Bundle Public Board of Directors 28 November 2024

1 Chair's Welcome and Apologies for Absence
Professor Sir Keith Willett CBE (Verbal) - For Noting
0.0 Public Board Agenda 28 November 2024 Final

2 Declarations – Directors' Interests and Fit and Proper Persons Test
Professor Sir Keith Willett CBE (Verbal) - For Noting
02.0 Board Members Register of interests as at 18.11.24

3 Minutes from the meeting held on 26 September 2024
Professor Sir Keith Willett CBE - For Approval
03.0 Draft SCAS Public Board Minutes final draft KW

4 Board Actions Log
Professor Sir Keith Willett CBE - For Approval
04.0 Public Board Action Log 28.11.24 v1.0

5 Chair's Report
Professor Sir Keith Willett CBE - For Noting
05.0 Chair Report Nov 24 KW

6 Chief Executive Officer's Report
David Eltringham - For Noting
06.0 CEO report November 2024 with cover sheet

7 Update on the previous Private Board meetings held on 26 September and 31 October 2024
Professor Sir Keith Willett CBE - For Noting

8 Staff Story
Natasha Dymond - For Information
08.0 Trust Board - Cover Sheet - Staff Story - SBC - UK Disability History Month
08.1 Trust Board - Staff Story - SBC - UK Disability History Month

9 Integrated Performance Report
Stuart Rees & Executive Director Leads - For Assurance
09.0 IPR Summary Cover sheet - Board
09.1 IPR November 2024 Board

10.a Emergency Preparedness Resilience and Response Report
Mark Ainsworth - For Assurance
10.0 Report Cover Sheet EPRR Assurance statement of compliance
10.1 SCAS 24-25 Statement of Compliance EPRR

10.b Winter Framework
10.2 Report Cover Sheet Winter Framework.
10.3 Winter Framework

11.a SCAS Charity Annual Report and Accounts
Vanessa Casey - For Approval
11.0 Charity Report and Accounts 2023-2024 Cover Sheet
11.1 Charity Report and Accounts 2023-2024
11.2 Refer to excel document

11.b Charitable Funds Upward Report
11.3 Report Cover Sheet - November 2024
11.4 Upward Report - Nov 2024

12 Quality and Patient Safety Report
Helen Young - For Assurance
12.0 Report Cover Sheet - Quality Board Paper - Final
12.1 Quality and Safety Board Paper - Final

13 Chief Medical Officer's Report
John Black - For Noting
13.0 Chief Medical Officer Report Cover Sheet - November - Final
13.1 Chief Medical Officer's Board Report - November - Final

13.2 Appendix 1 A Randomized Trial of Drug Route in Out of Hospital Cardiac Arrest New England Journal of Medicine 31.10.24
13.3 Appendix 2 OOHCA_epidemiological_report_2023_-_scas
13.4 Appendix 3. ACQI-Care-bundle-posters--FINAL 2308
13.5 Appendix 4. JRCALC Updates Summary 4 24

14 Finance Report Month 7 Update
Stuart Rees - For Assurance
14.0 Month 7 Finance Report TB November 2024 - Cover Sheet
14.1 Month 7 Finance Report TB November 2024

15 Hampshire and Isle of Wight ICB Month 7 Finance Report
Stuart Rees - For Assurance
15.0 Cover Sheet ICS Finance Report - Public
15.1 24-25 M7 ICS Public Finance Report final

16 Assurance Upward Report - Finance and Performance Committee, October and November 2024
Nigel Chapman - For Noting/Assurance
16.0 Upward Reporting Fin Perf Committee Oct 24 and Nov 24

17 Assurance Upward Report - Audit Committee, 20 November 2024
Mike McEnaney - For Noting/ Assurance

18 Questions submitted by Board Members on agenda items: 14 - 17

19 Assurance Upward Report - People and Culture Committee, November 2024
Ian Green - For Noting/ Assurance
19.0 Upward Report November
19.1 PACC - Summarised Attrition Review Q1 2024-25

20 Communications Update
Gillian Hodgetts - For Noting
20.0 Communications Marketing and Engagement Summary sheet SCAS Public Board - 28 November 2024
20.1 Communications Marketing and Engagement Public Board Paper - 28 November 2024

21 Questions submitted by Board Members on agenda items: 20

22 Board Assurance Framework
Louise Hall - For Approval
22.0 Board Assurance Framework Cover Page
22.1 SCAS BAF - 24-25 November

23 Any Other Business
Professor Sir Keith Willett CBE (Verbal) - For Noting

24 Questions from observers (items on the agenda)
Professor Sir Keith Willett CBE (Verbal) - For Noting

25 Review of Meeting
Non-Executive Director: Katie Kapernaros
Executive Director: Craig Ellis

26 Date of Next Meeting in Public
Thursday 30 January 2025 at 9.45am
Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

South Central Ambulance Service
NHS Foundation Trust

Agenda

Public Trust Board

Date: Thursday 28 November 2024
Time: 9.45 – 12.45
Venue: Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

Members:

Professor Sir Keith Willett CBE	Chair
Sumit Biswas	Deputy Trust Chair, Non-Executive Director
David Eltringham	Chief Executive Officer
Les Broude	Non-Executive Director
Nigel Chapman	Non-Executive Director
Ian Green OBE	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Mike McEnaney	Non-Executive Director
Dr Dhammika Perera	Non-Executive Director
Dr John Black	Chief Medical Officer
Helen Young	Chief Nurse Officer
Craig Ellis	Chief Digital Officer
Stuart Rees	Interim Director of Finance
Duncan Robertson	Chief Paramedic Officer

In attendance:

Mark Ainsworth	Executive Director of Operations
Natasha Dymond	Interim Director of People
Phil Browne	Programme Turnaround Director
Kofo Abayomi	Head of Corporate Governance & Compliance
Louise Hall	Governance Improvement Lead
Kate Hall	Intensive Support Director, NHSE/I
Gillian Hodgetts	Director of Communications, Marketing and Engagement
Jack Phillips-Lord	Chief of Staff
Ann Utley	Associate of NHS Providers
Susan Wall	Corporate Governance & Compliance Manager

Apologies:

Paul Kempster	Chief Transformation Officer
Melanie Saunders	Chief People Officer
Jamie O'Callaghan	Interim Chief Governance Officer

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Item		BAF	Action	Time
OPENING BUSINESS				
1	**Chair's Welcome and Apologies for Absence** Professor Sir Keith Willett CBE	-	**Verbal For Noting**	09.45
2	**Declarations – Directors' Interests and Fit and Proper Persons Test** Professor Sir Keith Willett CBE	-	**Verbal For Noting**	
3	**Minutes from the meeting held on 26 September 2024** Professor Sir Keith Willett CBE	-	**For Approval**	
4	**Board Actions Log** Professor Sir Keith Willett CBE	-	**For Approval**	09.55
5	**Chair's Report** Professor Sir Keith Willett CBE	-	**For Noting**	10.00
6	**Chief Executive Officer's Report** David Eltringham	-	**For Noting/ Information**	10.05
7	**Update to the previous Private Board meeting held on 26 September and 31 October 2024** Professor Sir Keith Willett CBE	-	**For Noting**	-
8	**Staff Story** Natasha Dymond	**SR7 12**	**For Information**	10.15
9	**Integrated Performance Report** Stuart Rees & Executive Director Leads	-	**For Assurance**	10.35
10	**a) Emergency Preparedness Resilience and Response Report** **b) Winter Framework** Mark Ainsworth	**SR1 9**	**For Assurance**	11.05
11	**a) SCAS Charity Annual Report and Accounts** **b) Charitable Funds Upward report** Vanessa Casey		**For Approval**	11.15
	High quality care and patient experience - We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.			
	5 MINUTES COMFORT BREAK 11.30			
12	**Quality and Patient Safety Report** Helen Young	**SR1 12**	**For Assurance**	11.35
13	**Chief Medical Officer's Report** John Black	**SR1 12**	**For Noting**	-

Item		BAF	Action	Time
	Finance & Sustainability – We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partner.			
14	**Finance Report Month 7 Update** Stuart Rees	**SR5 16**	**For Assurance**	11.45
15	**Hampshire and Isle of Wight ICB Month 7 Finance Report** Stuart Rees			12:00
16	**Assurance Upward Report** Finance and Performance Committee, October and November 2024 Ian Green/Nigel Chapman	**SR5 16**	**For Noting/ Assurance**	12:10
17	**Assurance Upward Report** Audit Committee, 20 November 2024 Mike McEnaney	**SR5 16**	**For Noting/ Assurance**	12:15
18	**Questions submitted by Board Members on agenda items: 14 - 17**	**-**	**-**	
	People & Organisation – We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.			
19	**Assurance Upward Report** People and Culture Committee, November 2024 Ian Green	**SR7 12**	**For Noting/ Assurance**	12:20
	Partnership & Stakeholder Engagement- We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans.			
20	**Communications Update** Gillian Hodgetts	-	**For Noting**	-
21	**Questions submitted by Board Members on agenda items: 20**	**-**	**-**	
	Technology transformation – We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.			
	Well Led – We will become an organisation that is well led and achieves all of its regulatory requirements by being rated Good or Outstanding and being at least NOF2.			
22	**Board Assurance Framework** Louise Hall		**For Approval**	12.25
23	**Any Other Business** Professor Sir Keith Willett CBE	**-**	**Verbal For Noting**	12.35
24	**Questions from observers (items on the agenda)** Professor Sir Keith Willett CBE	**-**	**Verbal For Noting**	12.40
25	**Review of Meeting** Non-Executive Director: Katie Kapernaros	**-**	**Verbal For Noting**	12.45

Item		BAF	Action	Time
	Executive Director: Craig Ellis			
26	**Date, Time and Venue of Next Meeting in Public** Thursday 30 January 2025 at 9.45am Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN	-	**Verbal** **For Noting**	-

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BOARD MEMBERS REGISTER OF INTERESTS

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

INTRODUCTION & BACKGROUND

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

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

DOCUMENT INFORMATION

Date of issue: 18 November 2024

Produced by: The Governance Directorate

PROFESSOR SIR KEITH WILLETT CBE, TRUST CHAIR

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

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

Current 'Other' Interests

4. Honorary Air Commodore to 4626 Squadron, RAuxAF

Interests that ended in the last six months

5. None

SUMIT BISWAS, NON-EXECUTIVE DIRECTOR / DEPUTY CHAIR

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

1. None

Current 'Other' Interests

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

Interests that ended in the last six months

4. None

LES BROUDE, NON-EXECUTIVE DIRECTOR / SENIOR INDEPENDENT DIRECTOR

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

1. None

Current 'Other' Interests

2. Independent member of the Buckinghamshire Healthcare NHS Trust Charitable Funds Committee
3. Director of Welcombe Ltd

   Interests that ended in the last six months

4. None

NIGEL CHAPMAN, NON-EXECUTIVE DIRECTOR

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

1. None

Current 'Other' Interests

2. Labour City Councillor for Headington Hill and Northway, Oxford City Council.
3. Oxford City Council – Cabinet Member for Citizen Focused Services & Council Companies, Member of Oxford City Council Planning Committee
4. Director Empowering Leadership Ltd
5. Chair Elmore Community Services, Oxford

6. Community Governor, New Marston Primary School, Oxford (part of the River Learning Trust)

Interests that ended in the last six months

7. Director of Farrar Chapman Ltd*

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

IAN GREEN, NON-EXECUTIVE DIRECTOR

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

1. Chair of Salisbury NHS Foundation Trust

Current 'Other' Interests

2. Chair of Estuary Housing Association
3. Member of Advisory Group, NHS Patient Safety Commissioner
4. Strategic Advisor, Prevention Access Campaign (US based charity)
5. Chair, NHS Wales Joint Commissioning Committee NED, Somerset Care Ltd
6. Vice Chair, NHS Confederation LGBT Leaders Network

Interests that ended in the last six months

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

MIKE McENANEY, NON-EXECUTIVE DIRECTOR

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

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

Current 'Other' Interests

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

Interests that ended in the last six months

7. None

Dr DHAMMIKA PERERA, NON-EXECUTIVE DIRECTOR

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

1. None

Current 'Other' Interests

2. Global Med Director of MSI Reproductive Choices

3. Member of the Clinical Committees on Safe Abortion Care at the WHO and at the International Federation of Obstetricians and Gynecologists (FIGO)

Interests that ended in the last six months

4. None

KATIE KAPERNAROS, NON-EXECUTIVE DIRECTOR

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

1. Non-Executive Director, Manx Care.
2. Non-Executive Director, The Pensions Regulator.
3. Non-Executive Director, Oxford University Hospitals NHS Foundation Trust.
4. Non-Executive Director, The Property Ombudsman.

Current 'Other' Interests

5. Trustee (Company Director, Voluntary) - Wallingford Rowing Club

Interests that ended in the last six months

6. None

DAVID ELTRINGHAM, CHIEF EXECUTIVE OFFICER

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

1. None

Current 'Other' Interests

2.None

Interests that ended in the last six months

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

PAUL KEMPSTER, CHIEF OPERATING OFFICER

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

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

JOHN BLACK, CHIEF MEDICAL OFFICER

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

1. Emergency Medicine Consultant, Oxford University Hospitals NHS Foundation Trust

2. Honorary Consultant Civilian Adviser in Pre-hospital Emergency Care to the Army
3. Member National Ambulance Medical Directors Group (NASMeD)
4. Investor Oxford Medical Products Ltd*

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

Current 'Other' Interests

5. None

Interests that ended in the last six months

6. None

PROFESSOR HELEN YOUNG, CHIEF NURSE

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

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

Current 'Other' Interests

5. None

Interests that have ended in the last six months

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

MELANIE SAUNDERS, CHIEF PEOPLE OFFICER

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

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

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

STUART REES, INTERIM DIRECTOR OF FINANCE

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

1. SCFS Ltd Managing Director as of December 2023

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

CRAIG ELLIS, CHIEF DIGITAL OFFICER

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

1. None

Current 'Other' Interests

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

Interests that ended in the last six months

3. None

MARK AINSWOTH, DIRCTOR OF OPERATIONS

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

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

JAMIE O'CALLAGHAN, INTERIM CHIEF GOVERNANCE OFFICER

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

4. None

Current 'Other' Interests

5. None

Interests that ended in the last six months

6. None

NATASHA DYMOND, INTERIM DIRECTOR OF PEOPLE

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

7. None

Current 'Other' Interests

8. None

Interests that ended in the last six months

9. None

END

NHS
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Minutes
Public Trust Board Meeting

Date: 26 September 2024
Time: 9.45am – 1.00pm
Venue: Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

Members Present:

Professor Sir Keith Willett CBE	Trust Chair
Sumit Biswas	Deputy Chair, Non-Executive Director
David Eltringham	Chief Executive Officer
Les Broude	Non-Executive Director
Nigel Chapman	Non-Executive Director
Ian Green	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Dhammika Perera	Non-Executive Director
Mike McEnaney	Non-Executive Director
Professor Helen Young	Chief Nurse Officer
Mark Ainsworth	Director of Operations
Dr John Black	Chief Medical Officer
Craig Ellis	Chief Digital Officer
Stuart Rees	Interim Director of Finance
Jamie O'Callaghan	Interim Chief Governance Officer

In Attendance:

Natasha Dymond	Asst Director HR Operations
Gillian Hodgetts	Director of Communications, Marketing & Engagement
Kate Hall	Intensive Support Director, NHSE
Louise Hall	Interim Governance Improvement Lead
Susan Wall	Corporate Governance & Compliance Officer

Apologies:

Melanie Saunders	Chief People Officer
Paul Kempster	Chief Transformation Officer
Caroline Morris	Director of Operations Transformation Programme Director

Item No.	Agenda Item
1	**Chair's Welcome, Apologies for Absence**
1.1	Keith Willett (Chair) opened the meeting and welcomed those present. Apologies were received as above.
2	**Declarations of Interests**
2.1	No declarations of interest, further to those received in writing, were received.
3	**Minutes from the meeting held on 25 July 2024**
3.1	The minutes were agreed as an accurate record of the meeting, subject to the following amendment: **ACTION:** Mike McEnaney to be included in the attendance list owing to omission in error.
4	**Matters Arising and Action Log**
4.1	Sumit Biswas raised a matter discussed at the last Board meeting. He reported that a discussion had taken place regarding the Patient Transfer Service (PTS) during which, Non-Executive Director's (NED's) had requested that advice be provided by the communications team in order that they could helpfully respond to questions on matters raised when conducting site visits. This had not been received and was not recorded on the action log.
4.2	**ACTION:** Head of Governance (HoG) to add the request to the action log.
4.3	The action log was further reviewed, and it was **AGREED**, as recommended, that the first five actions be closed as complete.
4.4	The remaining action, that a report providing annual assurance of the SCAS EPRR function be submitted to Board was deferred until the November meeting.
5	**Chairs Report**
5.1	Keith Willett, Chair, presented highlights from his report. In particular, he referred to the launch of the Corporate Services consultation, its importance to the organisation and the likely impact on staff. He reminded the Board of its important role in overseeing such matters. It was crucial, he said, that Board members showed leadership, displayed the organisation's values and behaviours, and provided useful challenge and scrutiny of upcoming proposals. He conveyed the appreciation of the Board for the hard work of all staff in difficult circumstances.
5.2	The Board **NOTED** the Chairs Report.
6	**Chief Executive Officer's Report**
6.1	David Eltringham, CEO, referred to his report and presented some additional information verbally, as follows:

6.2	a) Duncan Robinson had been appointed as the new Chief Paramedic, he was not present at the Board meeting because he was undertaking his induction. His focus would be on developing career pathways for SCAS paramedics, strengthening professional leadership for Paramedics and working with partners to develop additional pathways for patients aimed at keeping them at home for care.
6.3	b) Daryl Lutchmaya former Chief Governance Officer (CGO) had left the Trust for a new role, as of 30 September 2024. Rebecca Southall had been appointed as a substantive replacement and was currently CGO at Birmingham Women's and Children's hospital. Rebecca was expected to join SCAS on 16 December 2024.
6.4	c) He echoed the words of the Chair, and thanked staff and volunteers for their continued hard work in the face of challenges to the service. In the spirit of that appreciation, he reported that long service awards had been given to staff at a recent ceremony.
6.5	d) That consistent feedback from staff relating to the quality and frequency of communications had been acted upon. A new communications method, 'Team Brief Live', had begun in September, led by DE. Stuart Rees, interim CFO, led the follow up Q&A session while David was on holiday. This session was well attended. Team Brief would continue on a monthly basis.
6.6	e) That he had recently attended a meeting with NHSE and the new Secretary of State for Health, Wes Streeting, which had been largely positive. The Secretary of State and the NHSE leadership team shared an understanding of the challenges faced by the NHS and the long-term nature of some of the solutions needed. It was anticipated that a 10-year plan for the NHS would be published in the spring/summer of 2025.
6.7	The report and verbal update were discussed, and the following comments were received:
6.8	f) Ian Green asked that every care be taken to avoid slippage of timescales relating to the Corporate Services review in order to minimise anxiety for staff.
6.9	g) Sumit Biswas thanked the Executive Team for acting on feedback by introducing the new staff communications and asked for information on its organisational reach. In response, DE reported that numbers of staff watching were recorded, and had been pleasing, but that in order to test further reach a survey may be necessary. Craig Ellis, Chief Digital Officer (CDO) interjected to advise that a digital solution in the form of an app could be facilitated, and it was **AGREED** that this would be beneficial. In the meantime, David Eltringham asked Board Members to utilise their site visits to gather anecdotal evidence on the matter.
6.10	h) Ian Green asked that consideration was given to those on shifts when determining times and dates of communications sessions.
6.11	**ACTION:** Craig Ellis, CDO, agreed to provide a digital app to assess the reach of communication briefings to staff.
6.12	The Board **NOTED** the Chief Executive Officer Report.
7	**Update to the Public Board on the previous Private Board meeting**
7.1	The Board **NOTED** the update from the Private Board meeting held on 22 August 2024
8	**Hampshire and Isle of Wight ICS Finance Report**

8.1 The Board received the Month 5 Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) which detailed the financial position and system recovery plan for the ICS as at the end of August 2024.

8.2 It reported that at month five the Hampshire and Isle of Wight system in-month position was a deficit of £11.9m compared to a planned deficit of £9.7m, an adverse variance to plan of £2.2m.

8.3 The ICS was reporting a year-to-date deficit of £78.9m at the end of August 2024, compared to a planned year-to-date deficit of £63.3m, an adverse variance to plan of £15.5m. The ICS continued to forecast achievement of its combined £70.0m deficit plan for 2024/25.

8.4 David Eltringham spoke to the report. He noted that the lead commissioning organisation continued to be part of the NHSE Recovery Support Programme (RSP) along with all of the constituent organisations that made up the system. It was important, he said, that all organisations jointly owned the system-wide financial position.

8.5 He reported that system financial recovery would be delivered largely by each constituent organisation delivering to plan and through the delivery of the system wide transformation programme. He reported that SCAS was slightly ahead of plan at month 5 and set out for the Board the organisation's commitment to delivery of the year-end financial position. He noted the significant risk contained within the plan for the second half of the year and which would be discussed under the agenda items specifically relating to finance.

8.6 Further to individual organisational delivery, he informed the Board that a system transformation plan had been developed for 2024/25 and beyond and that this was intended to address the financial and operational performance challenges that required system wide response. Six key programmes for corrective action to reduce the system deficit in 2024/25 and enable delivery of each organisation's operating plan had been identified these were known as system transformation programmes, as set out below:

Programme	**Lead Chief Executive**	**Lead ICB Executive**
Discharge	Penny Emerit	Caroline Morison
Local Care	Alex Whitfield	Lara Alloway
Urgent and Emergency Care	David Eltringham	Nicky Lucey
Mental Health	Ron Shields	Nicky Lucey
Planned Care	David French	Lara Alloway
Workforce (including Corporate Right-Sizing)	David French	Danny Hariram

8.7 Following a request for clarity on system wide matters that may be addressed in this manner from Kate Kapernaros (NED), David Eltringham provided an example relating to standardisation of same day emergency care pathways to enable crews to make better informed decisions regarding hospital and community care choices.

8.8 Mike McEnaney (NED) suggested that the provider productivity element of the report could be more helpful in setting out the need for a system wide approach to ownership of recovery, he urged all involved to be genuine in their approach to poor performance or missed targets as it was the only way that performance would improve.

8.9	Sumit Biswas requested further information on the specific approach to the transformation programme for which David Eltringham was the Lead Chief Executive, namely, Urgent and Emergency Care and it was suggested that the topic be utilised as the topic of a Board Workshop.
8.10	**ACTION:** HoG to progress Board workshop on Urgent and Emergency Care Transformation Programme.
8.11	The Chair reported that he had taken part in a recent call with other ICS organisation Board Chairs and that there had been a positive atmosphere of collaboration, however, he did not believe that the wishes of the ICB relating to Board actions were clear enough to allow for meaningful action as a response to the call.
8.12	It was **RESOLVED** that**:**
8.13	a) assurance be taken in the matter of SCAS delivery against operating plan.
8.14	b) assurance be taken regarding SCAS contribution to each system transformation programme and
8.15	c) a Board Workshop be arranged to allow full consideration and assurance that the Urgent and Emergency Care Transformation Programme would deliver the planned outcomes and cost improvements, with an appropriate plan in place for any shortfalls.
9.	**Patient Story**
9.1	The Board heard a presentation from a patient, Mrs Lorraine Smith, regarding her experience of using the 111 service, her eventual diagnosis of DVT and her interaction with SCAS on submission of a complaint. Mrs Smith was supported by Caroline Whitworth, Head of Patient Experience and an accompanying report was included in the agenda pack.
9.2	The Chair thanked Mrs Smith for sharing her experiences with the Board and for her helpful and genuine approach to seeking change.
9.3	Helen Young, Chief Nurse, assured the Board that learning had been taken from the events that had occurred and changes had been made. She explained that the wrong pathway had been selected by the 111 operator and that they had been retrained. However, she continued, regardless of that incorrect pathway selection it was discovered that further questions on the correct pathway would have been needed to identify DVT at that initial contact. Therefore, a change to the pathways had also been introduced.
9.4	In addition, she confirmed that she was working with Mark Ainsworth, Director of Operations, regarding the complaints process in order to identify practical improvement measures, which were likely to centre around maintained personal contact with the complainant and quicker resolution times. Mark Ainsworth reported that changes to the staffing structures had impacted on the team's ability to provide dedicated complaints personnel who had, in the past, reduced delays and maintained personal contact with complainants. He suggested that any future reshaping of those teams should consider the reinstatement of dedicated funding for the roles of Complaints Investigating Officers.

