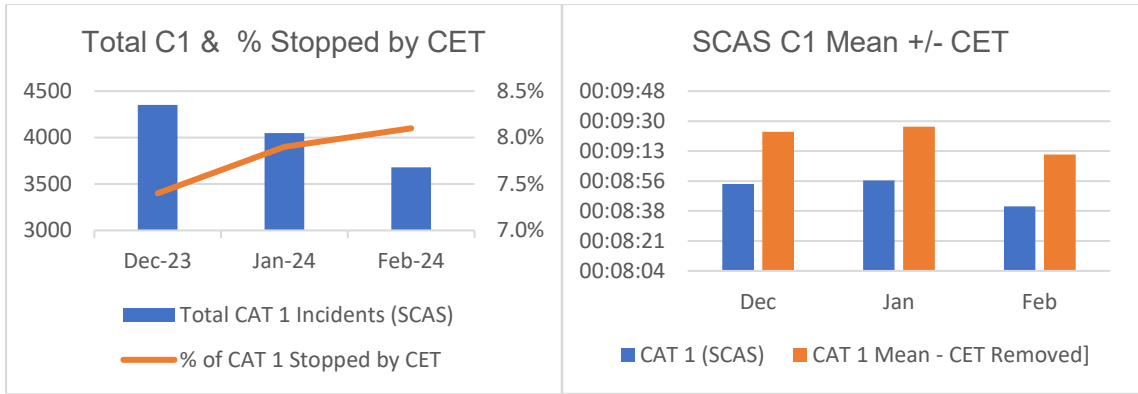
At the end of February, we placed an order with GoodSam, who are an international provider of a cardiac arrest alerting system for members of the public. System testing is due to take place in April 2024, following a CAD upgrade. This will allow us to deploy staff, stakeholders and eventually members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

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

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

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







Meeting:	Council of Governors
Date of Meeting:	03 Apr 2024
Title of Paper:	Lead Governor's Report
Presented by:	Helen Ramsay, Lead Governor
Paper for Debate, Decision or Information:	Information
Main Aim:	To present a report from the Lead Governor, highlighting key activities since the Council of Governors' meeting in January 2024.
Summary of key points for consideration:	The report summarises the highlights from the previous two months as lead governor such as: <ul style="list-style-type: none"> • the progress from the governor working group on health inequalities and the governor engagement with underrepresented groups, • the first face to face stakeholder meeting of the BOB ICB wider stakeholder group, • best practice sharing with other lead governors from BOB and • welcoming the newly elected governors.
Recommendations or Outcome Required :	Note
Previous Forum:	Standing agenda item – a report is provided at every formal CoG meeting held in public
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Daryl Lutchmaya, Chief Governance Officer

LEAD GOVERNOR'S REPORT

REPORT FROM LEAD GOVERNOR: HELEN RAMSAY

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

SCAS continues to be under huge pressure to meet demand and manage handover delays. The governors are very grateful for the commitment and strength of SCAS staff in continuing to meet these challenges. As the fit for future strategic work continues at pace, the trust is clearly focused on managing the balance of current and future challenges and opportunity.

Governor Engagement work highlights

The past months have been very active as lead governor in many ways (see list at the end to give an overview of the events attended) and I have endeavoured to be as available as possible during such a time of significant change for SCAS with the fit for the future programme and the challenges faced by the Trust in many ways currently whilst continuing to make progress in the health inequalities area. The staff governors have been actively working with other staff members and with members of the non-executive and executive team as the fit for future strategy has begun to be rolled out.

There has been a significant amount of engagement work as highlighted in the Membership and Engagement Committee report including recruitment events such as the careers fest at Oxford Kassam Stadium and the Community Larder at Banbury at the Merton Street Mosque.

The small working group of governors on health inequalities have been meeting regularly and making progress in identifying KPIs and ways for us to make a specific difference through our engagement work as governors.