9.5	An invitation was offered to, and accepted by, Mrs Smith to attend the 111 Call Centre to witness the pathway she had been instrumental in creating, being used.
9.6	**ACTION:** Helen Young / Mark Ainsworth to organise a visit to the 111 call centre for Mrs Smith.
9.7	Natasha Dymond, Assistant Director of HR Operations, asked that the views of the 111 call centre staff member who had been retrained be sought so as to establish how the experience had felt to them. It was important that SCAS sought to promote a culture of learning and that the staff member was supported in that endeavour.
9.8	**ACTION:** Natasha Dymond to organise conversation with retrained staff member
9.9	The Board **NOTED** the Patient Story and **WELCOMED** consequential improvements and ongoing work associated with it.
10	**Integrated Performance Report (IPR)**
10.1	The Board received a report providing the high-level Integrated Performance information designed to give organisational oversight of all key areas across the Trust for assurance purposes. It covered performance in the areas of Quality, Operations, Workforce and Finance for the performance period of August 2024, the fifth month of the financial and operational year.
10.2	Stuart Rees, Director of Finance, spoke to the report. He drew the attention of the Board to the overview for the month and those areas that were failing, hitting and missing, or improving. He also referred to the operational performance element of the IPR on which Mark Ainsworth had nothing further to add.
10.3	The matter was opened for discussion and the following IPR themes were pursued:
10.4	<u>Vehicle off Road Performance</u>
10.5	Nigel Chapman (NED) referred to the 'vehicle off road' (VOR) performance target and reports from staff of non-deployment and lost hours. In response Mark Ainsworth, DoO, reported that 53 double crew vehicles had now been received and although the VOR figure reported had increased, unavailability of vehicles, or non-deployment of staff had actually reduced. He explained that the total of hours lost per day had reduced from approximately 300 to between 70 and 100 as a result of relatively small operational changes such as undertaking work to the fleet more locally. There was some suggestion that Team Leader training be provided for minor on site fixes but as yet no solution to sign off of such fixes as safe had been found. The introduction of mobile mechanics had also helped to increase efficiency on repairs. Although the improvements were to be welcomed, he reminded Board that the fleet was ageing, and that optimisation could only go so far before operational delivery would be impacted.
10.6	Sumit Biswas confirmed some of the information received and followed up by seeking assurance as to when the VOR target was likely to be achieved. Stuart Rees, said that the target would not be achieved until a third workshop planned for the North was opened.

	John Black, Chief Medical Officer (CMO) asked whether the Patient Transfer Service (PTS) fleet was also included in this reporting metric and was informed that it was not as it ran its own fleet.
10.7	**ACTION:** Mark Ainsworth to provide report to Board on PTS VOR performance.
10.8	Meal Break Policy Changes
10.9	Helen Young, Chief Nurse Officer (CNO) asked for an update on meal break compliance owing to the potential impact on quality and safety of breaks not being taken. Mark Ainsworth, DoO, confirmed that the new Policy would 'go live' on in October. He reported that there had been some negative feedback from staff when the initial communications had been disseminated, most commonly relating to end of shift time and that the policy was motivated by financial benefit to the Trust at a financial cost to staff, some of whom claimed between £150-200 for late meal breaks per month. While he acknowledged that there would be a financial benefit to the Trust, he reminded members that this was not the primary motivation for the policy, the primary motivation was staff welfare, and would not be realised immediately in any event.
10.10	He estimated that it would take approximately four weeks for changes to become embedded as standard practice. Les Broude (NED) asked whether the changes were likely to have any impact on category 2 response times and in response Mark Ainsworth reported that there would be one hour per shift where responders could not attend category 2 calls, an improvement on current practice. Any impact would be reported to Board.
10.11	Les Broude asked a further question pertaining to PTS 60 second performance and Mark Ainsworth agreed to provide the information outside of the meeting. **ACTION:** Mark Ainsworth to provide information relating to PTS as described.
10.12	Vehicle Cleanliness Audits
10.13	Nigel Chapman (NED) referred to the matter of Vehicle Cleanliness Audits and welcomed the organisations resolve that all vehicles go out clean. However, he reported that informal conversations with staff lead him to be concerned that this could not always be guaranteed.
10.14	Helen Young, CNO, responded that the matter was taken very seriously, considering the necessity to control and prevent the spread of infection. She set out the measures currently in place to ensure vehicle cleanliness. These consisted of cleaning being undertaken by Churchill Commercial Cleaning at a local level, checks being made by staff and additionally a random sample selected by the IPC team for rechecking / audit purposes. Under this system some vehicles had been found to have gone out non-compliant, as a result changes had been made to the way in which cleaning was undertaken to make it easier for compliance to be ensured. These changes, alongside the increased number of vehicles in the fleet reducing the need for vehicles to be rushed back out following a call meant that improvements had been achieved in this area.
10.15	Nigel Chapman, NED, asked for confirmation that the visits to sample cleanliness of vehicles were unannounced and this confirmation was received from Helen Young, CNO. Further discussion followed. Stuart Rees, DoF, joined the conversation to explain that, while the size of the fleet was relevant there were also operational issues relating to Churchill that meant that sometimes crews were expected to clean vehicles themselves.

10.16	The Chair asked whether the contract in place with Churchill was fit for purpose and being delivered to the requirements within it. Mark Ainsworth, DoO, answered by reporting that the contract may need to be reviewed owing to the increased fleet size but that practices could also be improved within the constraints of the current arrangements. It was agreed that the matter continue to be reviewed through the lenses of both the Quality and Safety Committee and the Finance and Performance Committee.
10.17	**ACTION:** HoG to ensure that agendas for Q&S and F&P committees reflect appropriate oversight of vehicle cleaning requirements and performance against targets going forward.
10.18	111 call back
10.19	The Chair raised the issue of 11 call backs currently reported at 48 percent against a national target of 95%. He noted that the lack of call backs conducted in a timely manner would result in 999 calls not being cleared and, therefore, increased demand which could have been avoided. He requested assurance that the matter was being addressed. Mark Ainsworth, DoO, reported that while SCAS was not meeting the national target it was reporting in the top quartile of similar organisations and that this showed there was work to be done on the target itself. The current issue for performance related to clinician availability and as call time was reduced performance would improve.
10.20	Stroke Calls
10.21	The matter of stroke calls and recorded times from call to door was raised. Concern was expressed that the information in the IPR report did not match data put forward later in the agenda and assurance was received from John Black, CMO, that the matter was a data synchronisation issue of which the Trust was aware and which steps were being taken to resolve. On a practical level new measures were being introduced to categorise stoke and heart attack patients in order to prioritise them more effectively and get them to hospital as quickly as possible.
10.22	Duty of Candour
10.23	Helen Young, Chief Nursing Officer, accepted challenge regarding the completeness of reporting under the duty of candour requirements and was working with Stuart Rees and his team to improve the IPR submissions.
10.24	Deep Dive
10.25	In response to comments John Black, CMO, reported that workforce turnover would be the subject of a Deep Dive in quarter three of this year and a full report would be received by the People and Culture Committee in November and a commitment to share the report in advance was made.
10.26	Recruitment timelines
10.27	Keith Willett, Chair, sought clarification of reasons for the length of time it took to recruit people to the organisation, currently reported at between 50 and 200 days. Natasha Dymond, iDoP, responded. She explained that the figure reported was dependant on many factors, not least

	the role being filled. She offered to report the figure broken down by role type at the next People and Culture Committee. **ACTION:** Recruitment times by role type to be reported to the next meeting of the P&C Committee. iDoP to report, HoG to schedule. **Finance** The Board noted the finance section of the IPR as discussion had taken place under the finance month 5 report item earlier in the agenda. The Board **noted** the Integrated Performance Report.
11	**Quality and Patient Safety Report**
11.1	The Board received the Quality and Safety Report the purpose of which was to assure and inform the Board of key issues being addressed as part of the improvement and governance of quality and safety. It contained data for the period July and August 2024 (unless otherwise stated), and highlighted risks, issues and mitigations which were reflected in the Corporate Risk Register (CRR), Integrated Quality Performance Report (IQPR) and Board Assurance Framework (BAF). The information also demonstrated evidence of compliance against Care Quality Commission (CQC) regulations where appropriate.
11.2	Helen Young, CNO, introduced the report and drew out some elements for particular note, as follows:
11.3	a) Uptake and completion of Safeguarding Level 3 training activity was currently reporting at just under the 90% ICB target but had shown an improvement and therefore the direction of travel was considered to be positive.
11.4	b) Uptake and completion of Mental Capacity Act (MCA) training was currently reporting at, Level 1 94% and Level 2 93% against the 95% target but again showed a positive direction of travel, improving over last three months.
11.5	c) Completion of IPC audits of building and vehicles was now reported in the hit and miss category.
11.6	Nigel Chapman, NED, raised the matter of medicines management which was highlighted in the report as an area requiring improvement and which was due to return 'in-house' in the next couple of months. He sought assurance that there was the capacity to run the service in this way and that there were plans for measuring the success of delivery on return. Helen Young, CNO, reported that resources required to deliver the service had been benchmarked against other organisations and agreed with the Pharmacy Team and through the business case for in-house provision. The process by which staff would be TUPE'd over from the current provider had now begun as had the recruitment exercise for other key roles, so while not currently fully resourced the process by which the organisation would become fully resourced was well underway.
11.7	She continued to address the issue of measuring success. She reported that bags packed by the team for delivery would be audited for both availability and accuracy. This was currently a manual process but, in the future, it was planned that it would become digitalised. She committed to report on progress the move in-house and the performance thereafter.

11.8	**ACTION:** Further report to Board to be received relating to the performance of medicines management following its move back in-house (HY and HoG)
11.9	Dhammika Perera, NED, remarked, following on from the Patient Story earlier on the agenda, that he would welcome assurance that there were enough measures in place to pro-actively identify whether call handlers had chosen an incorrect pathway for a patient. Helen Young, CNO, explained that part of the SCAS licencing conditions was that a number of call audits per member of staff were undertaken and these audits helped to establish the performance of call handlers, or clinicians, against pathways and standards. This information was triangulated with patient experience feedback and staff feedback. It was recognised however, that the results of the audits and more importantly trends or learning identified, were not reported anywhere within the formal governance structure and Helen Young, CNO, committed to considering the appropriateness of this.
11.10	**ACTION:** HY to consider reporting requirements relating to Call handler performance
11.11	The Chair raised the matter of mental health vehicles and welcomed the news that a service on the Isle of Wight now ran at 12 shifts per week. He asked for information as to when other areas would also have such a service. Mark Ainsworth, DoO, reported that this service would be welcomed in other areas and was agreed as necessary. However, the intention was to achieve economies of scale by securing the service over the multiple locations and as yet a final budgetary solution had not been agreed. The Chair asked whether the matter needed escalating and received assurance that currently all appropriate channels were being utilised.
11.12	Mark Ainsworth, DoO, reported that the 90% target relating to safeguarding had not yet been reached and he was aware of the extreme pressure winter would place on target attainment. Therefore, he reported that he and Helen Young, CNO, would work together to consider delivery models and look to deliver differently next year.
11.13	Board **NOTED** the Quality and Patient Safety Report
12	**Chief Medical Officer's Report**
12.1	Board received the report of the Chief Medical Officer. It was taken as read and discussion opened.
12.2	Sumit Biswas, NED, raised the matter of the disappointing take up of the flu jab by staff last year and asked what had been done to improve take up this year. Helen Young, CNO, reported that last year the model of delivery had changed and described it as having been 'self-service' in terms of booking and attendance at a site for the jab to be administered. Owing to the poor take up, this year, the model had been returned to that of previous years, and vaccinations would be provided for staff on site.
12.3	**The Board noted the Chief Medical Officer's Report.**
13	**Annual Patient Experience Report**
13.1	The Board received the Annual Patient Experience Report and took it as read. It heard that the report had been considered by the EMC and the Quality and Safety Committee prior to its

	consideration by Board, and having taken assurance from that, Board **NOTED** the Annual Patient Experience Report.
14.	**Annual Safeguarding Report**
14.1	The Board received the Annual Safeguarding Report and took it as read. It heard that the report had been considered by the EMC and Quality and Safety Committee prior to its consideration by Board. Helen Young, CNO, also reported, in response to a NED question, that each safeguarding incident report would be followed by an action plan that would be monitored by the safeguarding committee and evidenced by staff.
14.2	The Board **NOTED** the Annual Safeguarding Report
15	**Annual Infection Prevention and Control Report**
15.1	The Board **NOTED** the Annual Infection Prevention and Control Report
16	**Assurance Upward Report** **Quality and Safety Committee, 17 July 2024**
16.1	Keith Willett, Chair, raised a question relating to the proposal to seek third party assessment / validation that was contained within the report and whether this would take the form of an audit. Helen Young, CNO, responded that a peer review would be more likely unless the Board felt strongly that it should be an audit. The Board agreed with the proposals set out for a peer review.
16.2	The Board **NOTED** the Assurance Upward report from the Quality and Safety Committee
17	**Finance Report Month 5 Update**
17.1	Stuart Rees, DoF, presented the report for Board. He explained that SCAS was currently reporting a £0.9m deficit was reported against a plan of £1m and while this was better than expected he caveated that reporting figure heavily, suggesting that taking in to account non-recurrent income and expenditure SCAS was currently behind target, as was the system as a whole.
17.2	He added that £29.5m of the recovery plan was currently achieved and again, although this was welcomed, it was behind the recovery programme delivery plan, as was, also, the system as a whole.
17.3	David Eltringham, CEO, spoke to the item; he welcomed the achievements to date but warned against complacency as the position overall for SCAS and system-wide was behind plans.
17.4	Les Broude, NED, concurred with the message relayed by the DoF and CEO. He said that while reports may seem favourable at present it was likely related to the timing of reporting and that expectations should be managed at this time. He reported that as Chair of the Finance and Performance Committee he had requested that specially convened, single-issue meetings of the Committee be arranged, with Directors expected to appear before the Finance and Performance Committee justify budgetary decisions against plans that they had committed to.

	This approach was intended to increase accountability within the organisation and would allow for a realistic and accurate year end forecast to be provided, which in turn would be scrutinised by the Finance and Performance Committee and Board.
17.5	David Eltringham, CEO, returned to the matter. He wished to emphasise for the Board, the clear message from the centre, that there would be no additional funding this year. He understood that Board may be sceptical of this message owing to last minute injections of funding in previous years but warned against that position as he was convinced that on this occasion it was extremely unlikely.
17.6	He welcomed Les Broude's report of extraordinary meetings of the finance and performance Committee with a focus on accountability and added that the RSP had also funded a temporary post, occupied by Rachel Harvey, that was dedicated to assessing and assuring financial planning in the organisation.
17.7	Mark Ainsworth, DoO, spoke to operational risks associated with savings. He identified matters previously discussed around the matter of meal breaks and introduced another risk relating to pay rates for bank staff and overtime.
17.8	Mike McEnaney, NED, referred to the main variances for the month; Non-Emergency Patient Transport Services (NEPTS) which reported a shortfall of £0.1m against plan and the 111 service that also had a shortfall of £0.2m, both being offset by the 999 service which had delivered a favourable variance of £0.5m. Further observations were forthcoming from non-executive members of the Board relating to potential for system wide benefits to be achieved, and the sageness of the accountability meetings to be held by the F&P committee.
17.9	The discussion turned to the matter of 'Digital Services'. Craig Ellis, CDO, explained that the surplus identified for 24/25 was carried over from 23 /24 and had previously been earmarked for 'Amica' software spend that was no longer planned and which would be invested alternatively.
17.10	Papers were being worked up that would include five key risk areas for digital over the next 2 years and identified spend in relation to them. For the sake of transparency, he confirmed that some of the capital in IT would be moved back into the central SCAS budget. He noted the need for robust forward planning for IT spend.
17.11	Stuart Rees, interim CFO, highlighted issues around PTS spend which he argued was pivotal to the success or failure of delivery against financial plan. He assured the Board that work was being undertaken to minimize risk in this area, where difficulties had been acknowledged for some time, and Phil Browne, Interim Turnaround Director had been brought in to undertake that work.
17.12	**The Board noted the Finance Month 5 Update**.
18	**Assurance Report**
18.1	Finance and Performance Committee 19 September 2024.
18.2	The Board **NOTED** the Finance and Performance Committee Assurance Report.

19	**Assurance Report**
19.1	Audit Committee 18 September 2024
19.2	The Chair of the Audit Committee presented highlights from the meeting held 18 September 2024 and set out in the associated report. He referred to the mater of medical devices which had achieved limited assurance and was now considered partially resolved. Further improvements in that area required the implementation of an asset management system and forward monitoring would be picked up by the Quality and Safety Committee in that respect.
19.3	He also referred to the matter of counter fraud training (attendance and awareness) which would be subject to a review owing to low attendance. It was, he said, important that awareness was raised while recognising the busy workloads of staff in the organisation. He reported that benchmarking had taken place across approximately 60 organisations and SCAS was found to be within the parameters of 'normal' in all areas.
19.4	Ian Green, NED, drilled down on the medical devices limited assurance. This risk, he said, had been present since identified as part of the CQC inspection in 2022 and it was not acceptable that it continued to appear. Mike McEnaney, NED, agreed but said that it was part of a wider agenda on asset management improvement and that this would continue to be assessed by the relevant Committee and reported to Board. Helen Young, CNO, described the current, non-digital checks undertaken to mitigate risk around medical device use but acknowledged that questions around robustness were legitimate. Currently the direction of travel was positive if not yet fully resolved, and she reiterated the information given previously regarding positioning of it in the context of wider matter of asset management.
19.5	**ACTION:** Board to receive a more detailed report on asset management within the next two meetings – DoO & HoG to facilitate.
19.6	The Board **NOTED** the Audit Committee Assurance Report.
20	**Questions submitted by Board Members on agenda items:12, 13, 14, 15, 16, 18 & 19**
20.1	No questions received.
21	**Assurance Report** People and Culture Committee 9 September 2024.
21.1	The Board **NOTED** the People and Culture Committee Assurance Report and information was received relating to the session on culture to be held Wednesday 2 October 2024.
22	**The Southern Ambulance Service Collaborative (SASC) 2024/25 Manifesto and 2024/25 Budget**
22.1	David Eltringham, CEO, presented the report to the Board. He reminded members that SCAS had joined the collaborative and reported that a manifesto had now been produced and several engagement events had been held to launch and raise awareness of it.
22.2	From that manifesto, three priority areas had been identified, shared procurement, digital opportunities in the form of Artificial Intelligence (AI) in emergency operation centres, and the

	development of a model for ambulance resources. Shared procurement had been placed front and centre of those priorities.
22.3	Board approval was sought, to approve the priorities and, in the private session, to agree a sum of money, £75k, to invest toward that end. He confirmed that the matter had been considered by the EMC and the Finance and Performance Committee prior to submission to Board.
22.4	Sumit Biswas spoke to the item. He had been concerned that the collaboration would be a distraction from the work of SCAS but was now assured that the work being undertaken supported internal priorities.
22.5	Keith Willett, Chair, agreed that the priorities were aligned with SCAS focus and financial planning.
22.6	Kate Kapernaros, NED, raised the matter of AI which from the Audit Committee perspective was perceived as a risk for the organisation. She challenged the way in which it was currently sometimes perceived, and asked if there were currently any matters where a problem was identified, and AI may help. Craig Ellis, CDO, stated that AI was considered to be an effective solution for matters pertaining to multi-morbidity patients but that currently the maturity of AI was not sufficient to be implemented. Such matters were being considered by the relevant groups and would form part of the Digital and IT forward planning referred to earlier to be considered by Board in the short-term future.
22.7	The Board **AGREED** the three priority areas.
23	**Communications Update**
23.1	David Eltringham, CEO, updated the Board. He reported that Keith Willett had attended, representing SCAS, at the the National Memorial Service for colleagues who had passed away. He was disappointed to learn that our ceremonial contribution had been limited in recent years and DE committed to improving that position in the future.
23.2	This matter had drawn to his attention other areas where staff would like to see SCAS have a greater presence such as Remembrance Sunday and he agreed that it was a matter of importance and would be addressed. Such events were important in their own right, but also critical to staff morale and sense of identity.
23.3	Nigel Chapman, NED, raised the issue of website accessibility and the upcoming deadline for compliance with new criteria in this area. Craig Ellis, CDO, confirmed that all that could be done had been done at SCAS, and this largely related to document accessibility. Further work was now being undertaken in relation to the design of the website itself. It was unlikely that SCAS would be compliant at the point of application of the new standards, but it was noted that the organisation was ahead of the field in many areas. Nigel Chapman, NED, asked that comparisons be made to the standard and not to others who were also non-compliant.
23.4	The Board **NOTED** the Communications Update.
24	**Questions submitted by Board Members on agenda items 21 & 23**

24.1	No questions were received.
25	**Chief Digital Officer Report**
25.1	The Board **NOTED** the Chief Digital Officer report.
26	**Performance and Accountability Framework**
26.1	David Eltringham, CEO, presented the report and associated Performance and Accountability (PMAF) for the approval of Board.
26.2	He explained that as a result of a recent Board workshop on risk it had been agreed that a Performance and Accountability Framework would benefit the organisation in pursuit of its strategic objectives. The PMAF was intended to ensure that the necessary processes, procedures, and responsibilities were defined and put in place to enable the Trust Board and other key personnel to understand and monitor the Trust's achievement against quality, operational and financial performance, thereby enabling appropriate action to be taken when performance against set targets was unsatisfactory.
26.3	The PMAF provided a framework for leadership from 'Board to Front-line' and would support effective decision making and ensure that performance management was integral to organisational planning and service delivery.
26.4	The Board was asked to agree the PMAF and its intended introduction to the organisation in quarter three of the financial year, which would allow it to play its part in the next year's planning process.
26.5	The matter was opened for discussion.
26.6	Dhammika Perera, NED, welcomed the Framework and the level of accountability it would introduce and clarify for all leaders within the organisation as well providing those same leaders with escalation routes when their use was necessary.
26.7	Mark Ainsworth, DoO, said that it was intrinsic to the success of the aims underlying the PMAF that business intelligence was accurate not only to support local managers but also to withstand challenge from them. Craig Ellis, CDO, agreed that this was important but that this was a journey for the organisation and, for example, ESR would not be perfectly aligned in the first year but over time this would be achieved. There would also be training requirements for staff that would be managed as the PMAF became established.
26.8	Stuart Rees, DoF, described the benefits of the PMAF for financial planning in the future, and these were welcomed by the Board. He agreed that at roll-out, the PMAF and associated support mechanisms and structures would not be perfect but was convinced that the time was right nonetheless and that improvements could be made as the framework embedded.
26.9	In response to comments received in the run up to them meeting regarding planned outputs he recognised the necessity of that workstream, but informed Board that those elements did not belong in the framework, instead being better placed in the annual financial planning mechanisms, for example.

26.10	The Board **AGREED** the adoption of the PMAF and associated implementation timescales.
27	**Business Assurance Framework (BAF)**
27.1	The Board received a report setting out proposed changes to the BAF.
27.2	The Board **APPROVED** the amended Business Assurance Framework
28	**Assurance Report Improvement Programme Oversight Board Update 04 September 2024**
28.1	In the absence of Caroline Morris, Transformation Programme Director, Jamie O'Callaghan, Corporate Governance Officer (CGO), reported that the Improvement Programme Oversight Board (IPOB) would no longer meet, in response to the exit criteria being reframed as transition criteria by NHSE.
28.2	It had been agreed, he explained, that the management of the RSP work streams would instead flow directly to EMC which would consider each stream on a four-weekly cycle with an associated report to Board. He assured Board that there would be no loss of emphasis on the transition criteria, but instead, an acknowledgement of their being intrinsic to the work of the organisation.
28.3	Feedback was received from Board that regardless of the vehicle by which the improvement programme was monitored it was important that actions were SMART so that there was opportunity for genuine challenge against them. Jamie O'Callaghan, CGO, assured members that one of the benefits of moving to EMC was the acknowledgement of the IPR as a driver for the organisation and the alignment of transition criteria with the business of the organisation more generally.
28.4	Board **NOTED** the IPOB Update – Assurance Report.
29.	**Any other business**
29.1	Sumit Biswas asked for an update on winter readiness. Mark Ainsworth reported that a letter had been received from the ICB regarding national returns (reporting requirements) on the matter of winter readiness, for example operational hours, control centre etc.
29.2	It was AGREED that the scheduled EPRR report to be received by the next Board in public (November 2024) would also include assurance on winter readiness.
29.3	**ACTION:** DoO and HoG to liaise to ensure consideration of winter readiness at the next Public Board.
30	**Questions from observers**
30.1	There were no questions from observers at this meeting.
31	**Non-Executive Director Review of the meeting**
31.1	Mike McEnaney, NED, reflected that:

31.	• Papers were full, distributed on time and generally acceptable in quality. • That in the future, inclusion of performance information in the CEO report would be welcomed. • It was positive that assurance had been taken from Committee undertakings allowing for efficiency at Board level. • The HIoW Finance report was useful and relevant and similar would be welcome in the future. • That some matters would benefit from greater clarity, in particular the in relation to the IPR and more time should be allocated to that matter as well as to the Audit Committee upward report. **Executive Director Review of the meeting:** John Black, CMO, reflected that: • The venue was good and lent itself to useful inclusive discussion. • Appropriate challenge had been received, if on occasion the level of detail may have been over and above that necessary for a Board meeting. • That care should be taken that only appropriate reporting was being undertaken and unnecessary duplication was avoided.
32 32.1	**Date, Time and Venue of Next Meeting in Public** The next public meeting of the SCAS Board would take place at 9.45am on 28 November 2024 at the Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN

NHS
South Central
Ambulance Service
NHS Foundation Trust

Board Meeting in Public November 2024

Key for Status

	Open		Propose to Close

Action No.	Date of Meeting	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
1.	25/07/24	Chief Executive Report	Sumit Biswas requested that Non-Executive Directors are provided with relevant communications for site visits. Gillian Hodgetts confirmed that the Communications team are developing FAQs and developing responses to more specific questions to support the engagement process and will be shared in due course.	Gillian Hodgetts	September 24	Propose to Close	November update: Completed.
2.	26/09/24	Chief Executive Report	Craig Ellis, CDO, agreed to provide a digital app to assess the reach of communication briefings to staff.	Craig Ellis	November 24	Open	November update: Interim Plan: Microsoft Form has been drafted up between IT/Comms- plan to go live in January 2025. Medium-term Plan: Digital team is looking to develop a power-app during early

							2025 to enhance the feedback gained
3.	26/09/24	Hampshire and Isle of Wight ICS Finance Report	Board Workshop be arranged to allow full consideration and assurance that the Urgent and Emergency Care Transformation Programme would deliver the planned outcomes and cost improvements, with an appropriate plan in place for any shortfalls Action - HoG to progress Board workshop on Urgent and Emergency Care Transformation Programme.	Kofo Abayomi	January 2025	Open	
4.	26/09/24	Patient Story	Helen Young / Mark Ainsworth to organise a visit to the 111 call centre for Mrs Smith.	Helen Young/Mark Ainsworth	November 2024	Open	November update: Update at meeting
5.	26/09/24	Patient Story	Natasha Dymond to organise conversation with retrained staff member	Natasha Dymond	November 2024	Propose to Close	November update: Contact made with Caroline Whitworth, meeting being arranged.
6.	26/09/24	IPR	Mark Ainsworth to provide report to Board on PTS VOR performance.	Mark Ainsworth	November 2024	Open	November update: Email update received by PTS but not in format to share with board. If board agree then paper can be shared outside of meeting or moved to December board
7.	26/09/24	IPR – Meal Break Policy Changes	Les Broude asked a further question pertaining to PTS 60 second performance	Mark Ainsworth	November 2024	Open	November update: Narrative included in PTS IPR narrative

			and Mark Ainsworth agreed to provide the information outside of the meeting. **ACTION:** Mark Ainsworth to provide information relating to PTS as described.				
8.	26/09/24	IPR – Vehicle cleanliness audits	HoG to ensure that agendas for Q&S and F&P committees reflect appropriate oversight of vehicle cleaning requirements and performance against targets going forward.	Kofo Abayomi/ Helen Young/Stuart Rees	January 2025	Open	
9.	26/09/24	IPR	Recruitment times by role type to be reported to the next meeting of the P&C Committee. iDoP to report, HoG to schedule.	Kofo Abayomi/Natasha Dymond	November 2024	Propose to Close	November update: Presented to PACC in November meeting
10.	26/09/24	Quality and Patient Safety Report	Further report to Board to be received relating to the performance of medicines management following its move back in-house (HY and HoG)	Helen Young	January 2025	Open	
11.	26/09/24	Quality and Patient Safety Report	HY to consider reporting requirements relating to Call handler performance	Helen Young	November 2024	Open	

12.	26/09/24	Assurance Report - Audit Committee 18 September 2024	Board to receive a more detailed report on asset management within the next two meetings – DoO & HoG to facilitate.	Kofo Abayomi/Stuart Rees	January 2025	Open	
7	28/03/24	12	Annual Assurance of SCAS EPRR functions to be presented to the Board.	Executive Director of Operations	~~August~~ November 24	Propose to Close	28 July 2024 ~~Report scheduled for August Trust Board meeting.~~ Deferred to November Board meeting – report to include updates to SCAS EPRR function and annual assurance.

South Central Ambulance Service
NHS Foundation Trust

Meeting Report

Name of Meeting	Public Trust Board Meeting
Title	Chair's update
Authors	
Accountable Director	Keith Willett, Chair
Date	28th November 2024

1. Purpose

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

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

October 2024

- Joint High Sheriff and Basingstoke MP visit to Southern House
- SCAS Culture Workshop
- RAuxAF HACs Autumn Conference
- Ambulance Leaders Forum Virtual Event
- ICS Monthly Chairs Meeting
- Membership & Engagement Committee
- Finance & Performance Board Committee
- Senior Leaders Event
- EPRR Delivery Board
- BLMK Leaders and Chairs Meeting
- Leadership Visit – Whiteley Education centre
- Leadership Visit – North Harbour
- BOB System Recovery and Transformation Board
- SASC Chairs & CEOS meeting
- FTSU Month – Stoke Mandeville Hospital/ED visit
- BLMK Research and Innovation Network Meeting

November 2024

- BOB Lead Governor meeting
- FTSU Catch-up
- Leadership Visit – High Wycombe RC
- NHS Providers Annual Conference Liverpool
- BLMK Leaders and Chairs Meeting
- Chairs, CEOs ICB Executive Development Session
- NHS Confed Chairs Group
- Hope for the (NHS) Future Campaign Launch, House of Lords
- SASC Chairs Sharing Day – SECAMB
- Making Data Count training 1,3,8
- NHS England Chair's Advisory Group

- Joint SECAMB/SCAS Board

Other

- Monthly: SE Senior Leaders Briefings (Anne Eden)
- SCAS Lead Governor meetings
- New SCAS Governor Introductory meetings
- NED 1:1 meetings
- Team Brief Lives
- Extra-Ordinary Finance & Performance committees (2)

Recommendation

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

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Report Cover Sheet

Report Title:	CEO Briefing
Name of Meeting	Board of Directors Meeting in Public
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	6
Executive Summary:	The CEO Report includes the following: • **Operational Highlights** • **Key Activities and Achievements** • **Upcoming Priorities**
Recommendations:	The Trust Board is asked to: Note
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:	**N/a**
Justification of Assurance Rating:	
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	

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Chief Executives Update

Name of Meeting	Board of Directors Meeting in Public
Title	Chief Executive Officer's Update
Accountable Director	David Eltringham, Chief Executive Officer
Date	28/11/2024

1. Operational and Financial Matters

Operational Pressures: The sustained high demand for our services is placing considerable pressure on the Trust. Our frontline crews, call center, PTS, and support staff are all working hard and under significant pressure. As a leadership team, we are working to balance quality and safety, operational performance, staff wellbeing, and financial objectives. We are focused on working in partnership with local health and social care systems and in particular with the Hampshire and Isle of Wight system to address the challenge of hospital handover delays in Portsmouth and South East Hampshire. We recognise the impact this is having on the wellbeing of our staff and the training of our student paramedics. We are committed to supporting our teams and are actively implementing initiatives to mitigate these pressures and ensure a sustainable working environment.

Financial Performance: Maintaining patient safety alongside financial stability is a shared responsibility. We are actively managing budgets and implementing cost improvement measures to ensure our long-term sustainability. As we do this, we remain focused on delivering high-quality, safe services. Every member of SCAS plays a crucial role in identifying and reporting potential safety concerns, and we encourage staff to speak up using our Freedom to Speak Up channels if they are concerned about patient safety risks. We also encourage staff to report incidents or near misses through the Patient Safety Incident Response Framework (PSIRF).

2. Key Activities and Achievements

Remembrance Day: I was proud to join community first responders in Thame to lay a wreath in remembrance of those who have died in the service of their country. This act of remembrance was repeated across the SCAS footprint with more than 20 wreaths laid in different locations. This serves as a powerful tribute to the service and sacrifice of those who have defended our freedom.

Collaboration with SECAmb: In October, we announced our commitment to work more collaboratively with our neighbouring ambulance trust, SECAmb. Together, we provide ambulance services across the South East England NHS region. The Executive teams from the two Trusts have met together on two occasions, and on Friday, November 15th, at a joint meeting, we set out a range of areas upon which we can collaborate. This work will be presented to a joint Board meeting scheduled to take place on November 29th.

SASC Procurement: Building on our strong partnership with SECAmb, we are actively collaborating with the Southern Ambulance Services Collaboration (SASC). Following the release of the SASC manifesto in September, work has been ongoing to develop a shared procurement capability. Early indications suggest that by combining the purchasing power of all five organisations, we can achieve substantial savings. This will allow SASC to redirect funds towards initiatives that directly enhance patient care.

3. Upcoming Priorities

National Context: Following speeches by the Secretary of State and the Chief Executive of the NHS at the NHS Providers conference, there were many reports in the media relating to the NHS and the need to drive improvement. We are actively participating in the listening exercises relating to the creation of the 10-year plan, the operating model for the NHS, and the clarification of roles and responsibilities. We welcome the development of the leadership support program, which was announced at the conference, and the clarity of organisational roles and responsibilities that is emerging.

Corporate services review: The Corporate Service review consultation has now concluded. The Executive team is working on finalising the structures set out in the

proposal and making amendments following consultation feedback. This will be presented to the Executive Management Committee during the week of November 24th. Publication of the new organisational structures will follow. We understand that this period of transition has been unsettling for many within SCAS. We are working to address questions and concerns raised during the consultation and are committed to providing clear and timely communication throughout this process.

Urgent and Emergency Care (Winter Preparedness): Our priority is to ensure we are prepared for the anticipated increase in demand for urgent and emergency care services during the winter period. Key activities include:

- **Queen Alexandra Hospital:** We continue to work closely with leadership colleagues at the Queen Alexandra Hospital. At the moment, we are focused on supporting the opening of the new A&E department, which is scheduled to take place on November 26th.
- **Release to Respond:** The implementation of the Release to Respond initiative across the whole of SCAS is moving forward and will be implemented across the whole footprint ahead of Christmas. The project sees us working with system partners to enable ambulances to be released from hospitals within 45 minutes of arrival.

Thank you,

David Eltringham

Chief Executive

November 2024

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Report Cover Sheet

Report Title:	Staff Story – Sarah Battram-Cake (Non Clinical Auditor)
Name of Meeting	Trust Public Board Meeting
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	8
Executive Summary:	Key points: - This month is UK Disability History Month with the theme of Disability Livelihood and Employment. - Only 53% of the work-age disabled population are employed, which is a large opportunity for recruitment - Within SCAS, 8.5% of the workforce declared a disability in 2024, with only 27.6% of disabled staff reporting they felt valued by the Trust. - Staff with disabilities in SCAS are also five times more likely to enter a formal capability process. - Sarah's career story with SCAS highlights the issues people with a disability experience through recruitment and their career with the Trust. - The main issues Sarah has experienced have been around a lack of understanding of what reasonable adjustments are needed, lack of communication, unconscious bias towards people with disabilities and long-term health conditions, and a lack of internal processes to support staff and managers with implementing reasonable adjustments. - Sarah has been supported by her line manager but experienced more challenges when she changed roles internally. - Sarah is passionate about her work as Chair of DARE and working with the Executive Team and all directorates to make SCAS a more supportive and inclusive working environment.

Recommendations:	The Trust Board is asked to: Discuss – - How to champion for a change in culture regarding disability. - How to lead in developing processes for staff to receive reasonable adjustments Note – - Listen to staff experiences to fully understand the extent and impact the current lack of processes have for staff with disabilities.
Accountable Director:	Natasha Dymond, Interim Director of People
Author:	Sarah Battram-Cake, Chair of DARE staff network
Previously considered at:	N/A
Purpose of Report:	Note/Approve/Assure
Paper Status:	Internal
Assurance Level:	**Assurance Level Rating Options -** • **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:** Partial/
Justification of Assurance Rating:	Considerations for the Trust Board are included in the report.
Strategic Objective(s):	People & Organisational
Links to BAF Risks or Significant Risk Register:	SR7 - Staff Feeling Unsafe, Undervalued and Unsupported
Quality Domain(s)	All Quality Domains
Next Steps:	
List of Appendices	N/A

Meeting Report

Name of Meeting	Trust Public Board
Title	Staff Story – Sarah Battram-Cake
Author	Sarah Battram-Cake
Accountable Director	Natasha Dymond, Interim Director of People
Date	28 November 2024

1. Purpose

This month is UK Disability History Month (14th November to 20th December 2024) and this year's theme is Disability Livelihood and Employment.
Some key statistics:

- 10.21 million people of working age (16 to 64) reported that they were disabled in December 2023, which is 24% of the working-age population. Of these, 10 million people (53%) were in employment[1].
- In 2021/22, 14% (47,500) of people starting apprenticeships had learning difficulties and/or disabilities.
- Within SCAS, 8.5% of the workforce declared a disability in 2024, with only **27.6% of disabled staff reporting they felt valued by the Trust**.
- Staff with disabilities in SCAS are also **five times more likely** to enter a formal capability process (WDES 2024).

The biggest issue for people with disabilities gaining employment remains employer attitudes. Reasonable adjustments are key and can be a great support for disabled staff. Not considering reasonable adjustments is discrimination.

Sarah Battram-Cake is a Non-Clinical Auditor in Southern House and is also the Chair of DARE (Disability Awareness, Representation and Equality Staff Network).

2. Background

My name is Sarah and I am a Non-Clinical Auditor. I am a Mother to three children, a wife, and a craft enthusiast. I consider myself as neurodivergent as I was diagnosed with ADHD at 28, but I also have Irlen's Mears Syndome.

I applied to work for SCAS in March 2020, and faced multiple barriers during the recruitment and onboarding process, resulting in a 14 month wait for me to start training. Reasonable adjustments were slowly implemented post training, however whenever my health needs or role changes, there are further issues with implementing the adjustments I need to do my job to the best of my ability.

[1] UK Disability History Month – 14 November – 20 December 2024

Key barriers:

- My initial training course was cancelled twice, one only 3 days before the course was due to start. I was told this was due not having my reasonable adjustments in place, which was green and pink paper for training materials. On day one, Education had no knowledge of this adjustment request.
- I was forced to do a 'walk around' of CCC to ensure I could 'deal' with the environment, despite this not being a request of mine or Occupational Health. This added further delays and was unnecessary and patronising.
- I was told that I could not have a fixed desk, and there were delays ordering a dual noise cancelling headset, despite these being frequently used across CCC. Although I did have a fixed desk, I have seen had issues detaining this following a role change.
- Reasonable adjustments were not put in place until after an Access to Work Assessment which took 21 weeks. There have since been further delays getting equipment I have been assessed as needing due to health conditions, and some are still outstanding.

Positives:

- Education have always been very supportive in implementing adjustments.
- There has been some progress through the DARE network.
- My line manager has been supportive in trying to help get my reasonable adjustments, but a lack of clear pathways has made this difficult.
- I am scheduled to only work nights, as this is a better work environment for me.

ADHD is a well-known but poorly understood condition which affects every part of my life. The symptoms of ADHD are experienced by everyone but the severity and frequency is what causes the difficulties. I struggle with directing my focus, distractions, sensory processing, short term memory/working memory, hyperactivity and there are some emotional impacts as well.

However, there are many positives to having ADHD such as incredible creativity, constantly information seeking, good at improvising, sympathetic and curious to understand the lived experiences of other people.

My interest in fairness, equality and diversity may well have not been so strong had I not had to try and unpick a world that wasn't made for me. Learning to mimic other people throughout my formative years, in order to try and emulate the things they could do so naturally, has made me empathetic and emotionally very aware.

My natural development as a person with ADHD has been challenging, as many people struggle or wish not to understand me. This is why support within the workplace is so important for people with disabilities, so they have a place of belonging and acceptance. We work in such a diverse workplace and environment, why can't disabilities be an accepted diversity?

If given the choice to take a pill and get rid of my ADHD, would I? Absolutely not. I am the perfectly imperfect version of myself, I am exactly who I am meant to be right now. So are you. But we are far from others accepting and feeling this way.

3. Areas of Risk

- Reputational damage and legal ramifications of not complying with the Equality Act and potential for employment tribunals
- Recruitment delays and missed opportunities for recruiting millions of skilled and passionate staff
- Avoidable sickness leave due to staff not being supported or having adjustments.

4. Considerations

As the Chair of DARE, but also as a member of staff, I'd like the Board to consider:

- Championing for a change in culture to ensure staff with disabilities feel seen and supported, and a reduction in unconscious bias to those with disability.
- Leading the development of processes for staff to receive reasonable adjustments, including implementation of Access to Work assessments and support for staff with disabilities. This includes roles to support coordinating reasonable adjustments for staff and consideration of a central budget for reasonable adjustments. This would help limit the 'postcode lottery' approach we currently experience and reduce unconscious bias.
- Listening to more staff experiences to fully understand the extent and impact the current lack of processes have for staff with disabilities.

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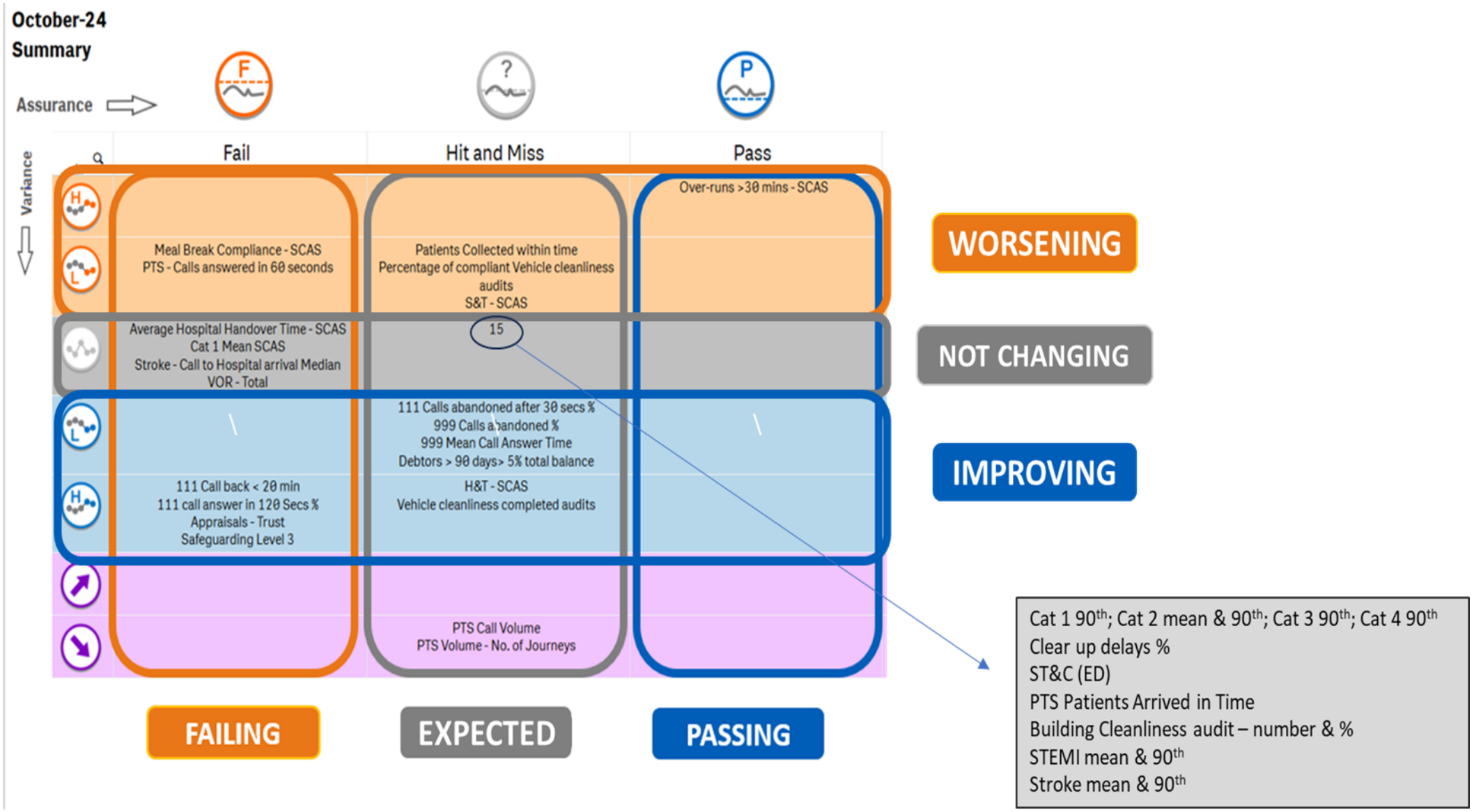
Report Cover Sheet

Report Title:	Integrated Performance Report (IPR)
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	9
Executive Summary:	This high-level Integrated Performance Report serves to provide an Executive Summary for the Trust Board and its sub-committees. It gives organisational oversight of all key areas across the Trust, bringing together key metrics for Operational performance, Safety and Quality, People and Finance. This IPR covers the performance period of October 2024, the seventh month of the financial and operational year. During November an extraordinary meeting was held between the SCAS IPR and national Making Data Count (MDC) teams to establish the key future deliverables required to embed and then develop the Board and sub level IPR's in the future. The intention is that a roadmap providing details of key deliverables relating to technical, quality assurance, future capability and governance requirements is in the process of being developed. A bi-weekly steering group has been established that will track progress and report back to Executive Management Committee (EMC). The October 2024 report highlights those metrics that need to be highlighted either due to concern; flag those consistently improving and metrics with targets that we have not achieved for a significant time. Table 1, at the end of the paper, contains details of those metrics that have the following characteristics: ***Special Cause Variation*** – Improving / deteriorating. - Either a one-off cause for concern where the value for the month has fallen significantly outside of the expected values (the process limits) - Or a sustained run of data points over several months that indicate a change in process or outcomes. - ***Common Cause or expected variation*** – target missed. - Those cases where each month, the metric falls within expected values (process limits) but the target is not met or achievable.

	There are 29 metrics that either do not have a specified target or have less than 20 months' worth of data. For the latter, run charts as opposed to SPC charts are used to track progress. These are shown as run charts. - 14 charts, primarily linked to People metrics and the Cardiac AQI's will have 20 months data for the Nov 24 report. - 10 charts, primarily for PSIRF (6) and People only have data from April 24 - 5 charts have sufficient data for targets – STEMI / Stroke AQI's and See &Treat, but do not have targets included. Commentary as provided by the Executive lead, or their deputies is provided within the IPR for each indicator identified for assurance reporting.
Recommendations:	The Board is asked to: • note the Integrated Performance Report and receive it for information, assurance and discussion.
Accountable Director:	Stuart Rees, Interim Director of Finance
Author:	Tina Lewis – Senior Transformation Programme Manager
Previously considered at:	EMC and Finance and Performance Committee
Purpose of Report:	For noting
Paper Status:	Internal
Assurance Level:	**Assurance Level Rating Options -** • **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:** Acceptable
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	All Strategic Objectives

Links to BAF Risks or Significant Risk Register:	All BAF Risks
Quality Domain(s)	Not applicable
Next Steps:	(What actions will be taken following agreement of the recommendations) Please see action plan.
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report) IPR Report – addendum to be issued on Monday 18th November 2024

Table 1 – October 2024 IPR Summary



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Integrated Quality and Performance Report: Oct-24

Executive Summary

Operational Performance

- 999 Operations
- CCC (EOC and 111)
- PTS

Safety and Quality

People

Finance

Executive Commentary (continued) :

All our ARP performance measures continue to be within expected variation but failing to meet the targets in October. Our performance has been demonstrating expected variation since April 2022 illustrating it is unlikely these targets will be achieved. Our category 2 target for September was 25:35 and we were 12:56 minutes above target at 38:31. 999 incident demand remains within expected variation but 2.9% below forecasted levels, with operational hours being above plan by 1,635 hours. We are continuing to manage operational hours to the agreed budget levels; however we were unable to allocate any more annual leave or cancel overtime without affecting our night cover.

999 mean call answer increased to 16 seconds which is below the mean, within expected variation of an improving trend, but failing against the national target of 10 seconds. Call answer has seen a reduction in variation since August 23 and we expect to remain close to or below target with actions being taken. Performance was challenged, particularly in the first week of the month, due to volume of duplicate calls resulting from pressures in Ambulance availability due to the impact of hospital handover delays. 111 call answer was at 86% within 120 seconds and within normal variation but failing to meet target, however this is the 7th consecutive month above 80%. Demand is below plan in part to the 10% national contingency being provided to SCAS.

Hear and treat improved further in October to 14.55%, is within expected variation (common cause variation) following a period of poorer performance and now showing a continuing improvement and above target of 14%. A bid has been submitted for some regional funding to increase the volume of calls through cat 2 segmentation. If this funding is approved, then we will see further marginal increase in H&T volumes.

See and Treat dropped further in October to 31.9% linked to higher H&T. This measure is showing a special cause variation with 12 consecutive months below the mean and the last 3 months below the lower control limit. The relationship between increasing H&T and falling S&T is being monitored through the operational performance meetings to ensure staff are continuing to use all available clinical pathways. ST&C to ED is showing common cause variation at 50.8% with 3 months above the mean impacted by the on-going reporting issue since the implementation of the National Mobile Application solution.

Handover delays are within expected variation but failing national target of 15 minutes, and SCAS trajectory. Average handover times were at 28:58 against a target of 22:01 and the second month above the mean. BOB and Frimley hospitals were in line with plan; however, Hampshire delays were 80% higher than plan with QAH 169% above plan, with an average handover of 1 hour 24 minutes. The QAH delays impacted on SCAS cat 2 by 15:15 for the month. This impact was partly offset by demand below plan improving cat 2 by 2:27, combined with the over delivery of operational hours improving cat 2 by 39 seconds. Work continues with each of the acute trusts to develop the implementation plans for the W45 handover process which we aim to roll out in December.