ICBs/Lead Governors

On the 15th March, Buckinghamshire, Oxfordshire and Berkshire West ICB had their first face to face stakeholder meeting at Reading stadium comprising Trust chairs, chief executives and non executive directors together with ICB members and lead governors. The event was organised and arranged by Sim Scavazza, Acting Chair BOB ICB and is the first such meeting as I understand it of the four different ICBs that SCAS serves. I took part in the panel discussion outlining why it is important to hear the governor voice at the ICB and the role governors have in representing the patient voice particularly that of underrepresented groups who otherwise would not be heard.

This was the first time such a group had met face to face and there was a talk given by Andrew Corbett-Nolan outlining good governance and the role of high performing boards in this. It proved an excellent opportunity to get to know key stakeholders in other Trusts, to start to build relationships across different areas and functions and to further understand the different challenges each are facing and build on the opportunities to work together. Following this, the BOB lead governors are now meeting monthly and sharing best practice. One example of this is the sharing of the recent Kings Fund report on ‘Making care closer to home a reality’ which makes for very interesting and recommended reading:

<https://www.kingsfund.org.uk/insight-and-analysis/reports/making-care-closer-home-reality>

New governors

I would like to welcome the newly elected and appointed governors who have now started their term, there is a whole range of new experience that is brought into the Council of Governors through them and I thank them very much for putting themselves forward for the governor role and look forward to working with them. I hope the governor induction organised by Nora Hussein was very helpful and through the

formal and informal buddy arrangements that it will not take long to be able to up to speed with all that SCAS does and be able to feel happy in contributing to the running of the trust in the governor role.

I continue to meet regularly with Sir Keith Willett and to work with Daryl Lutchmaya and his Governance team to address governor concerns as much as possible. Through the informal governor WhatsApp group, governors are able to reach out and support each other. I endeavour to provide the Council of Governors with monthly updates on the topics being discussed and the progress being made.

I would like to thank the governors very much for both their support and their hard work and welcome new governors, your commitment and contributions to the Trust are very much appreciated. Thank you.

Helen Ramsay
Lead Governor
26 Mar 2024

List of events attended as lead governor in Feb/Mar 2024:

- 6th Feb: Membership and Engagement Committee
- 8th Feb: NHS Provider webinar on Co-production with communities as a solution to health inequalities
- 20th Feb: National Healthcare Inequalities Network NHSE online
- 20th Feb: BOB ICB Primary Care Strategy briefing online
- 21st Feb: BOB Public Health Forum on prevention and health inequalities - online
- 27th Feb: Healthwatch public meeting to promote the Oxfordshire Public Governor vacancy
- 5th March: Recording with Loretta Light to promote the Oxfordshire Public Governor vacancy followed by several 121 discussions with potential new SCAS trust members considering applying for the governor role
- 7th March: Make Every Contact Count electronic training - completed online via eLearning
- 8th March: Blackbird Leys MECC Community Health event at Leys Centre
- 14th March: NED longlisting review for the SCAS NED vacancy
- 15th March: BOB ICB 'Governance in a system' workshop at Reading stadium representing governor perspectives in panel discussion
- 18th March: New Governor Induction at Northern House, Bicester
- 20th March: Careersfest at Kassam Stadium Oxford attended by 33 schools to support recruitment and encourage those over 14 years of age to consider becoming trust members
- 22nd March: Banbury Mosque Community Larder to seek feedback for SCAS
- 25th March: Oxford University Hospitals Public Talk on Heart Disease at Merry Bells, Wheatley



Report Cover Sheet

Report Title:	Governor working group on reducing health inequalities
Name of Meeting	Council of Governors
Date of Meeting:	Wednesday, 03 April 2024
Agenda Item:	15
Executive Summary:	An update on activity of governor working group on reducing health inequalities.
Recommendations:	The Council of Governors are asked to: Discuss the current situation, how to improve public health capacity and consider the impact of reducing health inequalities on SCAS and the communities we serve.
Accountable Director:	Gillian Hodgetts, Director of Communications
Author:	Margaret Eaglestone Tim Ellison Helen Ramsay Hilary Foley Alan Weir
Previously considered at:	NA
Purpose of Report:	Note/
Paper Status:	Public
Assurance Level:	Assurance Level Rating:

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

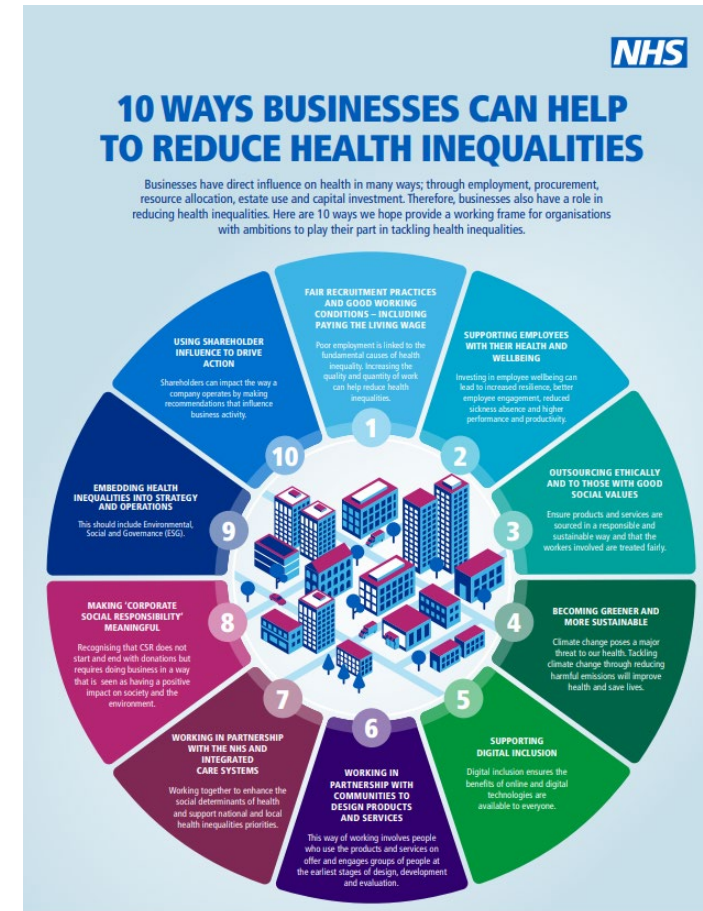


Reducing health inequalities

Tim Ellison, CFR Governor

Health inequalities

- Improvements to the local economy, social and environmental wellbeing, and outcomes for patients and carers experiencing health inequalities is rising up the agenda of healthcare priorities.
- Health inequalities such as deprivation, low income and poor housing have always meant poorer health, reduced quality of life and early life-expectancy for many people.



Governor working group

- Helen Ramsay
 - Tim Ellison
 - Hilary Foley
 - Alan Weir
1. Opportunity to explore strategic approach to reducing health inequalities and key performance indicators
 2. Collaboration and networking

Core 20 plus 5



REDUCING HEALTHCARE INEQUALITIES

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

1



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028

5



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management



SMOKING CESSATION
positively impacts all 5 key clinical areas

Demand and deprivation

- We have data on 999, 111 and PTS and healthcare requirements.
- There are 7 places within SCAS that have a lower layer super output area (LSOA) within the 10% of most deprived areas out of 28 local authorities.
- The areas with the highest deprivation are within the South-East of Hampshire as this includes 3 of the 7 areas.
- Deprivation is typically clustered in urban areas
- The highest population areas in SCAS are:
 - **Milton Keynes**
 - **Oxford**
 - **Southampton**
 - **Portsmouth**

Health inclusion groups

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other marginalised groups
- <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>

Key questions

- **“If you have a new health problem that you think is urgent enough to need medical help or advice within the next 24 hours, which is your usual first point of contact with the NHS?”**
1. We would expect the answer to fall into one or more of these areas but please capture as much qualitative data as possible.
 2. Phone or contact online my GP practice
 3. Phone or contact online NHS111
 4. Visit my local pharmacy
 5. Dial 999
 6. Go to an urgent care centre
 7. Go to a hospital A&E department
 8. Get help from a friend / local community
 9. Other