Meal break compliance shows special cause variation with a significantly lower than expected performance at 35%. Without a process change then this measure will continue to fail. On 30th October the revised meal break changes went live so we would expect to see changes to the pattern on consistent failure against target. Overruns continue to deteriorate, and this is in line with increased incident demand and significant delays at acute trusts. Mitigations to improve both meal break compliance and reducing the amount of time staff lose to over runs is now established and analysis of the data will need to take place to understand the impact of the changes to policy.

Executive Commentary :

The underlying financial performance for the month was a surplus of £0.6m, which is a month on month improvement of £0.9m from month 6. The year to date (YTD) position is now £6.5m which is in line with plan. The Trust also received year to date deficit funding of £3.6m in Month 6 resulting in an improved YTD deficit position of £2.9m year to date.

The Trust's Integrated Care System (ICS) control total is a deficit of £10.1m (or £4.1m after deficit funding totalling £6.0m). In order to achieve this, the financial recovery plan requirements must be met. The financial recovery plan is not on track with the CIPs year to date position £13.0m against a plan of £13.8m. As a result, there were extraordinary Finance and Performance Committee meetings focused solely on the recovery plan and the mitigating actions to bring the Trust back on track.

The Trust's cash balance at the end of October stood at £26.2m. There was a net cash inflow in month 7 of £2.6m due mostly to the receipt of pay award funding and central deficit funding from ICB's. In November there is a further £2.8m income expectation from the ICB for pay award funding.

The October month end over 90-day debt has increased this month and now stands at £184k (up from £132k in September). The 90-day category debt has increased to 11.89% of the total sales debt (up from 7.63% in September).

The Trust's capital spend to October was £4.7m, with £6.8m of vehicle sale and leaseback sales producing a net income of £2.1m. The Trust is underspent against its year-to-date capital budget by £15.9m, this is made up of digital and estates being £6.9m behind plan, £2.3m of net sales proceeds and £9.2m slippage in the 2023/24 DCA cohort which is now expected in December to March.

There was £5.9m spend up to October for IFRS16 CDEL, the next predicted IFRS16 CDEL spend is in February with the expected completion of leaseback arrangements for the first tranche of the 72 2023/24 cohort of DCA units.

Executive Commentary (continued) :

Level 3 Safeguarding training is still a fail at 89 % against 90% at point of data input but has
Since achieved target of 90%.

The number of building and vehicle audits that are deemed compliant against standard are below target and IPC lead delivering improvement programme, training, and level 3 audits alongside contract management of our providers of cleaning and make ready services.

This month we failed to meet our target on complaints responses returned on time. This is unusual but worthy of mentioning, as we have been monitoring how many extensions teams are asking for and how complaints are signed off by directors in a timely way, following improvements after the recent board story. The Pt Experience Manager has introduced a supportive monitoring which flags delays early and offers support to resolve issues investigating officers are experiencing.

Although continuing to be a concern our vacancy rates, turnover and WTE we do expect the vacancy rate to improve with courses for new joiners planned through to the end of the year. To note however, is the impact that the corporate restructure and PTS contract transfer may have on the turnover and WTE within the Trust.

Time to Hire, although remaining high has reduced in October, despite some difficulties with some staff groups.

The Trusts PRS completion continues to improve positively, however given winter pressures and rising REAP levels, focus needs to be had to continue the improved position.

There is a marked increase in FTSU cases for October, reflecting the positive work and visibility throughout FTSU month. Staff also reflected their confidence in speaking up, particularly around sexual safety and noted the beneficial work in this area.

The Trust continues to have an improving trend for staff declaring a disability or stating they are BAME, reflective of an improving safe culture within the Trust.

Absence rates remain as expected, although we are starting to see minor increases due to winter and seasonal changes.

Executive Commentary (continued) :

Executive Summary

The ST-Segment Elevation Myocardial Infarction **(STEMI)** relates to patients who have had a significant narrowing or blockage of a coronary artery. This can be diagnosed on scene by Paramedics and a specific pathway accessed. The sooner patients arrive at definitive care, the better their outcomes. The STEMI Mean and 90th charts show common cause variation which may hit or miss the target. These metrics are closely aligned with Category Two performance and vehicle availability to respond.

The **Stroke** metrics for mean, median and 90th Centile charts show common cause variation, and the metrics may hit or miss the target. These metrics are closely aligned with Category Two performance and vehicle availability to respond.

Return of Spontaneous Circulation (**ROSC)** metric is a positive outcome from an out of hospital cardiac arrest. It is based on the optimal provision of the chain of survival, with early community recognition and action prior to the call to 999 as well as Category One performance, vehicle availability and ensuring training for Trust clinicians is up to date. Utstein refers to a sub-group of cardiac arrest presentations who are theoretically more likely to achieve a better outcome from resuscitation. The two charts for All cardiac Arrests show common cause variation, and the metrics may hit or miss the target. The Utstein component charts show a decline in performance which needs to be understood to enable improvement activity to be designed.

Statistical Process Control:

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation. It includes a mean and two process limits which are both used in the statistical interpretation of data. To help you interpret the data a number of rules can be applied.

The rules:

1) Any single point outside the process limits.

2) Two out of three points within 1 sigma of the upper or lower control limit.

3) A run of 6 points above or below the mean (a shift) .

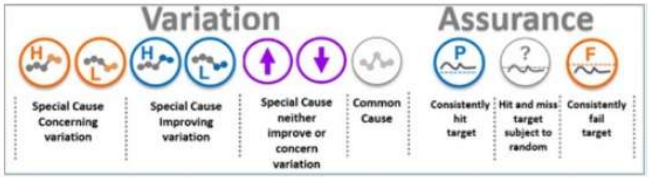
4) A run of 6 consecutive ascending or descending values (a trend).

All these rules are aids to interpretation but still require intelligent examination of the data.

This tool highlights when a rule has been broken and highlights whether this is improvement or deterioration.

If you change in your process and observe a persistent shift in your data, it may be appropriate to change the process limits. A process limit change can be added if the observed change is sustained for a longer period not just 6 points. You should try and find out the cause of the process change before recalculating the limits and annotate this on the chart. Be very cautious if you do not know what changed the process.

Icon Key



NHS Icon Descriptions

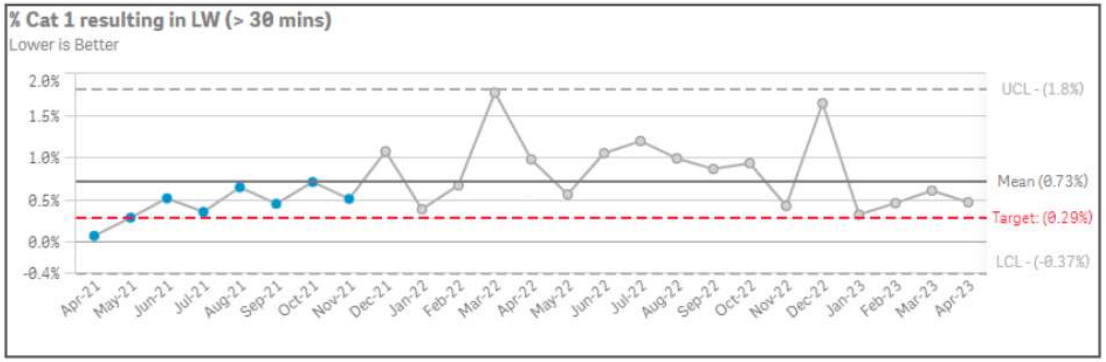
	Pass	Hit and Miss	Fail	No Target
	Special cause of an improving nature where the measure is significantly HIGHER.This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER.This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER. This process is will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.
	Common cause variation , no significant change. This process is capable and will consistently PASS the target	Common cause variation , no significant change. This process will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Common cause variation , no significant change. This process is not capable. It will FAIL the target without process redesign.	Common cause variation , no significant change. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measurs is significantly HIGHER.The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measurs is significantly HIGHER.This process will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Special cause of a concerning nature where the measurs is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measurs is significantly HIGHER.Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly LOWER.This process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly LOWER.This process will not consistently HIT OR MISS the target.This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.

				Special cause variation where UP is neither improvement nor concern.
				Special cause variation where DOWN is neither improvement nor concern
n/a				Special cause or common cause cannot be fiven as there are insufficent number of points. Assurance cannot be given as a target has not been provided.

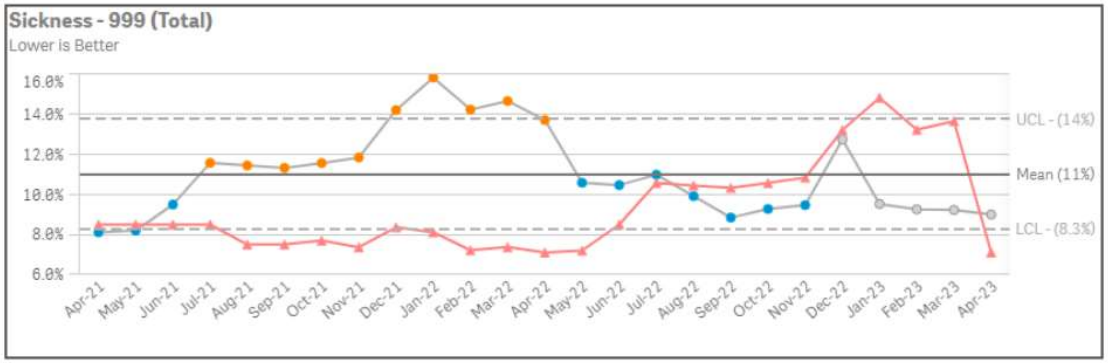
Assumptions:

The below SPC chart shows an example of the metric values per month.
The points on the line are coloured orange, grey, or blue in accordance with the SPC guidelines.
A dashed red line shows the target for the metric if there is one present.
A red line with triangle markers shows the plan projected for the metric if one is present.
The plan is different to a target, as the target is static; the plan can vary each month.
No Assurance Icon will be produced for the metric if no target value is available.
Quarterly Metrics and Metrics without data pre April 2022 will be visualised in a line chart and not an SPC Chart.

Example of Target Line Chart



Example of Plan Line Chart



UCL & LCL:

When the variance in the values is normal within the process (common cause varition) all the points will fall above or below them mean, but within the upper and lower control limits as represented by the lines on the chart.

If values(s) fall above the UCL or below the LCL, then they are statistically not expected, special cause variation.

However, it is important to realise that even if all the points fall within the control limit lines it does not mean the process is in control. Ideally a process should have no variation, the values should all be the same. So it is important to understand what is causing the common cause variation. The wider the gap between the mean line and the control limits, the larger the variance

NHS Overall Summary

October-24 Summary

Assurance ⇨ F ? P

Variance ⇩

	Fail	Hit and Miss	Pass	No Target
H			Over-runs >30 mins - SCAS	3
L	Meal Break Compliance - SCAS PTS - Calls answered in 60 seconds	Patients Collected within time Percentage of compliant Vehicle cleanliness audits S&T - SCAS		2
	Average Hospital Handover Time - SCAS Cat 1 Mean SCAS Stroke - Call to Hospital arrival Median VOR - Total	15		16
L		111 Calls abandoned after 30 secs % 999 Calls abandoned % 999 Mean Call Answer Time Debtors > 90 days> 5% total balance		2
H	111 Call back < 20 min 111 call answer in 120 Secs % Appraisals - Trust Safeguarding Level 3	H&T - SCAS Vehicle cleanliness completed audits		5
↗				1
↘		PTS Call Volume PTS Volume - No. of Journeys		2

Metrics:

Hit and Miss Common Cause Metrics:
Building cleanliness completed audits ; Cardiac Arrest Survival, Utstein ; Cat 1 90th %ile SCAS ; Cat 2 90th %ile SCAS ; Cat 2 Mean SCAS ; Cat 3 90th %ile SCAS ; Cat 4 90th %ile SCAS ; Clear up Delays - SCAS ; Patients Arrived within time ; Percentage of compliant Building cleanliness audits ; ST&C (ED 1&2) - SCAS ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Stroke - Call to Hospital arrival 90th Centile ; Stroke Call to Hospital arrival - Mean

NHS

NHS
South Central
Ambulance Service
NHS Foundation Trust

Operational Performance

NHS Operational Performance Overview

October-24 Summary

Metrics:

Assurance

Variance

	Fail	Hit and Miss	Pass	No Target
H				
L	PTS - Calls answered in 60 seconds	Patients Collected within time S&T - SCAS		1
	Average Hospital Handover Time - SCAS Cat 1 Mean SCAS VOR - Total	Cat 1 90th %ile SCAS Cat 2 90th %ile SCAS Cat 2 Mean SCAS Cat 3 90th %ile SCAS Cat 4 90th %ile SCAS Clear up Delays - SCAS Patients Arrived within time ST&C (ED 1&2) - SCAS		1
L		111 Calls abandoned after 30 secs % 999 Calls abandoned % 999 Mean Call Answer Time		
H	111 Call back < 20 min 111 call answer in 120 Secs %	H&T - SCAS		
↗				
↘		PTS Call Volume PTS Volume - No. of Journeys		

NHS Operations - Response Times/Utilisation/Operations Centre

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Cat 1 Mean	Oct-24	00:09:11	00:07:00		F	00:09:04	00:07:30	00:10:38
Cat 1 90th %ile	Oct-24	00:16:35	00:15:00		?	00:16:21	00:13:36	00:19:07
Cat 2 Mean	Oct-24	00:38:31	00:30:00		?	00:34:05	00:14:46	00:53:24
Cat 2 90th %ile	Oct-24	01:17:10	00:40:00		?	01:08:28	00:26:47	01:50:09
Cat 3 90th %ile	Oct-24	07:52:44	02:00:00		?	05:35:28	00:47:35	10:23:20
Cat 4 90th %ile	Oct-24	07:58:54	03:00:00		?	07:00:06	00:54:04	13:06:07
% Vehicles off the road	Oct-24		23%		F	29.1%	24.2%	34.1%
Ave Handover	Oct-24	00:28:58	00:15:00		F	00:25:21	00:17:06	00:33:36
Handover > 15mins	Oct-24	40%	48%		n/a	44.7%	35.6%	53.7%
Clear up Delays	Oct-24	00:14:08	00:15:00		?	00:14:32	00:13:49	00:15:14
% See and treat	Oct-24	32%	32%		?	33.9%	32.6%	35.2%
% ST&C to ED	Oct-24	51%	49%		?	49.7%	47.3%	52.1%
999 Call Answer	Oct-24	17%	10%		?	33.4%	-18.2%	84.9%
999 Ab. Rate	Oct-24	2.7%	2%		?	5.8%	-0.9%	12.5%
% Hear and treat	Oct-24	15%	14%		?	12.2%	9.7%	14.6%
111 Call Answer	Oct-24	86%	95%	H	?	64.1%	34.0%	94.3%
111 Ab. Rate	Oct-24	1.9%	3%	L	?	7.8%	-3.9%	19.4%
111 Call backs	Oct-24	47%	95%		F	25.4%	13.4%	37.3%

Operations - PTS Calls and Outcomes

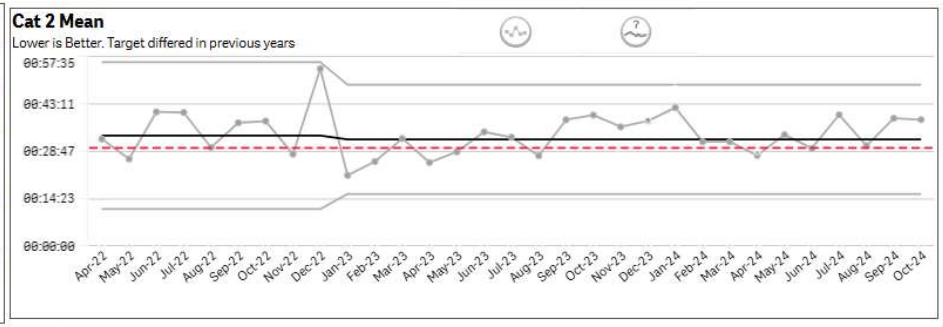
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Calls Answered (PTS)	Oct-24	53%	90%			63.9%	48.8%	79.0%
Number of calls (PTS)	Oct-24	32,438	38,093			33,112.2	25,250.2	40,974.3
% Patients arrived in time	Oct-24	84%	87%			86.7%	83.7%	89.6%
% Patients collected in time	Oct-24	84%	87%			88.4%	86.8%	90.0%
PTS Volume - No. of Journeys	Oct-24	69,800	79,359			76,123.9	65,214.9	87,032.9
Number of Patients Transported	Oct-24	18,825			n/a	21,641.3	18,914.2	24,368.4

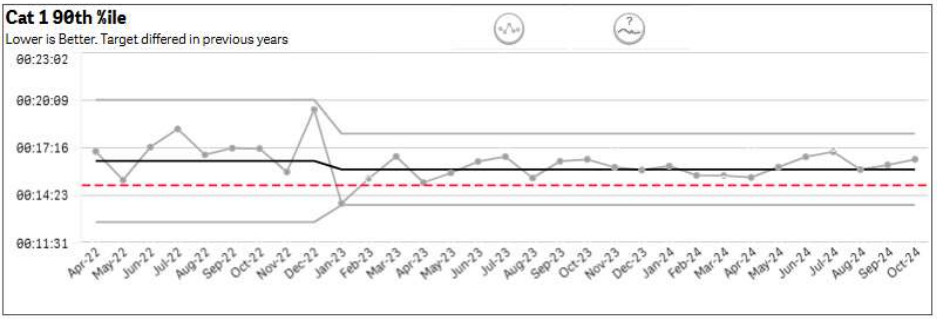
NHS

Operations - Response Times

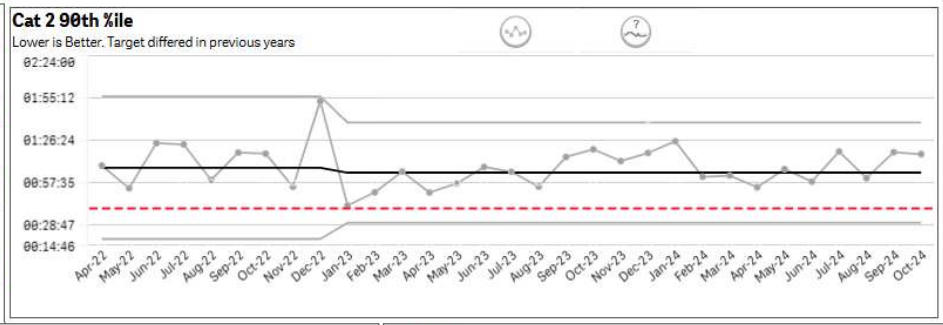
Variation	Expected
Assurance	Fail
Target	00:07:00
Latest	00:09:11



Variation	Expected
Assurance	Expected
Target	00:30:00
Latest	00:38:31



Variation	Expected
Assurance	Expected
Target	00:15:00
Latest	00:16:35



Variation	Expected
Assurance	Expected
Target	00:40:00
Latest	01:17:10

Understanding the Performance:

Cat 1 and 2 performance continues to fail, with Cat 1 rising above the mean, but both remain within expected variation. Cat one increased by 14 seconds in October to 09:11and Cat 2 reduced by 24 seconds to 38:31. The demand seen in October was below plan by 2.9% (1375 incidents) and the operational hours 0.75% (1635) above plan. Performance continued to be significantly impacted by delays at Hampshire hospitals with the QAH adding 15:15 to October Cat 2. QA performance was 108% worse than planned with an average of 01:37:11 against a plan of 00:46:32. From the end of October Cat 2 performance YTD was 34:13

Actions (SMART):

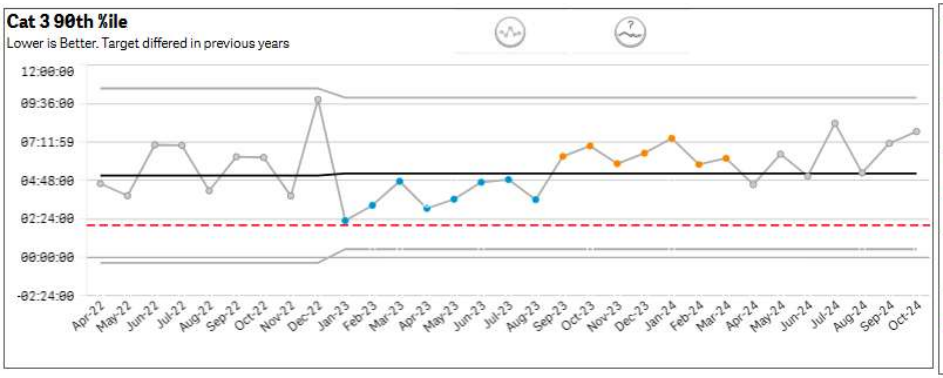
Operational hours continued to be closely managed against budget. Work continues with the QA and ICB to support QA in delivery of the improvements required to enable the delivery of the agreed Cat 2 performance. Implementation of W45/Continuous Flow following opening of new ED at QA will support improved performance.

Risks:

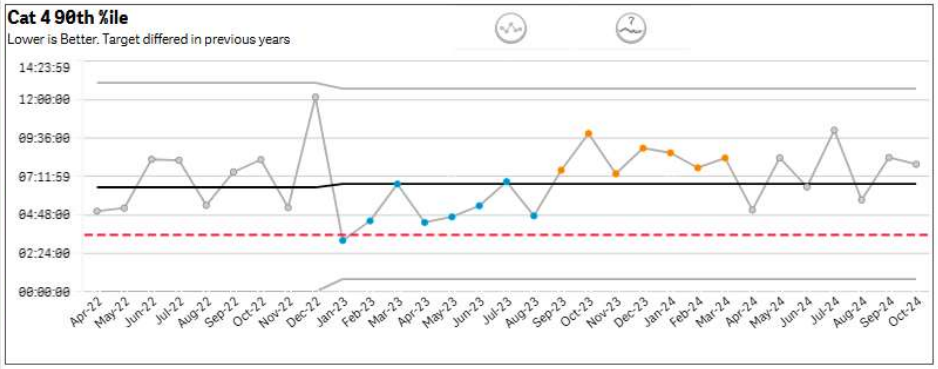
Continued failure of the QA to deliver the agreed handover trajectory will drive end of year Cat 2 performance further from the desired target.

NHS

Operations - Response Times



Variation	Assurance	Target	Latest
Expected	Expected	02:00:00	07:52:44



Variation	Assurance	Target	Latest
Expected	Expected	03:00:00	07:58:54

Understanding the Performance:

Cat 3& 4 failed to meet target but remained within expected variance. Both targets remained above the mean as they have predominantly since August 2023. Cat 3 increased by 44:23 to 07:52:43 whilst Cat 4 Improved by 25:12.

Actions (SMART):

Work continues with the ICB and QA. Hours are being closely monitored and managed to align with budget. SPs modal remains focused on Cat 3&4. Implementation of W45/Continuous Flow following opening of new ED at QA will support improved performance. Work continues with a view to increase clinical workforce within contact centre to support improvement in Hear and Treat and support all C3/4 calls being clinically triaged to the preferred position.

Risks:

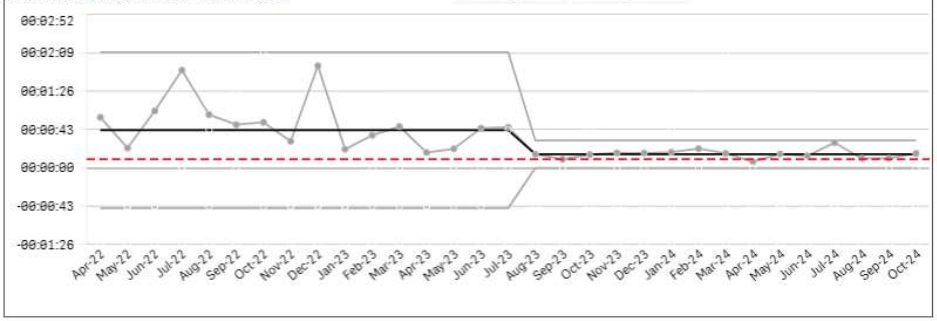
As with Cat 1& 2 QA performance continues to be a significant risk

NHS

Operations - Operations Centre

999 Call Answer

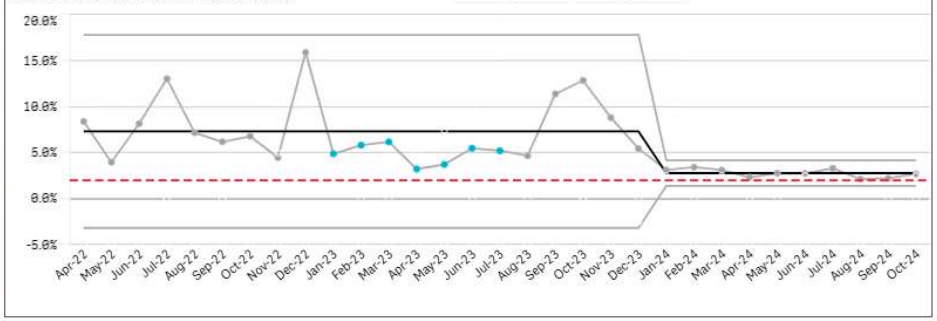
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Expected	00:00:10	00:00:16

999 Ab. Rate

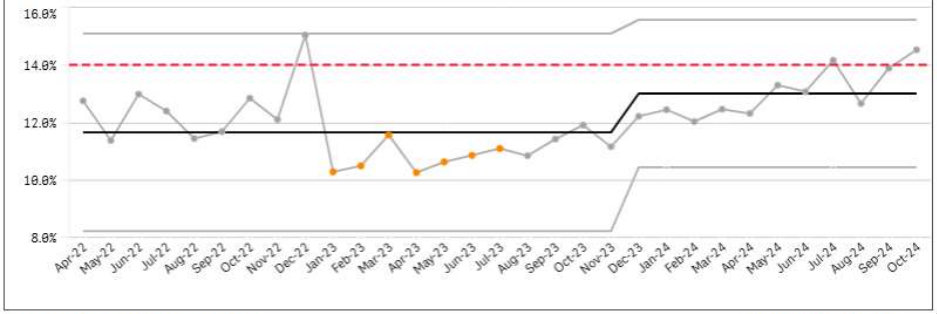
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Expected	2%	2.7%

% Hear and treat

Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Expected	14%	14.5%

Understanding the Performance:

Call answer mean was 16 seconds for October, remaining below the mean, showing normal variation of an improving nature, not yet achieving national target of 10 seconds. Similarly abandonment rate remains close to target below the mean. Performance was challenged, particularly in the first week of the month, due to volume of duplicate calls resulting from pressures in resource availability/knock on impact of hospital handover delays. The increase in demand was not met with an increase in logged in hours which dropped from September levels, as a result we saw delay to answer increase as well as IRP usage.

H&T rates continue to sit above the mean towards the upper end of control, 14.55% for October against an internal target of 14%, demonstrating continuing improvement over 8 months.

Actions (SMART):

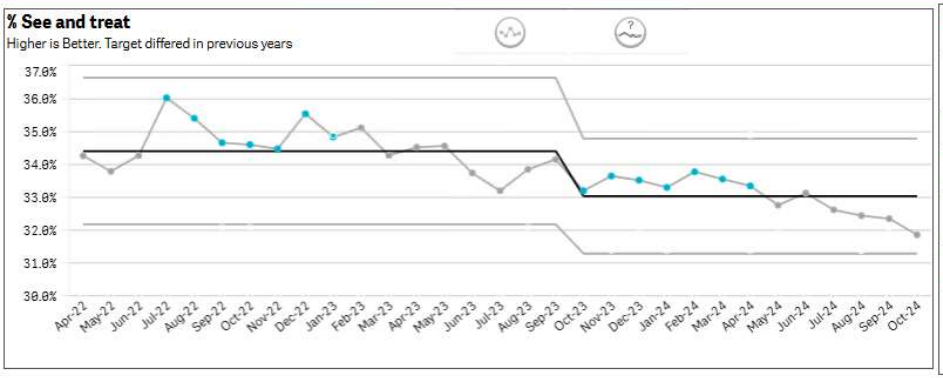
Work has been undertaken with NHSE team to review call handler modelling, this has identified a shortfall, discussed at EMC 6th November, business case being compiled for submission by end of November. Approval has been provided for the external modelling to be undertaken linked to the AACE work, data requirements are being understood and then timescales will be in place for delivery of that essential piece of work (circa 12 weeks). We continue with the actions in our improvement plan, with a number due for delivery this month, monitored via the steering group. A process mapping piece of work has been undertaken by the team facilitated by AACE, in relation to deployment/clinical model in EOC, an update will be provided at the steering group 28th November.

Risks:

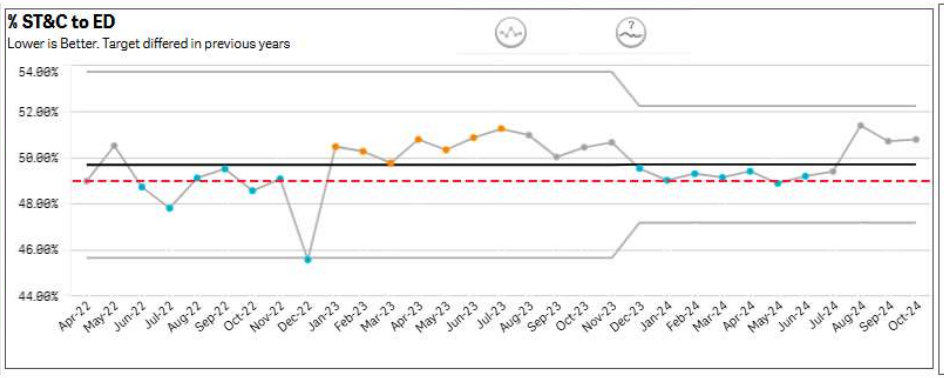
Delays with data required to enable external modelling may result in the department not running efficiently and effectively, and impact speed of improvement.
Delays due to hospital handovers, poor response times result in demand above planned levels, which outstrip capacity and impact call answer performance.
Lack of call centre workforce management system limits ability to flex to any changes in demand. Also limits ability to report clearly on abstractions and on the day shrinkage.
Current financial challenges limit ability to recruit to required number to deliver performance or offer overtime/incentives.
Delays with CAD replacement impact ability to improve operational delivery, financial appetite to make changes on current system may prevent change.

NHS

Operations - Utilisation



Variation	Assurance	Target	Latest
Expected	Expected	-	31.9%



Variation	Assurance	Target	Latest
Expected	Expected	49%	50.8%

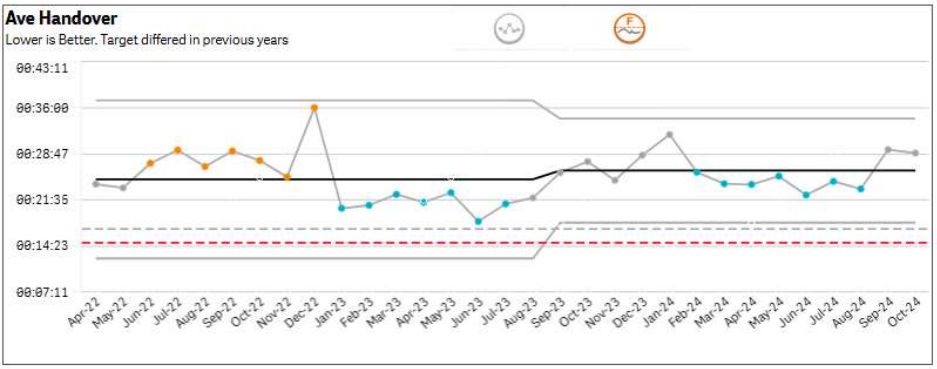
Understanding the Performance:
S&T Performance is at expected levels following a period of improved performance. The target (which had been consistently achieved), 32% and not to be confused with the mean, has been failed for 2 consecutive months . This is in line with what is commonly seen between the relationship between H&T and S&T with H&T being on an upward trend in line with increased demand and policy impacts from escalation plans. Acuity has also been consistently high through October leaving less opportunity to S&T. ST&C to ED is showing common cause variation and will consistently miss the target. We know this is directly linked to the previously reported issues with data capture within NMA.

Actions (SMART):
S: to return S7T to target or above the 32%. M: through the data capture but also recognising the link between H&T and acuity to S&T. A : The interdependencies with the previous metrics may mean a target that isn't fixed and that reflects those changes in acuity and H&T. R: In line with trust objectives. T - to be monitored monthly

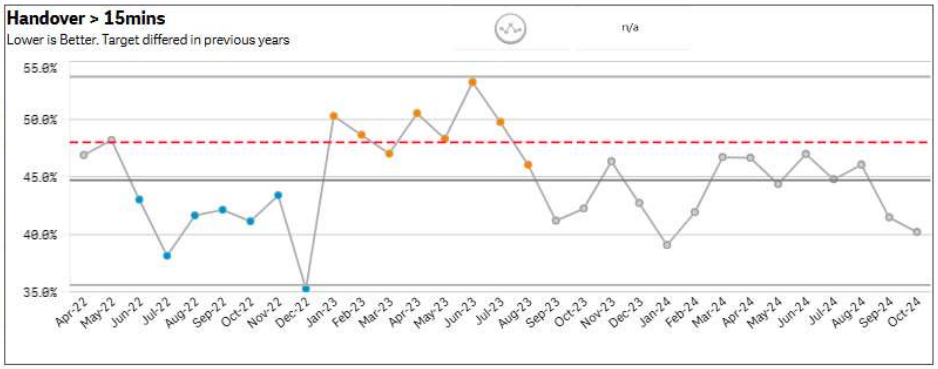
Risks:
Increasing demand - hospital delays - financial restrictions and our ability to escalate through all REAP actions

NHS

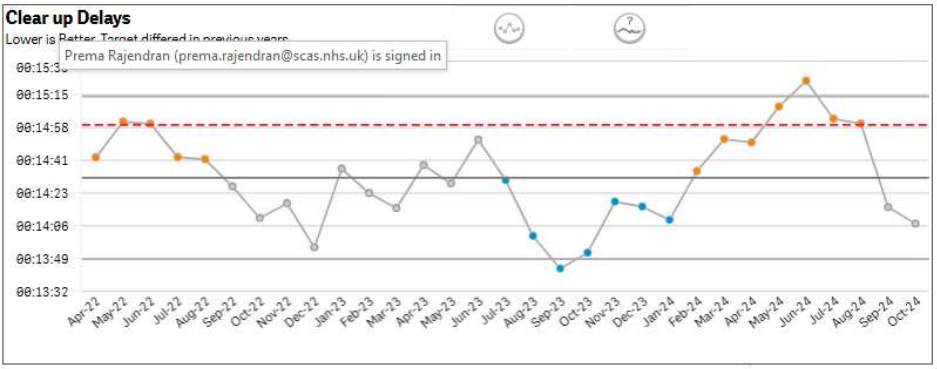
Operations - Utilisation



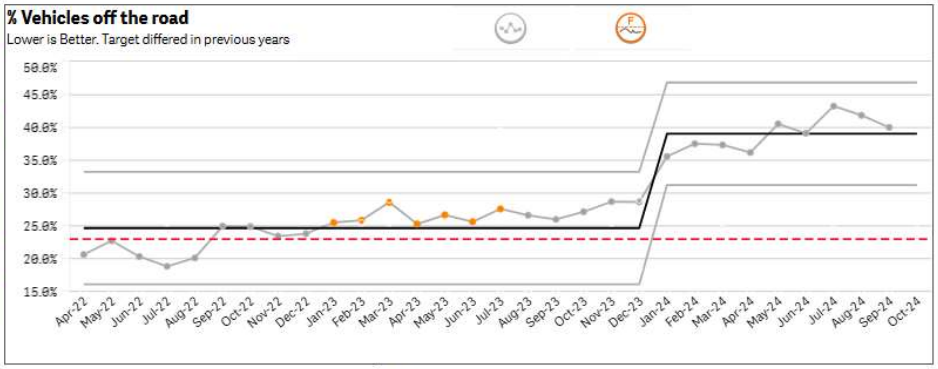
Variation	Assurance	Target	Latest
Expected	Fail	00:15:00	00:28:58



Variation	Assurance	Target	Latest
Expected	-	48%	40.2%



Variation	Assurance	Target	Latest
Expected	Expected	00:15:00	00:14:08



Variation	Assurance	Target	Latest
Expected	Fail	23%	

Understanding the Performance:

Handover >15 mins has been demonstrating expected variation since September 2023. The target (%>15mins) has been achieved consistently since that time. Average handover returned to, and remained at, expected levels following 7 month of improved performance. The target has not been achieved for 2 ½ years and this is expected to continue. Following several months of poorer performance clear up delays are now within common cause variation and are achieving the target.

Actions (SMART):

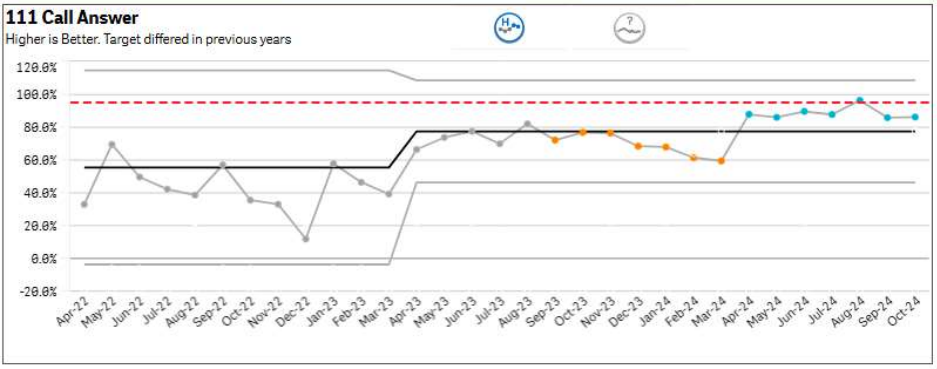
Significant focus on the enhancement and use of clinical pathways to avoid conveyance / ED, including the introduction of a SPOA pilot for SE Hampshire. Plans in development to implement W45 at the end of November across SCAS to improve handover delays.

Risks:

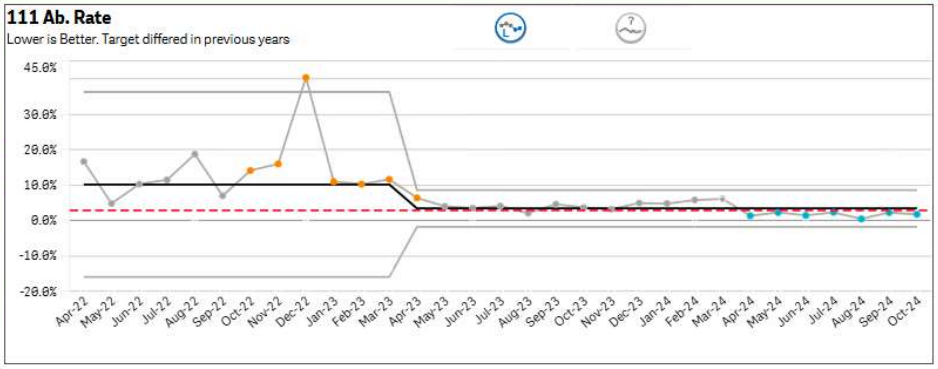
Reliance on Acutes to successfully implement W45. SCAS financial position is unable to support handover delay mitigation by utilising additional resources. Impact on Cat 2 performance of handover delays.

NHS

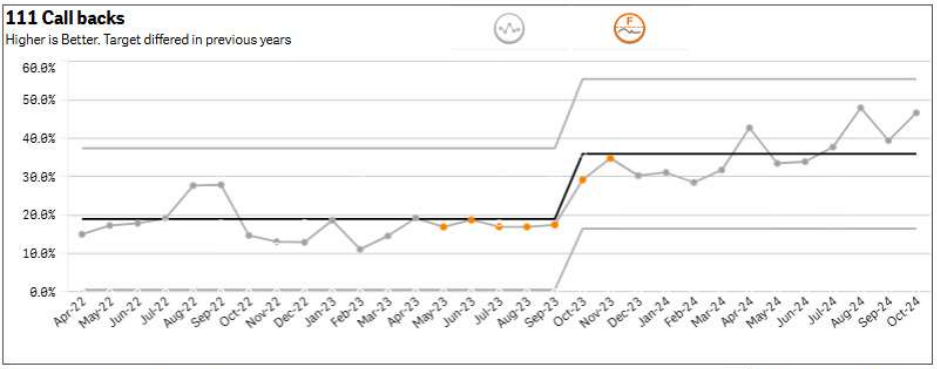
Operations - Operations Centre



Variation	Assurance	Target	Latest
Improving	Expected	95%	86.2%



Variation	Assurance	Target	Latest
Improving	Expected	3%	1.9%



Variation	Assurance	Target	Latest
Expected	Fail	95%	46.7%

Understanding the Performance:

Call answer in 120 seconds sits above the mean at 86.21%, but remains outside of target (95%), but within expected variation, showing improvement over the last 7 months consistently. Abandonment level below the mean at 1.86% against a target of below 3%. October demand is a similar day level as seen in August however due to planned maintenance 8 hours National Contingency, used during October, would most probable be in line with August . The 10% National Contingency being received from NHSE from 30th September until February 2025 also contributes to the demand being around level with August. Logged in time dropped 5.2% during October, drop in logged in time has remained under current mean for the last 10 weeks. Call backs in 20 minutes at 47% which above the mean but below target.

Actions (SMART):

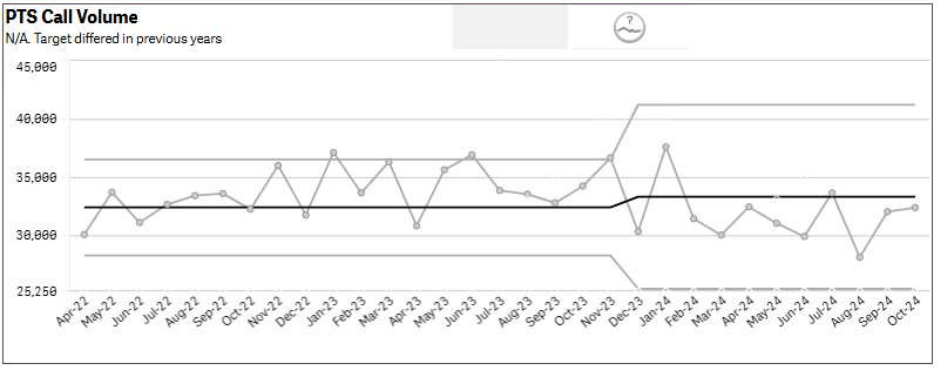
Workforce continues to be monitored closely through weekly recruitment meetings and monthly IWP Meetings, currently at 220.09 WTE for Health Advisors. We continue to see a good pipeline across all our sites of Health Advisor applicants. CA's WTE of 80.04 is in line with budgeted levels enabling us to meet the Agency CIP being met with no agency being used in October. Recent CA advert has attracted 19 CA's across the sites for interviews demonstrating a healthy pipeline of CA's. We continue to work on AHT initiatives with staff receiving 1:1's on their individual KPI's alongside our Quality Assurance Coaches providing support to achieve KPI's. The progress of these initiatives and actions are discussed at our monthly DOPR meetings.

Risks:

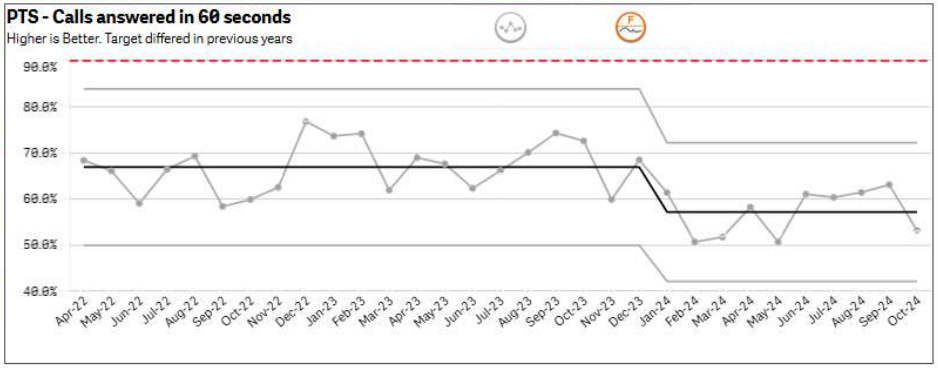
Initial discussions around BOB Contract funding have seen an increase in funding offered, however it is expected there will still be a significant shortfall on the funding required to deliver the service however QIA's around establishment savings are being prepared for SCAS and ICB panel for approval in November., though this will make performance unachievable against the ADC/KPI's. Corporate review continues in SCAS along with Executive review with an expected Operational structure review in January 2025 which could potentially see an unstable workforce in SCAS for a period of time.

NHS

Operations - PTS - Calls and Outcomes



Variation	Assurance	Target	Latest
-	Expected	38,093	32,438



Variation	Assurance	Target	Latest
Expected	Fail	90%	53.2%

Understanding the Performance:

- Call Answer performance declined in month with Octobers outturn achieving 53.24 %.
- Sickness increased compared with prior month impacting performance outturn.
- As expected, Call volumes remained broadly consistent with previous month. The activity management cap remains in place within cleric, which results in any essential bookings being required to be placed through to the Contact Centre via the telephone system.

Actions (SMART):

- Reactivation of online accounts. Discussed at CRM on 15.10.24, further information required to support decision making. Additional information will be presented at the CRM on 12.11.24. This will enable the contact centre to push for online usage reducing call volumes thus expecting an improvement in performance.
- QIA reduction in CC operating hours approved internally and by TV. HIOW QIA panel held on 5.11.24, communications plan requested to support implementation advised that this panel are unable to approve but are supportive of ask, needs to go through another approval route yet to be determined. MK ICB chased formal approval and now escalated internally with Contracts Manager chasing on 511.24 for outcome. Consultation letters are ready to be sent to affected team members.

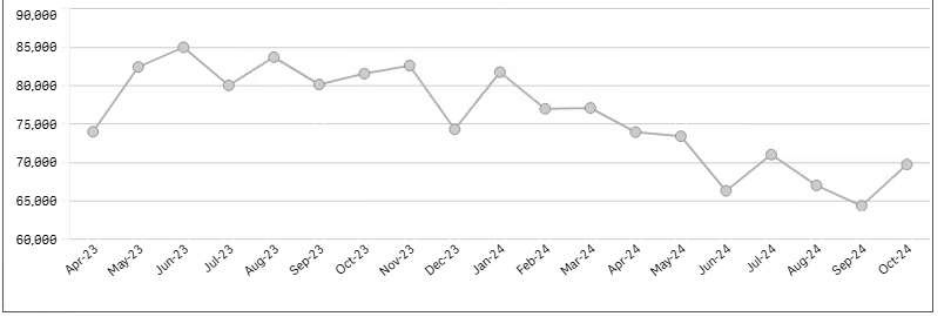
Risks:

- Continued uncertainty for many staff, may increase sickness and/or attrition further impacting performance as well as known unfortunate outcome for both Sussex & BOB/Frimley contract
- Not budgeted to hit contractual Call Answer Performance, risk of performance management or increased challenges and pressures

NHS

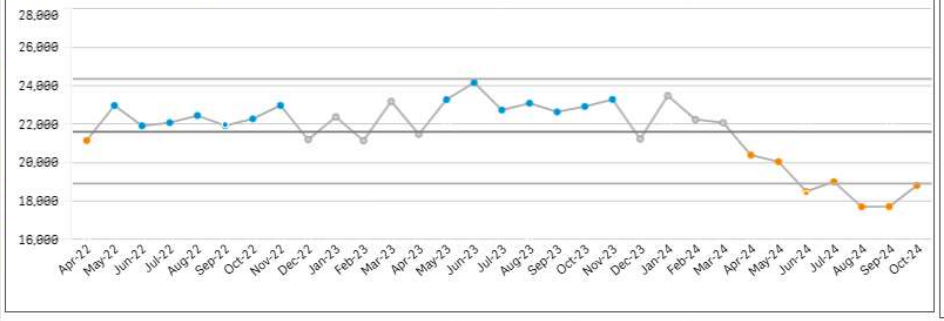
Operations - PTS - Calls and Outcomes

PTS Volume - No. of Journeys
N/A. Target differed in previous years



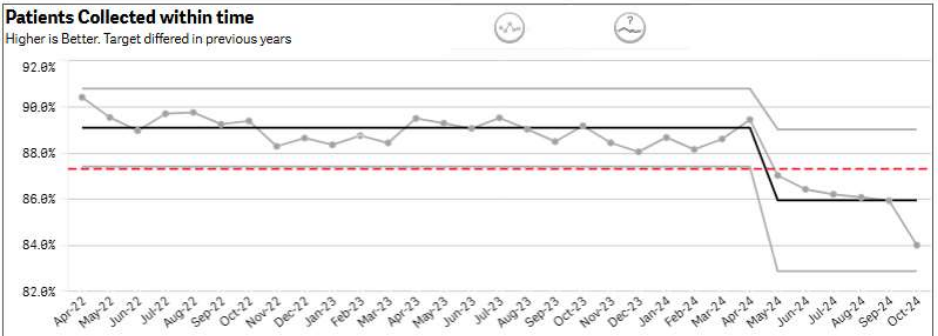
Variation	Assurance	Target	Latest
-	Expected	79,359	69,800

Number of Patients Transported
Higher is Better. Target differed in previous years



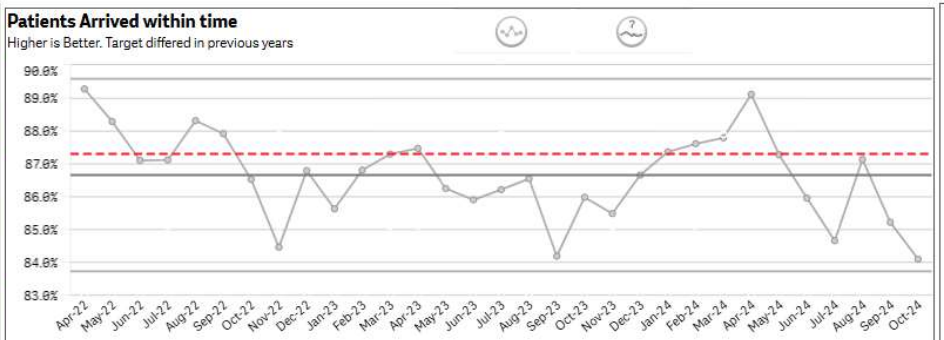
Variation	Assurance	Target	Latest
Declined	-	0	18,825

Patients Collected within time
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Expected	87%	84.0%

Patients Arrived within time
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Expected	Expected	87%	84.1%

Understanding the Performance:
Demand has deceased further in the month. The demand management process is in place and set within Cleric, the Cap reached daily but at month end two out of four contracts are below the IAP. This is due to cancellations short notice. Cap is set to allow essential activity to be ring fenced. As the cap has been in place since June alongside eligibility patients are likely to be seeking alternative arrangements.
The forecasted hours are reviewed weekly, and reductions are made to align with the expected activity . Therefore, Private Provider and hours have reduced.
Performance has reduced however we are trying to balance a reduction in costs and increase in cohorting and efficiencies as we have been directed too thus impacting performance.