MECC

1. Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.
2. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.
3. Drawing on behaviour change evidence², MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.
4. A MECC interaction takes a matter of minutes and is not intended to add to the busy workloads of health, care and the wider workforce staff, rather it is structured to fit into and complement existing professional clinical, care and social engagement approaches.
5. Evidence suggests that the broad adoption of the MECC approach by people and organisations across health and care could potentially have a significant impact on the health of our population
6. Contact Margaret.Eaglestone@scas.nhs.uk if you are interested in training

Engagement training

- 1 May
- 17:00
- Joe Blunden, Communications Director, NHS Elect
- Stakeholder mapping, networking, social media....

Key performance indicators

1. Governors to engage with people within an area of deprivation or people in inclusion health groups across each geographical area once a month and seek and provide feedback on access to healthcare
2. Governors to attend the Make Every Contact Count (MECC) training by end June 2024
3. Governors to report on feedback on access to healthcare – to update a master log of areas and groups attended and to provide two-way feedback channel from and to the Trust

Additional information

- <https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/>
- <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>
- <https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-integration-measures>

Engagement





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Agenda item 16

Non-Executive Director Update

Nigel Chapman
Non-Executive Director
Council of Governors Meeting
3rd April 2024





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Introduction

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

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



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Nigel Chapman

- I joined SCAS as a NED in March 2016; my term of office ends March 2025
- I chair the SCAS Charitable Funds Committee. The CFR lead Governor is a substantive member of this committee.
- I also sit on the new Finance and Performance Committee and contribute to strategy development when required.
- I am the NED buddy for Helen Ramsay, and Dave Wesson – all Oxfordshire Governors. We have one vacancy for the county.



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Selection of Q4 activities undertaken

Board/Board Committee/CoG meetings

I attended the following meetings since December 1st, 2023

- Board Meetings on 25 January and March 28
- Board Seminars on 14th December and 29 February
- Charitable Funds Committee on January 10th (next one April 12th)
- Finance and Performance Committees on 20 December, 18th January, 19th February, and 20th March
- COG meeting 31 January



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Selection of Q4 activities undertaken

Other SCAS activities

- Visited SCAS locations in Oxford RC, Didcot RC, Kidlington RC and due Chalfont PTS station in April to meet staff and see operations
- Volunteer Awards presentation 17th January
- Appraisal and one to ones with Keith Willett
- One to ones with Vanessa Casey, Mike Murphy, and Jonathan Guppy
- Regular NED calls with Kate Hall, NHS Improvement Director
- Development of Green Plan and a call on Culture work



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My current NED portfolio

During 2023-24 I held the NED portfolio role for:

- **Development of the SCA Charity** - I meet the SCAS Charity Director regularly and keep close to progress and issues in this area
- **Champion for the SCAS Volunteers** – Progress on the implementation of the SCAS Volunteer Strategy is monitored through and at the CFC. I have taken up specific Volunteer issue with Execs and am always open to contact on issues.
- **Sustainability** Have liaised with Acting CFO and attended sub committees. It has had less priority than previously as a result of staff turnover and budgetary pressures, but now Green Plan ready for Board approval



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

Areas of Challenge

- Keeping focus on quality service and patient safety, as the drive to meet a “break even” budget intensifies. Improving core performance especially Category 2 (aiming for sub 30 mins mean) and in EOCs and 111 Call Centres
- Embedding CQC responses as BAU and sharper assurance processes – in response to the 2022 inspection outcomes
- Connecting short term and long-term change programmes (Fit for the Future) so there is overall coherence and proper staff engagement and communication.



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

Areas of Opportunity

- The financial pressures mean making difficult choices but also deciding what will make the biggest difference to patients and quality of care. It means deciding what is essential and what is “nice to have”
- Using the CQC work and our strategy relaunch as a way of building partnerships and deeper relationships with NHSE, ICBs and other partners
- Fit for the Future is a “once in a decade” chance to change - Reconnecting with staff under new leadership
- Building the profile of the SCA Charity with corporates and communities to raise profile and funds