Actions (SMART):
- - Continue to monitor daily demand, hours, and performance as a result of the continuation of the demand management tool being in place. Adjustments are likely to be made in the Sussex area due to the percentage we are currently declining.
- Monitoring and reporting of hours, demand against costs through daily review call. Confirmed scorecard are actualised for previous weeks to monitor costs.
- Profiling on resourcing to budget has been completed and recommendations have been shared awaiting decision.
-Patient Acuity has increased when Comparing August to September we would therefore see an increase in load time of patients.
Hampshire have further reduced taxi hours increased utilisation of Volunteers

Risks:
- IAP figures provided and implemented within the demand cap process being queried by ICBs. Awaiting further direction.
- If recruitment decreases and attrition increases there is a risk that the resourcing cost across Thames Valley will be higher than budget due to the resourcing mix.

NHS

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Quality and Safety

Quality & Safety – Core Measures Matrix

October-24 Summary

Assurance

Variance

	Fail	Hit and Miss	Pass	No Target
		Percentage of compliant Vehicle cleanliness audits		
	Stroke - Call to Hospital arrival Median	Building Audits Building Audits % CA Survival Utstein STEMI 90th STEMI Mean Stroke 90th Stroke Mean		3
	Safeguarding Level 3	Vehicle cleanliness completed audits		
				1
				1

Metrics:

Quality Safety– Core Measures Icon Summary

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
PSI Low/no harm inc.	Oct-24	489				472	349	596
Monthly PSII	Oct-24	2	0			3.14	-3.06	9.35
Monthly PSILR	Oct-24	11				6.57	-6.73	19.9
PSII Cases > 6 mths	Oct-24	0				0	0	0
Datix incidents	Oct-24	25				63.7	-55	182
Breached Duty of Candour	Oct-24	0	0			0.143	-0.744	1.03
Level 3 Safeguarding	Oct-24	89.4%	90%			58.3%	46.2%	70.4%
Complaints	Oct-24	38				42	21.8	62.2
Complaints in time	Oct-24	93.7%	95%			0.965	0.857	1.07
Building Audits	Oct-24	22	21			30.1	-0.969	61.1
Building Audits %	Oct-24	40.9%	80%			81.3%	40.6%	122.0%
Vehicle Audits	Oct-24	316	167			120	17.6	222
Vehicle Audits %	Oct-24	76.6%	90%			93.1%	76.1%	110.2%

Quality Safety– Ambulance Quality Indicators (AQIs)

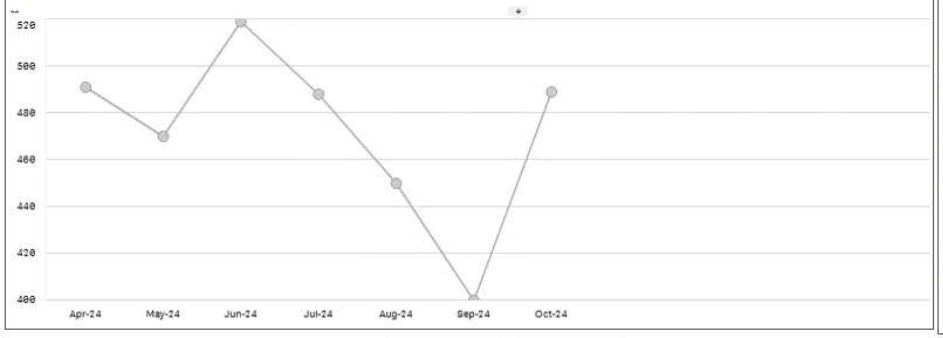
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
STEMI Mean	Oct-24	02:10				02:17	01:47	02:47
STEMI 90th	Oct-24	03:20				03:17	01:50	04:44
Stroke Mean	Oct-24	01:31				01:37	01:12	02:02
Stroke Median	Oct-24	01:18				01:22	01:08	01:36
Stroke 90th	Oct-24	02:07				02:33	01:38	03:28
ROSC All	Oct-24	21.3%		-	n/a	25.2%	14.1%	36.3%
ROSC Utstein	Oct-24	40.0%		-	n/a	50.9%	32.2%	69.6%
CA Survival All	Oct-24	6.4%		-	n/a	8.6%	0.2%	17.0%
CA Survival Utstein	Oct-24	31.6%				30.4%	8.4%	52.5%

NHS

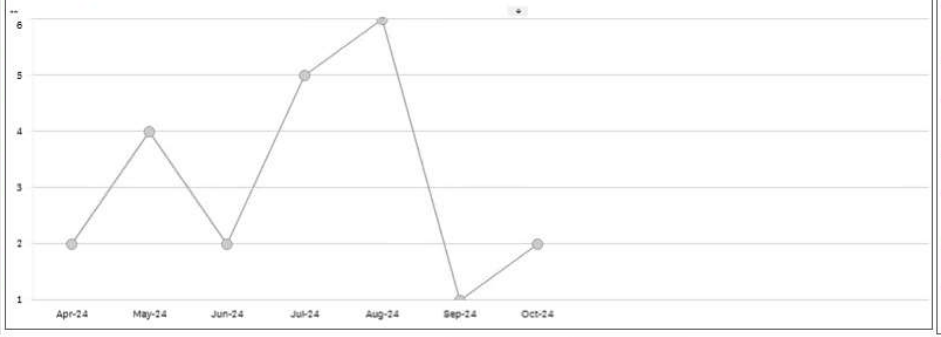
Quality & Safety – PSIRF

PSI Low/no harm inc.
Higher is Better. Target differed in previous years



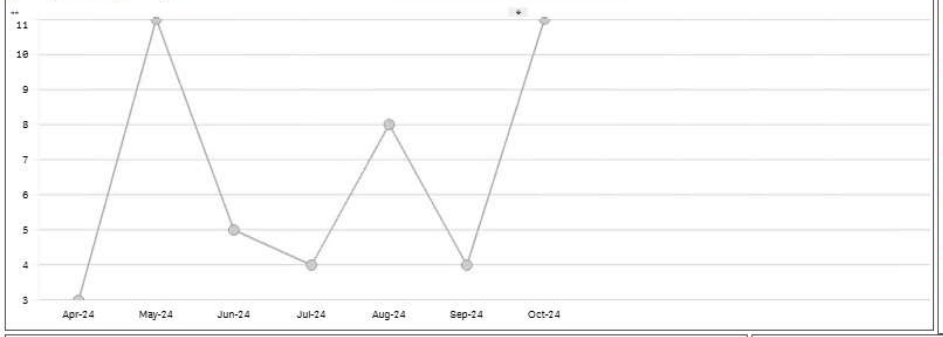
Variation	Assurance	Target	Latest
-	-	-	489

Monthly PSII
N/A. Target differed in previous years



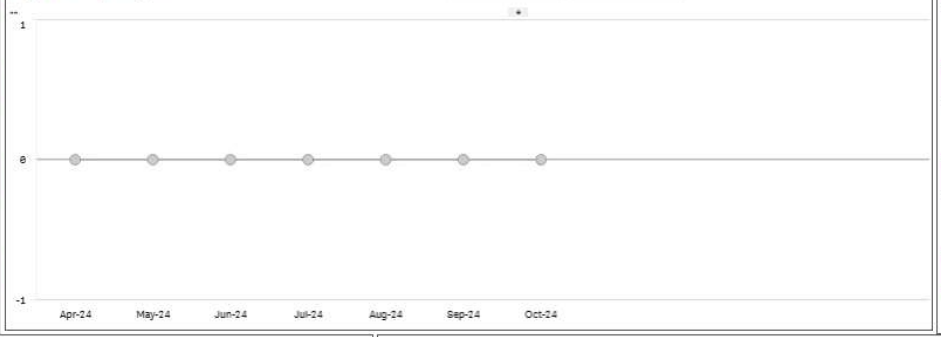
Variation	Assurance	Target	Latest
-	-	0	2

Monthly PSILR
N/A. Target differed in previous years



Variation	Assurance	Target	Latest
-	-	-	11

PSII Cases > 6 mths
. Target differed in previous years



Variation	Assurance	Target	Latest
-	-	-	0

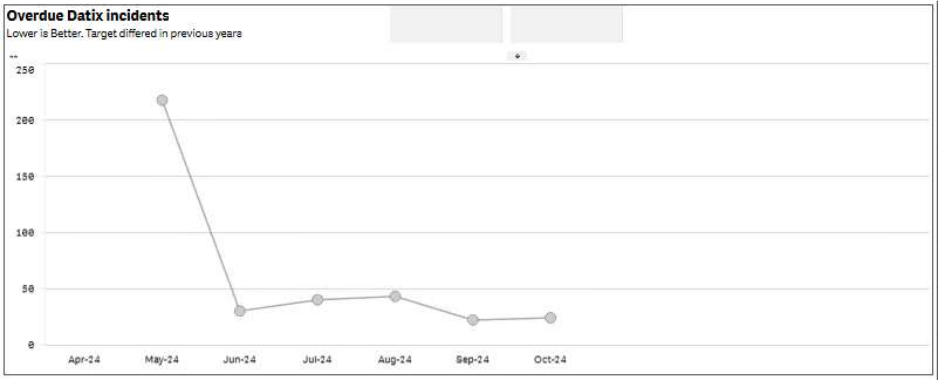
Understanding the Performance:
Incident reporting has increased this month linked to increased activity - this is reflected in the upturn of learning responses being assigned. PSIIs in October related to the local priorities on our PSIRF plan but there were no discernible themes within this.

Actions (SMART):
MaPSaF survey was released 8 November 2024 to gain insight into staff perception of the safety culture in SCAS and ways to improve this. The survey will close on 29 November with a report to the following PSEG. Patient safety newsletter to ensure learning is shared from learning responses and key updates provided next published 2 December and will be published monthly.

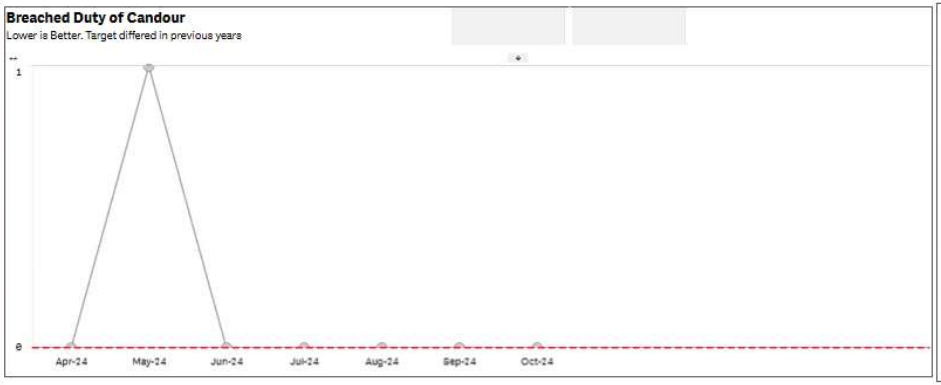
Risks:
Continued low response rate to MaPSaF survey will mean missed opportunities to learn from staff experience. If actions from reviews are not closely monitored and completed in a timely way opportunities for learning may be delayed and improvements in patient safety not realised.

NHS

Quality & Safety – PSIRF



Variation	Assurance	Target	Latest
-	-	-	25

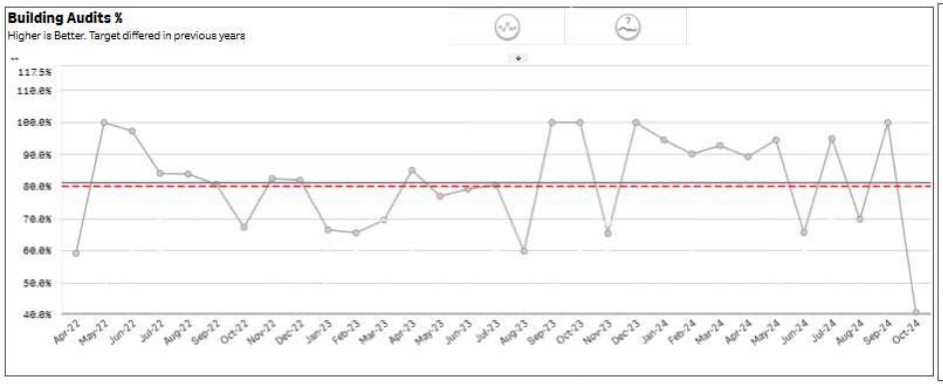


Variation	Assurance	Target	Latest
-	-	0	0.0

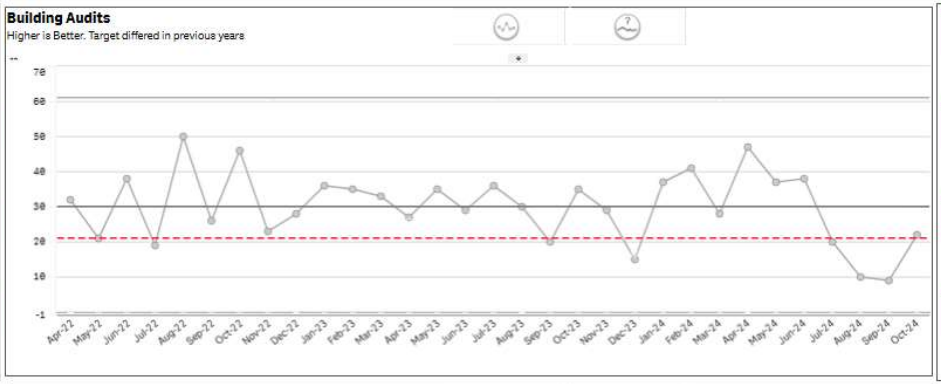
Understanding the Performance:	Actions (SMART):	Risks:
There is well embedded monitoring of all open Datix at service line clinical governance meetings, which is driving the continued improved picture.	Internal training for operational colleagues in relation to DoC is being developed with a pilot planned in one EUC operational node in December 2024. Quarterly DoC audit to be presented to PSEG in December 2024.	Statutory duty will not have been completed if Duty of Candour is breached.

NHS

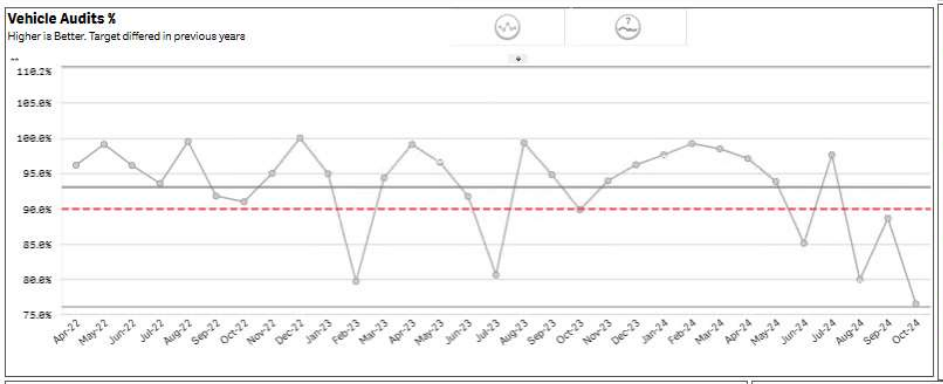
Quality & Safety - Audits



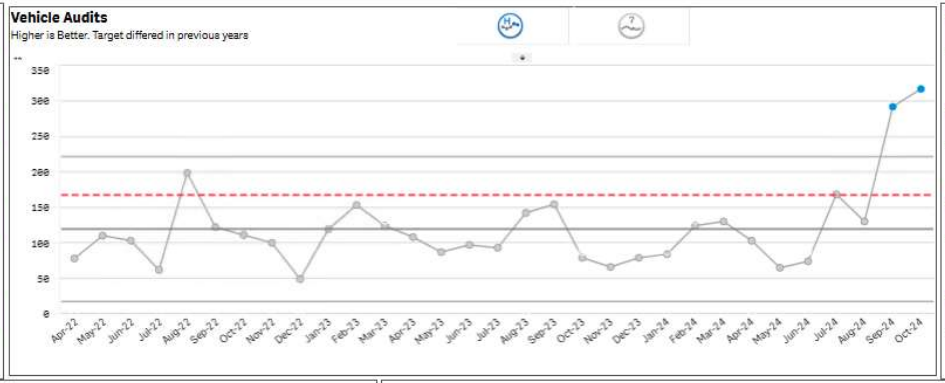
Variation	Assurance	Target	Latest
Expected	Expected	80%	40.9%



Variation	Assurance	Target	Latest
Expected	Expected	21	22



Variation	Assurance	Target	Latest
Expected	Expected	90%	76.6%



Variation	Assurance	Target	Latest
Improving	Expected	167	316

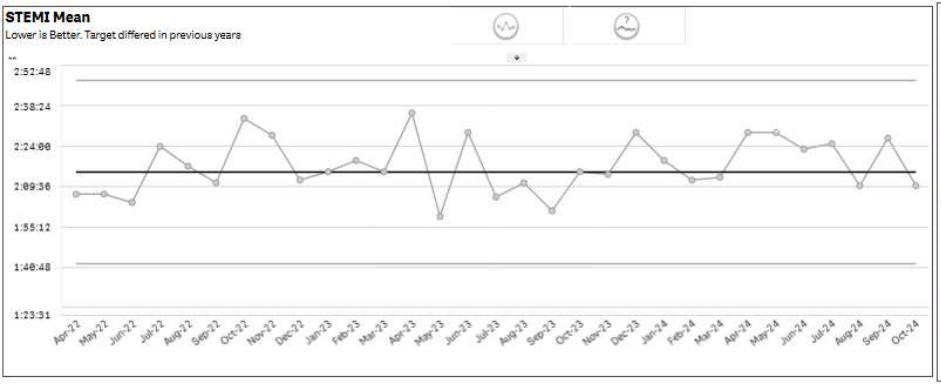
Understanding the Performance:
Building audit number on target following adjustments to planner to reduce number to ensure alignment with national standards. Vehicle audits are well above the upper control limit, special cause variation. The improvement trajectories and local actions plans are being effective as operational teams increase audit numbers. The percentage of audits meeting the standard is at lower control level

Actions (SMART):
IPC lead and practitioner undertaking level 3 audits as per schedule. IPC lead and fleet Director working with contractor to ensure cleanliness achieved through contract KPIS

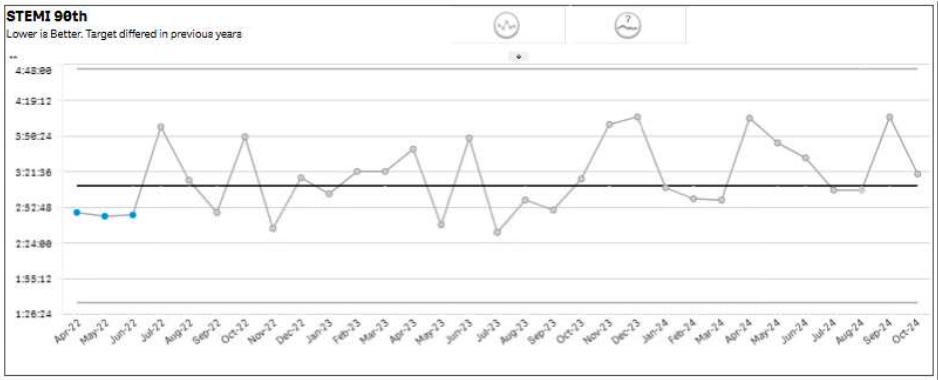
Risks:
Cleaning standards below standards has the potential to affect patient care and patient safety

NHS

Quality & Safety – AQIs – STEMI



Variation	Assurance	Target	Latest
Expected	Expected	-	02:10



Variation	Assurance	Target	Latest
Expected	Expected	-	01:35

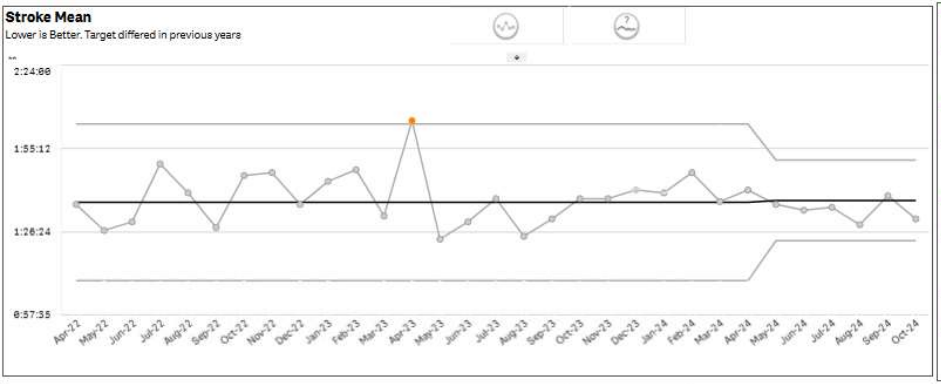
Understanding the Performance:
June 2024 STEMI mean shows common cause variation and the metric may hit or miss the target. Stemi 90th also shows common cause variation and the metric may hit or miss the target. Each of the charts is a performance based measure and as such is reliant on the trusts ability to get to scene and the ability of the trust clinicians to recognise STEMI and provide required care. STEMI mean SCAS 2:10 (England 2:25) 90th SCAS 3:20 (England 3:30)

Actions (SMART):
By the end of April 2025 understand the performance of indicators at node level to determine where to focus improvement activity. By the end of April 25 have designed with EOC and Operational colleagues a set of targeted improvement activities to reduce variation and to lower response times. Maximise vehicle availability by reducing handover delays at Emergency Departments. Focus on operational delivery of category 2 response times

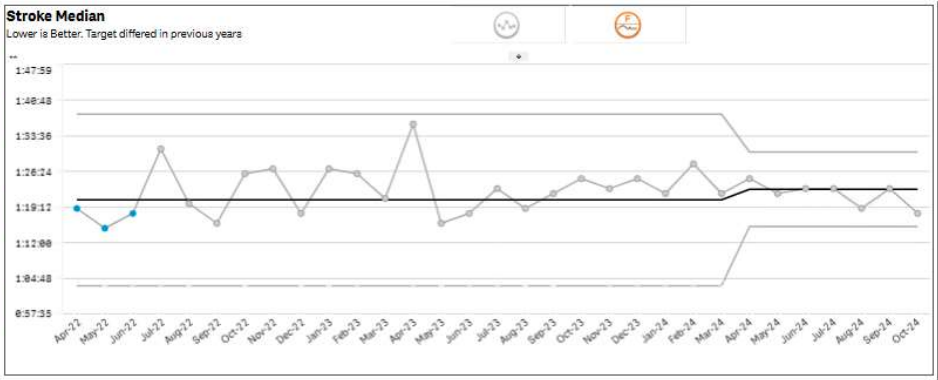
Risks:
If timely care is not provided to patients presenting with STEMI then patients are at risk of poorer outcomes and death resulting in avoidable harm. If timely care is not provided to patients presenting with STEMI then patients are at risk of increased health burden resulting in additional avoidable system pressures.

NHS

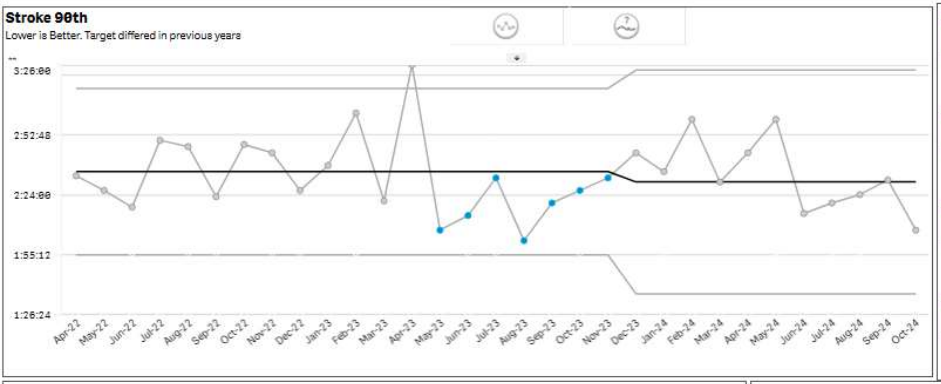
Quality & Safety – AQIs – Stroke



Variation	Assurance	Target	Latest
Expected	Expected	-	01:35



Variation	Assurance	Target	Latest
Expected	Fail	-	01:21



Variation	Assurance	Target	Latest
Expected	Expected	-	02:28

Understanding the Performance:

June 2024 Stroke Mean shows common cause variation and the metric may hit or miss the target. Stroke Median shows common cause variation and the metric may hit or miss the target. Stroke 90th shows common cause variation.

Actions (SMART):

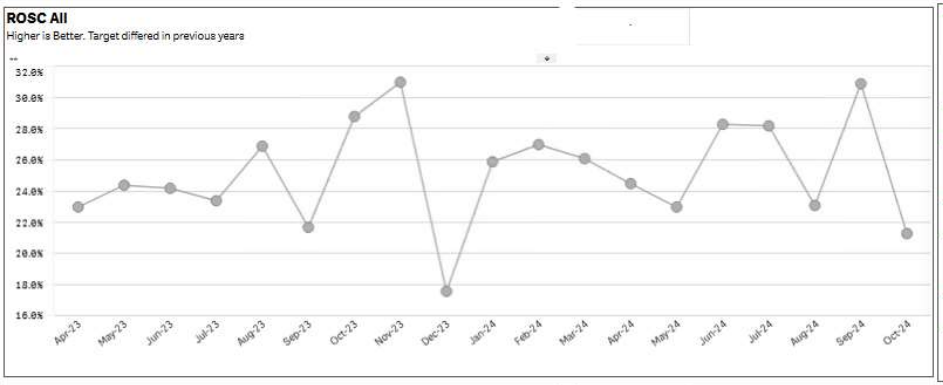
By the end of April 2025 understand the performance for Stroke indicators by node to determine where to focus improvement activity. By the end of April 2025 have designed with EOC and operational colleagues a set of targeted improvement activities to reduce variation and response times.

Risks:

If timely care is not provided to patients presenting with stroke then patients are at risk of poorer outcomes and death resulting in avoidable harm. If timely care is not provided to patients with stroke then patients are at risk of increased health burden resulting in additional avoidable system pressures

NHS

Quality & Safety – AQIs – Cardiac



Variation

Assurance

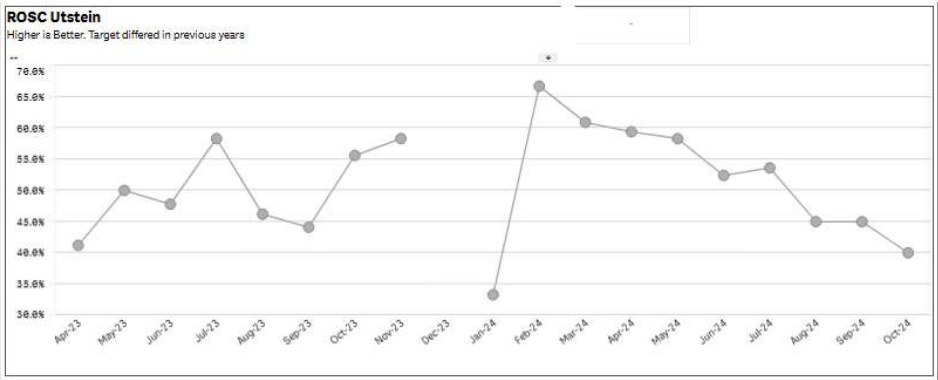
-

Target

-

Latest

21%



Variation

Assurance

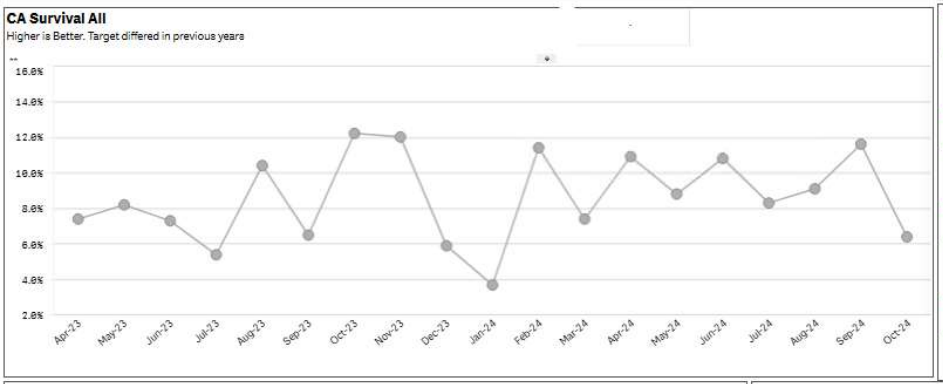
-

Target

-

Latest

40%



Variation

Assurance

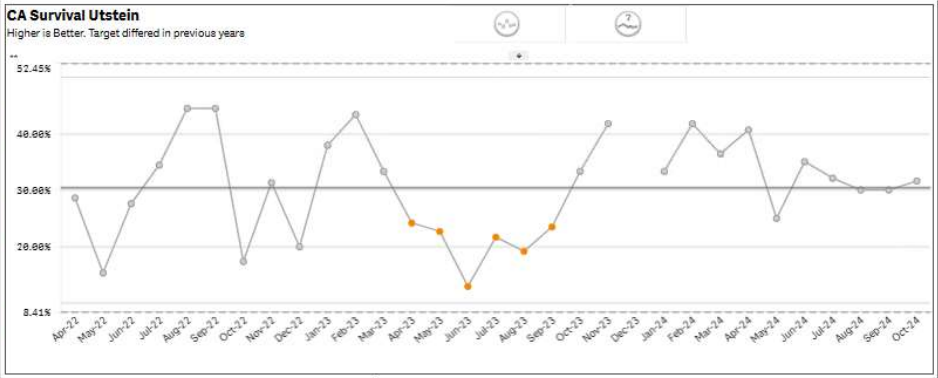
-

Target

-

Latest

6.4%



Variation

Expected

Assurance

Expected

Target

-

Latest

0.32%

Understanding the Performance:

June 2024 ROSC all patients and survival at 30 days show normal cause variation may hit or miss the target. Return of spontaneous circulation is a complex metric dependent on optimising the chain of survival.

Actions (SMART):

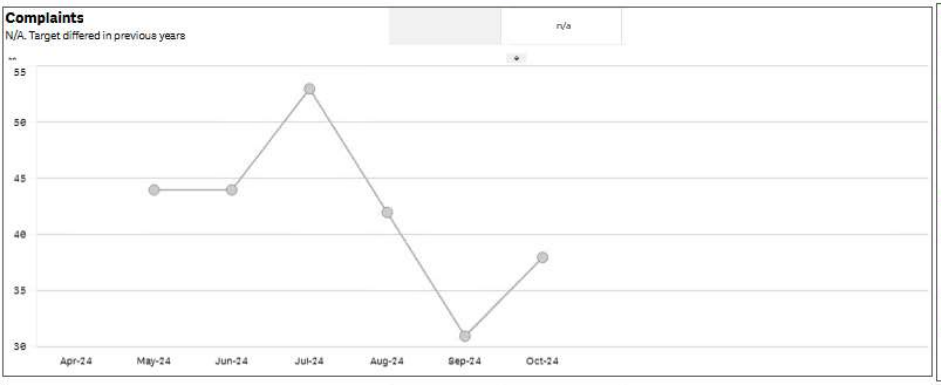
By the end of April 25 understand performance for ROSC charts by node to to determine where to focus improvement activity. By end April 25 to have designed with EOC and operational colleagues a set of targeted improvement activities to reduce variation, to lower response times and to get the right response to the right patients

Risks:

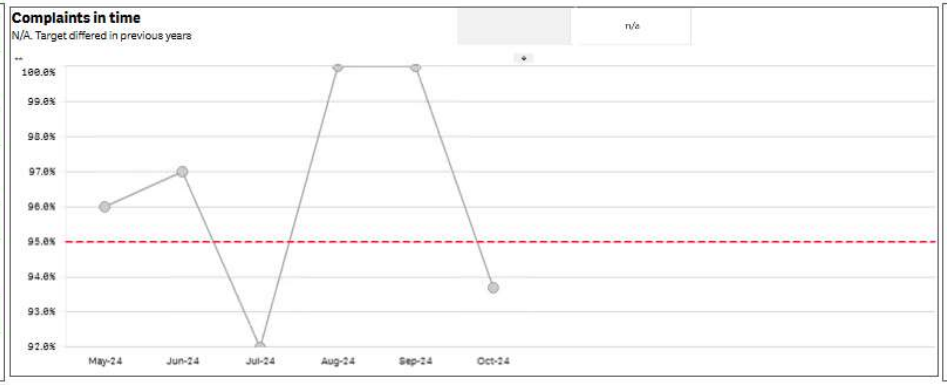
If all opportunities to enhance the entire chain of survival are not optimised then ROSC rates will not improve resulting in preventable deaths and avoidable patient harm

NHS

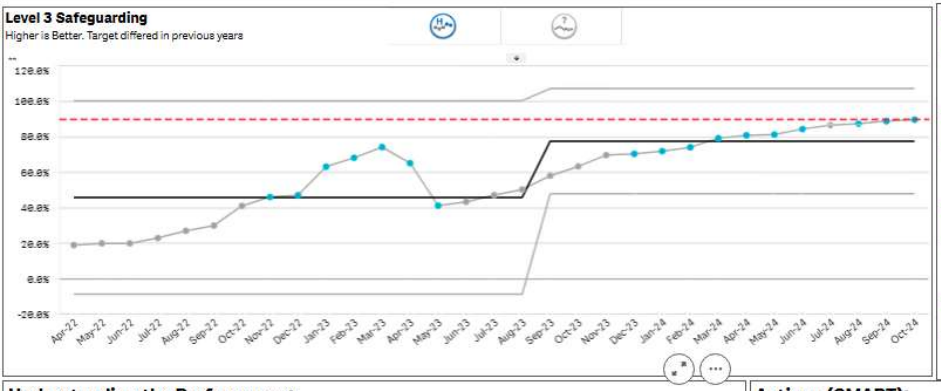
Quality & Safety – Safeguarding and Patient Experience



Variation	Assurance	Target	Latest
-	-	-	38



Variation	Assurance	Target	Latest
-	-	95%	93.7%



Variation	Assurance	Target	Latest
Improving	Random	90%	89%

Understanding the Performance:

Safeguarding - met the target of 90% through successful implementation of recovery plan to cherry pick staff and putting on additional sessions.

Actions (SMART):

Safeguarding - plan to sustain performance is to keep the additional sessions as there has been no adverse impact to other functions for safeguarding. PE - new processes are now in place to ensure complaints are closed on time with extensions kept to exceptional circumstances with executive oversight and approval.

Risks:

PE - non-compliance with contractual timescales

NHS

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People

NHS People Overview

October-24 Summary

Metrics:

Assurance

Variance

	Fail	Hit and Miss	Pass	No Target
H			Over-runs >30 mins - SCAS	
L	Meal Break Compliance - SCAS			
L				
H				
↗				
↘				

NHS People - Workforce, Culture & Employee development, Employee experience

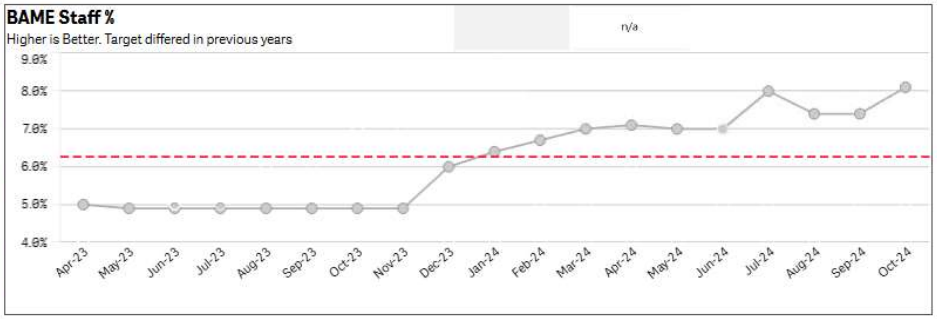
*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of WTE	Oct-24	4,245	4,529		n/a	4288.9	4233.2	4344.7
% Trust staff who are BAME	Oct-24	8.1%	6.3%		n/a	6.2%	5.5%	6.9%
% Trust staff who are declared disabled	Oct-24	9.4%	8.6%		n/a	7.3%	6.3%	8.4%
% DBS Compliance	Oct-24	99.0%	95%		n/a	97.8%	-	-
% Turnover	Oct-24	17.8%			n/a	18.2%	17.1%	19.3%
% Vacancy	Oct-24	11.6%			n/a	10.6%	9.4%	11.7%
% Sickness in month	Oct-24	6.3%	7.4%		n/a	6.4%	5.4%	7.5%
% Long term sickness	Oct-24	3.7%	3.6%		n/a	3.7%	3.4%	4.1%
Appraisals - Trust	Oct-24	88.5%	95%			78.7%	71.8%	85.6%
% Stat and Mand Training	Oct-24	38.0%			n/a	37.7%	-	-
FTSU Cases	Oct-24	26			n/a	12.1	-0.7	25.0
Meal Break Compliance - SCAS	Oct-24	35.2%	70%			49.8%	32.2%	67.5%
Over-runs >30 mins - SCAS	Oct-24	21.0%	25%			17.9%	15.1%	20.6%
Time to hire	Oct-24	135			n/a	123.1	-	-

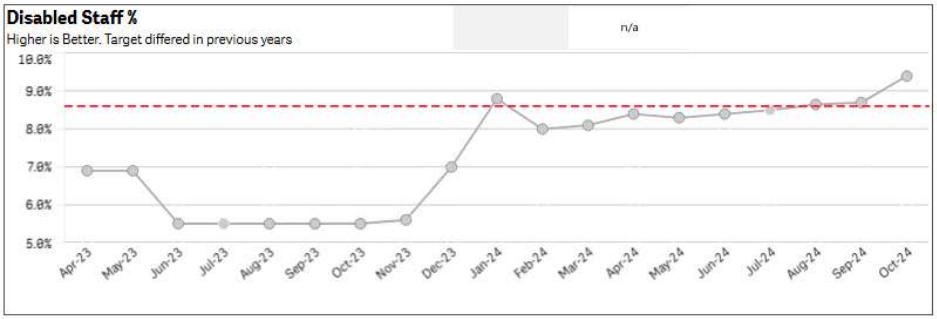
NHS

People - Workforce

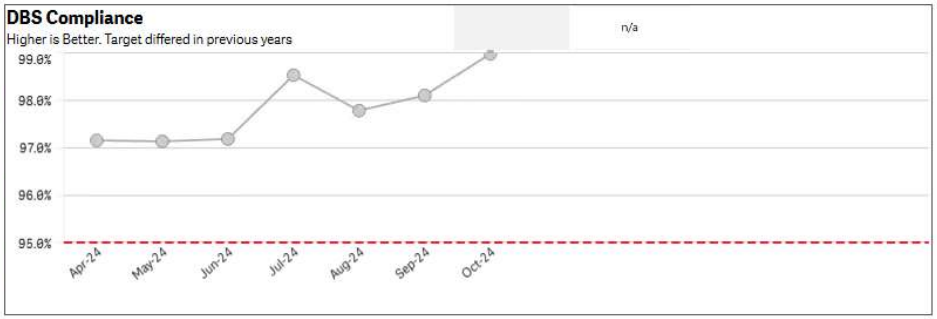
Variation	Assurance	Target	Latest
-	-	4,528.8	4245.0



Variation	Assurance	Target	Latest
-	-	6.3%	8.1%



Variation	Assurance	Target	Latest
-	-	8.6%	9.4%



Variation	Assurance	Target	Latest
-	-	95%	99.0%

Understanding the Performance:

DBS compliance on ESR is exceptionally good as ESR only measures the number of people with the right type of DBS check. We continue to slowly build our WTE numbers as new employees join the Trust. We also have a continued upward trend of staff declaring disability or stating that they are BAME. The data shows that we meet the target for Disability and have passed the target for BME staff

Actions (SMART):

A full review of DBS checks for the Trust is being carried out, positions updated and any newly identified checks are being requested. The new DBS policy, once implemented, will allow us to get people registered on the DBS update service. We anticipate WTE numbers to continue rising over the coming months with new starters confirmed to planned courses, along with increases in the IHMP from new recruits and TUPEd staff.

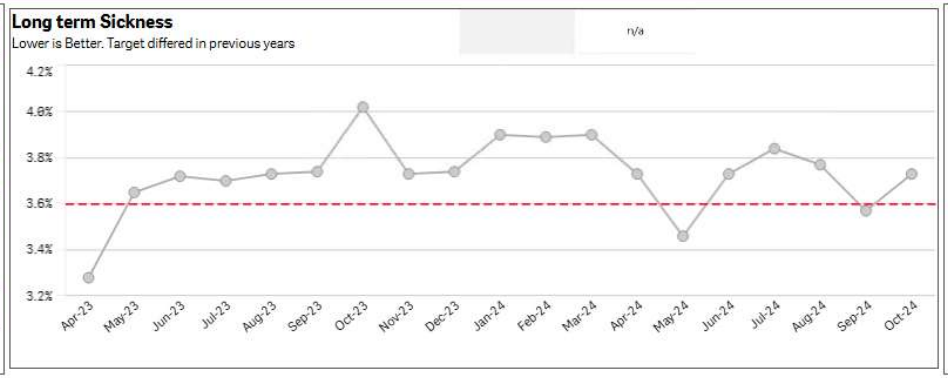
Risks:

The corporate restructure and PTS contract changes may impact vacancy rates and turnover as people preemptively look outside of the Trust and secure roles elsewhere.

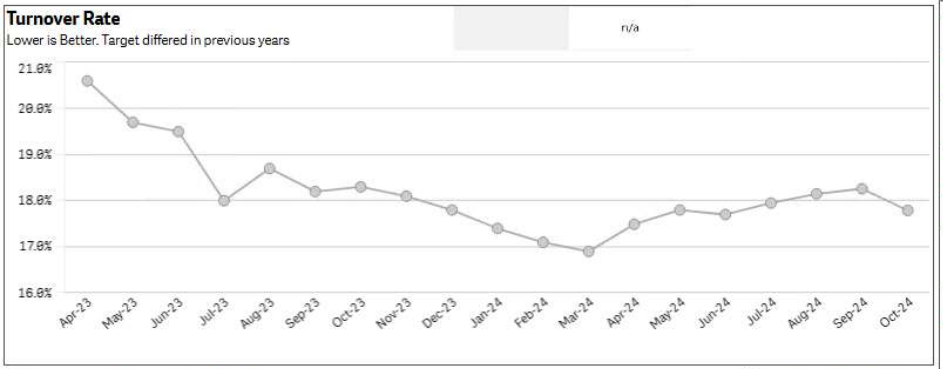
NHS

People - Workforce

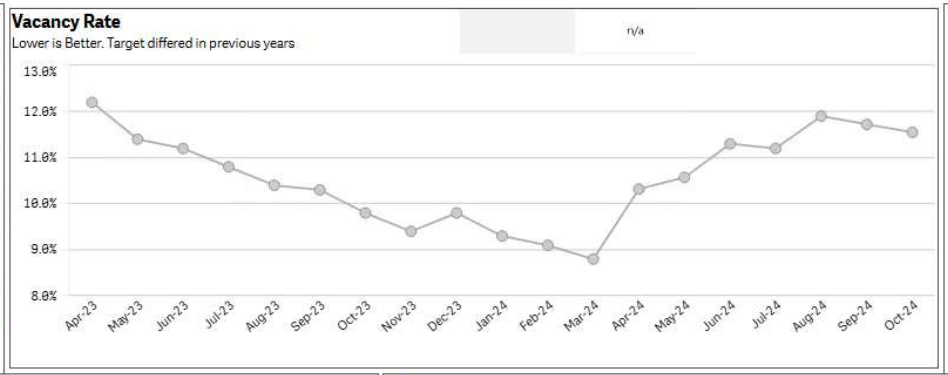
Variation	Assurance	Target	Latest
-	-	7.4%	6.3%



Variation	Assurance	Target	Latest
-	-	-	3.7%



Variation	Assurance	Target	Latest
-	-	-	17.8%



Variation	Assurance	Target	Latest
-	-	-	11.6%

Understanding the Performance:

Vacancies are gradually reducing as we see new starters joining the organisation. All sickness remains within the expected parameters with minor increases to be expected due to moving into winter and normal seasonal changes are likely to remain over winter. Flu vaccination clinics are continuing with constant communications and reminders through various channels including The Hub, emails, management cascade.

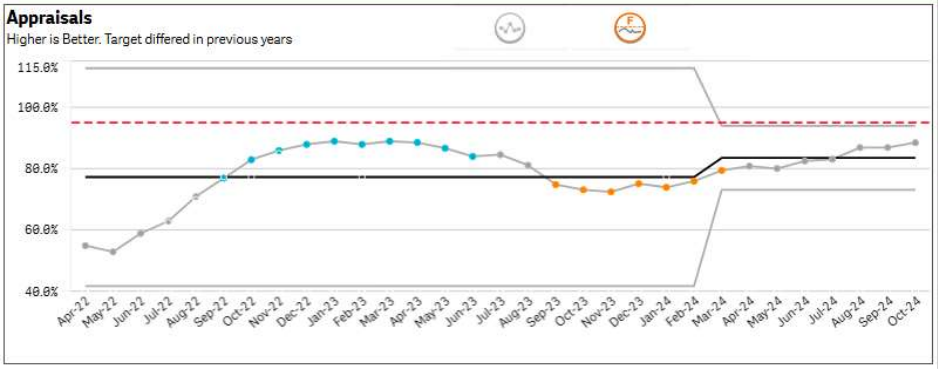
Actions (SMART):

We expect to see the vacancy reduction trend continue with courses for new joiners planned through to the end of the year. Monitoring and review of sickness absence to continue, sickness management continues despite REAP4.

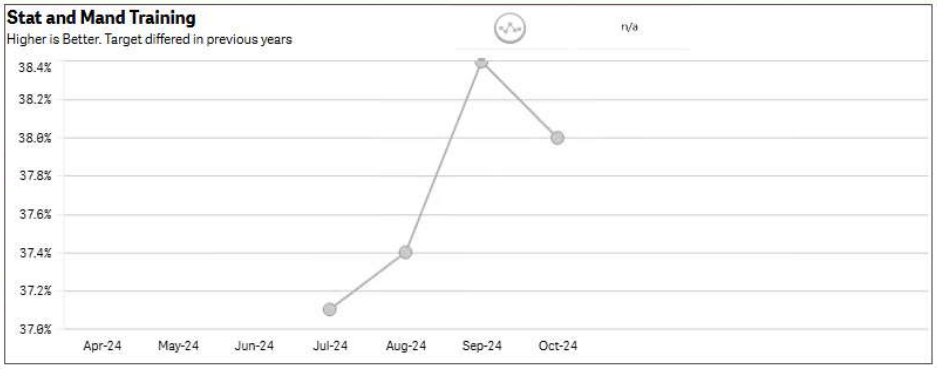
Risks:

NHS

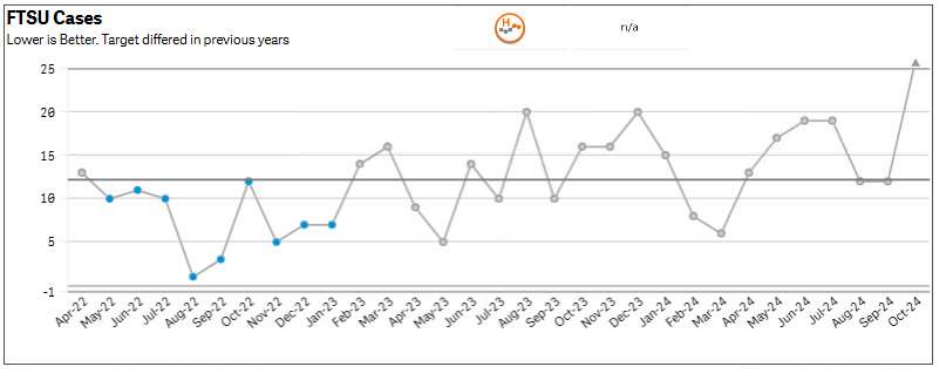
People – Culture & employee development



Variation	Assurance	Target	Latest
Expected	Fail	95.0%	88.5%



Variation	Assurance	Target	Latest
Expected	-	-	38.0%



Variation	Assurance	Target	Latest
Declined	-	-	26

Understanding the Performance:

FTSU: Increase in cases due to National Speak Up Month (SUM); Theme for SUM : Listening up; increase in 'advice only'. 1 anon case 10 confidential 5 advice.

Appraisals: PDR completion continues in a positive trajectory, demonstrating progress in increasing PDR compliance while focusing on high quality. However,completion rates may drop without positive efforts from managers.

Actions (SMART):

FTSU Survey Data shared with relevant areas for review & action. Positive comments relating to sexual safety awareness - easier to raise / address issues. Continue to Listen Up.

Appraisals: Encourage managers to prioritise timely, quality PDR delivery and to follow up on any non-compliance areas.

Risks:

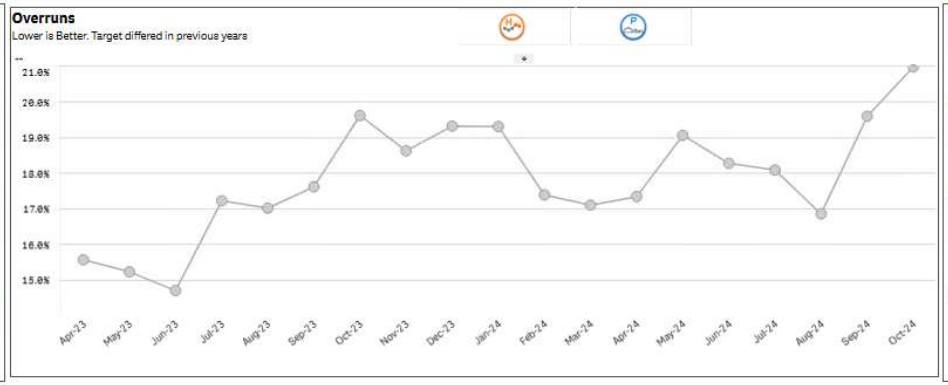
FTSU Building a positive culture : Active listening builds trust, people will feel valued & heard, challenges understood and action taken where needed.

Appraisals: REAP4 status may cause delays in PDR completion rate.

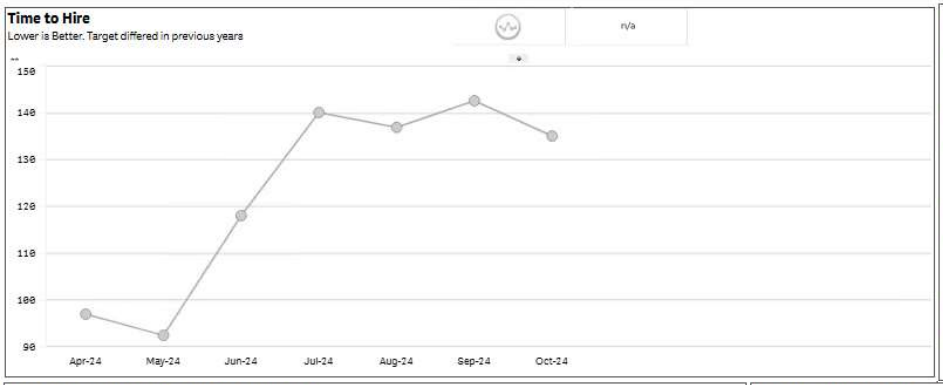
NHS

Workforce - Employee Experience

Variation	Assurance	Target	Latest
Expected	Fail	70%	35.2%



Variation	Assurance	Target	Latest
Declined	Pass	25%	21.0%



Variation	Assurance	Target	Latest
Expected	-	-	135

Understanding the Performance:

Meal break compliance is showing special cause variation with a significantly lower than expected performance. Without a process change then this measure will continue to fail. On Oct 30th the revised meal break changes went live so we would expect to see changes to the pattern on consistent failure against target. Over runs continue to deteriorate and this is in line with increased incident demand and significant delays at acute trusts. Time to hire is at its lowest level since June, despite challenges with some PTS starters as well as delayed student paramedics and NQPs.

Actions (SMART):

Mitigations to improve both meal break compliance and reducing the amount of time staff lose to over runs is now established and analysis of the data will need to take place to understand the impact of the changes to policy. We are still working to reduce time to hire wherever possible, but there is still a requirement to advertise very early for our frontline roles.

Risks:

Changes to policies do not have the impact required to improve both metrics. We have not seen any withdrawals from process due to time to hire concerns and are confident this is not a risk.

NHS

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Finance

NHS Finance Overview

October-24 Summary

Metrics:

Assurance

Variance

	Fail	Hit and Miss	Pass	No Target
H				1
L				
L		Debtors > 90 days> 5% total balance		1
H				
↗				
↘				

NHS Finance

*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Debtors > 90 days> 5% total balance	Oct-24	11.9%	5%			15.7%	-2.1%	33.6%
Agency Spend	Oct-24	258	124		n/a	317.548	107.763	527.334
Overall SOF Segment	Oct-24	4			n/a	3.6129	3.43557	3.79024
CIP's Total	Oct-24	3,770	3,153	-	-	1,201.53	-641.854	3,044.91
Pay Spend	Oct-24	21,042	22,305	-	-	17,927.8	13,611	22,244.7

NHS

Finance - Finance 2

*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Overall SOF Segment	Oct-24	4			n/a	3.613	3.436	3.79

Understanding the Performance:

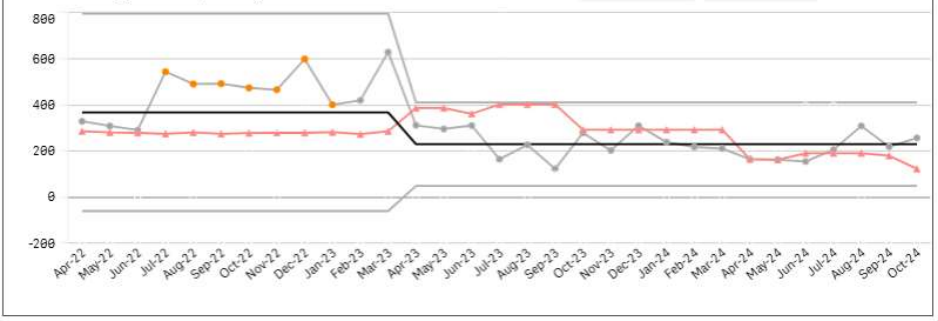
Actions (SMART):

Risks:

NHS

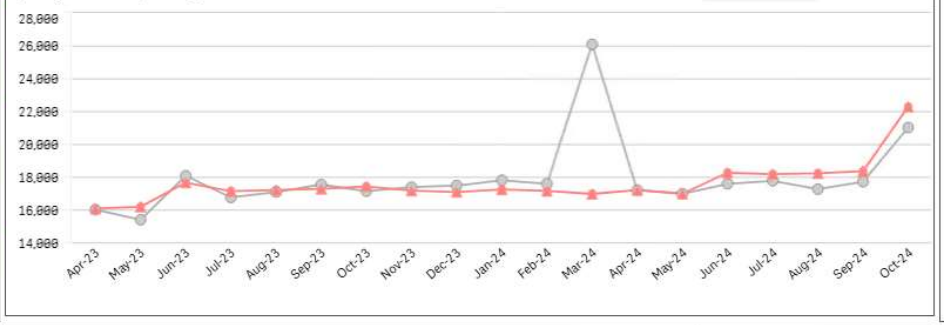
Finance - Finance 1

Agency Spend
Lower is Better. Target differed in previous years



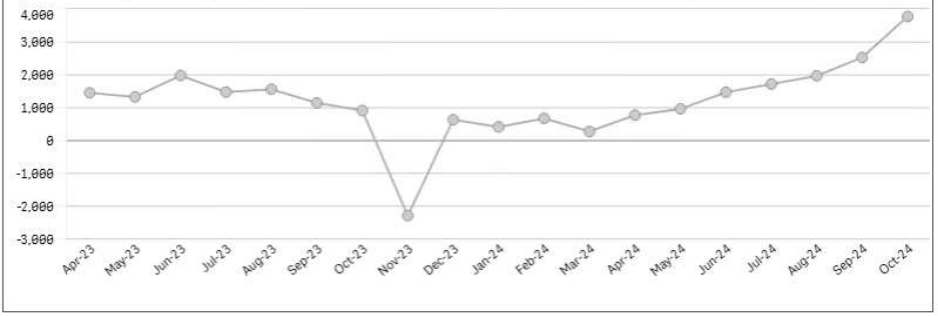
Variation	Assurance	Target	Latest
Expected	-	124	258

Pay Spend
N/A. Target differed in previous years



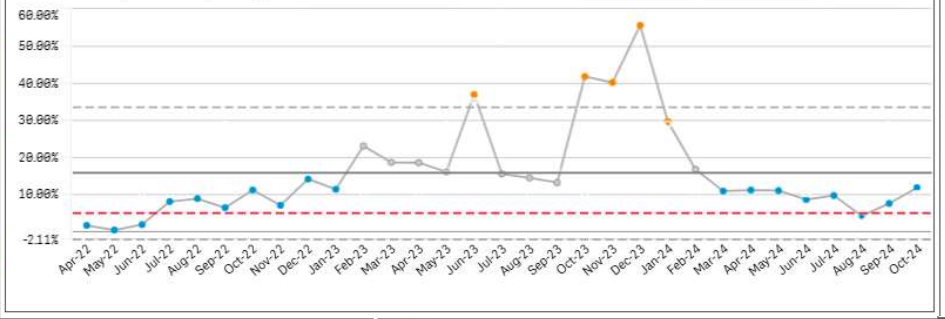
Variation	Assurance	Target	Latest
	-	22,305	21,042

CIP's Total
Higher is Better. Target differed in previous years



Variation	Assurance	Target	Latest
	Fail	3,153	3,770

Debtors > 90 days> 5% total balance
Lower is Better. Target differed in previous years



Variation	Assurance	Target	Latest
Improving	Expected	5%	11.9%

Understanding the Performance:
Agency spend saw an increase in the month back towards the mean however, it remains above plan. The Trust has filled a number of key Corporate roles on a short term basis as part of the corporate review using agency, it also has higher spend in difficult to recruit areas such as Fleet mechanics and pharmacy.
The aged debt position deteriorated slightly, with the month at £184k which was 11.9% of overall debt. This level continues to trend below the mean whilst being above target.
The CIPs show an upward trend as the Financial Recovery Plan starts to increase delivery through the year. The CIPs year to date position now £13.0m against a plan of £13.8m.

Actions (SMART):
As a result of the Financial Recovery Plan delivering CIPs below plan, there were extraordinary Finance and Performance Committee meetings focused solely on the recovery plan and the mitigating actions to bring the Trust back on track.

Risks:
There is a risk that the loss the Thames Valley and Sussex PTS contracts may impact the Trusts' ability to reduce costs in line with the Financial Recovery Plan as the focus turns to the exit plan.
Other risks are the ability to achieve the financial improvement in the 999 service as the Trust moves to REAP 4 in response to increased pressure on frontline services resulting from hospital handover delays.

Data Quality Reference

Inaccuracies in Data Quality = Data is aggregated on a monthly average and therefore not accurate

	Accurate Data Quality	Inaccuracies in Data Quality
YTD	21	44
12 Months	21	44

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Report Cover Sheet

Report Title:	EPRR Assurance statement of Compliance 24/25
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	10 (a)
Executive Summary:	This Statement of compliance is based on the peer review by HIOW and BOB ICB and the self-assessment against EPRR Core Standards. The trust compliance level is Substantially Compliant with 200 out of 204 core standards fully compliant and 4 partially compliant.
Recommendations:	The Board are asked to note the statement of Compliance for 24/25.
Accountable Director:	David Eltringham (AEO) Mark Ainsworth (Dep AEO)
Author:	James Amos, Resilience and Specialist Operations Dept
Previously considered at:	EPRR Delivery Group.
Purpose of Report:	Assurance
Paper Status:	Internal

Assurance Level:	**Assurance Level Rating Options -** • **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
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:	SR1 - Safe and Effective Care
Quality Domain(s)	All Quality Domains
Next Steps:	Review post winter period.
List of Appendices	

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South Central Ambulance Service EPRR Statement of Compliance

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for **2024/25**, South Central Ambulance Service has been required to assess itself against these core standards. The outcome of this self-assessment shows that against 204 of the core standards which are applicable to the organisation, South Central Ambulance Service:

- is fully compliant with 200 of these core standards; [and/or]
- will become fully compliant with 4 of these core standards by 31/03/2025.

The attached improvement plan sets out actions against all core standards where full compliance has yet to be achieved.

The overall rating is: SUBSTANTIALLY COMPLIANT

Mark Ainsworth – Executive Director of Operations (Dep AEO)
South Central Ambulance Service NHS Foundation Trust
4th November 2024

NHS England South East EPRR Assurance compliance ratings

To support a standardised approach to assessing an organisation's **overall preparedness rating** NHS England have set the following criteria:

Compliance Level	Evaluation and Testing Conclusion
Full	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve.

	For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

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Report Cover Sheet

Report Title:	Winter Framework
Name of Meeting	Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	10(b)
Executive Summary:	The winter framework is in effect to monitor the impact of Winter on patient safety, to identify and mitigate risk through effective resource allocation against availability and demand. Furthermore, SCAS intends align to the NHS England letter "*Delivering operational resilience across the NHS this winter"* including the initiatives this year to improve our response to patients. • Ensure a greater number of deployed hours on the road over winter in line with agreed financial and resourcing plans. • Increase the clinical assessment of calls in every emergency operations centre to deliver the navigation and validation of Cat 2 calls, as well as increasing clinical input to Cat 3 and 4 calls. • Ensure efficient electronic processes are in place for the transfer of patients who do not need a face-to-face response to services more appropriate for their needs, including urgent community response, urgent treatment centres and • SDEC. Note the responsibility for other parts of the system to maximise the number of cat 3 and 4 calls responded to by UCR and falls services. • Establish sufficient call handling capacity and finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge. • Ensure mental health professionals are embedded in all emergency operation centres ahead of winter. • Use the Ambulance auxiliary service when needed.

Recommendations:	The EMC and Board are asked to ratify and note the document.
Accountable Director:	David Eltringham (AEO) Mark Ainsworth (Dep AEO)
Author:	James Amos, Resilience and Specialist Operations Dept
Previously considered at:	EPRR Delivery Group
Purpose of Report:	Assure
Paper Status:	Internal
Assurance Level:	**Assurance Level Rating Options -** • **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
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:	SR1 - Safe and Effective Care
Quality Domain(s)	All Quality Domains
Next Steps:	Review post winter period.

List of Appendices	Winter Framework

SCAS Winter Framework including Adverse Weather Plan

VERSION	**1.0**
CLASSIFICATION	OFFICIAL
AUTHOR(s):	James Amos
DEPARTMENT	Resilience and Specialist Operations: EPRR
APPROVED BY STRATEGIC LEAD/EXECUTIVE DIRECTOR	Mark Ainsworth
DATE	23/10/2024

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Version Control

Version	Amendments	Author	Date
0.1	New Document for 2024-25 Awaiting Forecasting information	James Amos (Head of Resilience & Specialist Operations)	30/09/2024

1.0 Information

This Winter Framework, including adverse weather, has been produced to provide an effective, flexible, and scalable response to the demands of Winter and specifically cold weather on South Central Ambulance Service NHS Foundation Trust (SCAS).

Severe weather by its nature is unpredictable, dynamic and its impacts on the Ambulance Service and wider NHS multi-agency partners can be significant, therefore it is imperative that effective planning occurs across both the Thames Valley Local Resilience Forum and Hampshire & Isle of Wight Local Resilience Forum to provide assurance of a multi-agency approach for this year's weather impacts.

This framework is underpinned by the United Kingdom Health Adverse Weather and Health Plan 2024/2025 and the NHS England South-East Winter Planning Approach 2024/2025.

This document should be read in conjunction with the following policies, procedures, and guidance.

- Civil Contingencies Act 2004

- Joint Emergency Services Interoperability Principles Joint Doctrine Edition 3
- NHS England EPRR Framework 2022

- NHS England Incident Response Plan (National)
- National Resource Escalation Plan (REAP)
- Cabinet Office 2012 Emergency Preparedness
- HM Government Emergency Response and Recovery- Non statutory guidance accompanying the Civil Contingencies Act 2004
- National Ambulance Resilience Unit 2021: The Duty of Care for Ambulance Responders
- SCAS Command Policy Version 5.0
- Emergency Operations Centre Standard Operating Procedures V.30
- SCAS Operational, Policies and Procedures No.5: Hospital Handover Procedure
- SCAS Operational, Policies and Procedures No.14: Clinical Safety Plan
- SCAS Water Incident Policy *(Including snow, ice, mud slurry).*
- Cabinet Office National Risk Register 2023
- Hampshire and Isle of Wight LRF Cold and Snow Plan
- Thames Valley LRF Cold and Snow Plan
- Hampshire and Thames Valley LRF Emergency Response Arrangements

Current Threat Level: The threat to the UK is Substantial- an attack is likely.

Current REAP Level: REAP 3 as at 30/09/2024

Distribution

Internal: This plan should be distributed internally to all SCAS Strategic, Tactical and Operational Commanders, Managers including CCC, 111 and Commercial Managers. All SCAS staff via "The Hub".

External: NHS England, **ICB** Emergency Preparedness, Resilience and Response (EPRR) Leads, Partner Agencies if required via Resilience Direct.

2.0 Intention

The intention of this document is to provide an oversight of the SCAS response to Winter including adverse weather. It is not intended to cover all local business continuity arrangements in detail but provides a framework of the SCAS response to the winter period and adverse weather in line with the SCAS mission, vision, and values, to work together, save lives and reduce harm.

Our Mission: We deliver the right care, first time, every time.

Our Vision: To be an outstanding team, delivering world leading outcomes through innovation and partnership.

Our Values: Caring, Professionalism, Innovation and Teamwork

2.1 Strategic Intention

To monitor the impact of Winter on patient safety, to identify and mitigate risk through effective resource allocation against availability and demand. Furthermore, SCAS intends align to the NHS England letter "*Delivering operational resilience across the NHS this winter"* including the initiatives this year to improve our response to patients.

- Ensure a greater number of deployed hours on the road over winter in line with agreed financial, recruitment and resourcing plans.

- Increase the clinical assessment of calls in every emergency operations centre to deliver the navigation and validation of Cat 2 calls, as well as increasing clinical input to Cat 3 and 4 calls.
- Ensure efficient electronic processes are in place for the transfer of patients who do not need a face-to-face response to services more appropriate for their needs, including urgent community response, urgent treatment centres and
- SDEC. Note the responsibility for other parts of the system to maximise the number of cat 3 and 4 calls responded to by UCR and falls services.
- Establish sufficient call handling capacity and finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge.
- Ensure mental health professionals are embedded in all emergency operation centres ahead of winter.
- Use the Ambulance auxiliary service when needed.

3.0 Method

3.1 Key Dates

The UKHSA Winter Preparedness Action Program for 2024-2025 is from the 1st November 2024 to the 31st March 2025.

3.2 Cold Health Alerts System

The adverse weather plan for England in conjunction with the Met Office has established four cold health alerts which will provide early insight to the trust, staff, patients, and the public of the likely impacts throughout the winter period. SCAS has a number of considerations and potential actions with each of these alerts to mitigate their impacts.

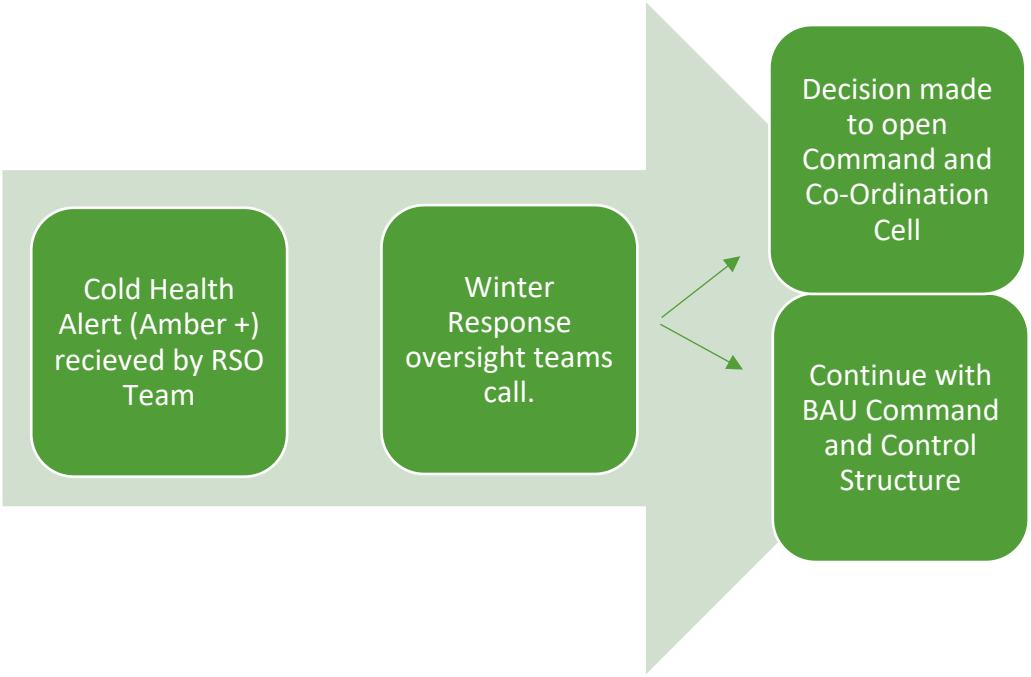
Cold Health Alerts will be circulated by the Resilience and Specialist Operations Department to the command structure on a regular basis.

Cold Health Alert Level	Information	SCAS Action(s)
Green (Preparedness)	No alert will be issued as the conditions are likely to have. Minimal impact and health; business as usual and summer/winter planning and preparedness activities.	• Review of previous lessons identified to review the Adverse Weather (Winter) Framework. • Communication to staff around Winter preparedness and "Weather Ready campaigns" • Preparation and roll out of the seasonal vaccination program
Yellow (Response)	These alerts cover a range of situations. Yellow alerts may be issued during periods of heat/cold which would be unlikely to impact most people but could impact those who are particularly vulnerable.	• Everbridge alert to all staff- yellow warning • Daily tactical call agenda to ensure all stations have appropriate preparations in place including grit, shovels. • Consideration to accommodation requests.

		• Ensure access points to Ambulance stations including CCC's is maintained via escalation through the LRF. • Consideration to approved 4x4 use via the LRF.
Amber (Enhanced Response)	An amber alert indicates that weather impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk. Non-health sectors may also start to observe impacts and a more significant coordinated response may be required.	• Everbridge alert informing of Amber warning. • Consideration to establishment of the Command and Co Ordination Cell. • Ensuring ambulance stations are proactively cleared of snow/ice. • Consideration to approved 4x4 use via LRF. • Participation in LRF PAT/TCG/SCG if required. • Communication to wider public and partners regarding pressure.
Red (Emergency Response)	A red alert indicates significant risk to life for even the healthy population.	• Key messages released to the public. • Everbridge communication to all staff of red warning. • Consideration to Major Incident/Critical Incident declaration. • Review of REAP • Consideration to 4x4 use and muster points to enable staff to access workplace.

3.2.1 SCAS Triggers

During periods of expected severe weather indicated by a Cold Health Alert Amber or above. The RSO team will receive the Cold Health Alert. If **Amber or above,** this should indicate for a **Winter Response Oversight call**- Chaired by a Strategic Commander and using the Joint Decision Model to decide whether to set up the dedicated Command and Co Ordination Cell and to invoke the Winter Response model as documented below.



3.3 Command and Control Arrangements

Business as Usual:

SCAS will routinely follow its normal command and control arrangements with a dedicated on-call rota consisting of the following:

Strategic Commander
4x Tactical Commander (2x North, 2x South)
Operational Commanders
2x NILO
1x Medical Incident Advisor (MIA)
ICT
Scheduling on call
Command Support Team/ Loggist
PTS On Call
111 On Call
Media On Call

Winter Preparedness Group (Strategic)

The strategic response to the Winter period will be overseen by the Winter Preparedness Group. Meeting on a bi-weekly basis with representatives across from key SCAS departments, this board will oversee the response including the establishment of the Winter Command and Co-Ordination Cell. The Terms of Reference for this board can be found in Appendix.7.

Winter Command and Co-Ordination Cell (Winter Response Model).

Trigger Consideration: *Amber Alert or Above*. This will supplement the command cell already in place.

During periods of predicted severe weather impacts as indicated by the Cold Weather alert of **Amber or above** the command cell will be enhanced at Northern House or Southern House Clinical Contact Centres

(CCC's) Incident Control Room (ICR). The decision the enhance the cell must be a Strategic decision using the Joint Decision Model, in consultation with the Winter Preparedness Group.

This command and co-ordination cell will support the delivery of the Adverse Weather (Winter) Plan.

- Situational Reporting
- Identification of additional requirements e.g staffing with scheduling teams,
- Regular review of weather impacts
- Identification of patient safety incidents.
- The initial response to a declared major or critical incident prior to handing over to the command structure.
- Strategic and Tactical command dedicated to Adverse Weather.
- Link to Integrated Care Board (ICB's) and Partner Agencies.
- Liaison with partner supporting agencies.
- National Interagency Liaison Officer (NILO) function from multi-agency partners to assist in the shared situational awareness and rapid identification of incidents/information which may impact on SCAS resource requirements.

The Adverse Weather Command and Co Ordination Cell should be staffed with the following.

Tactical Commander
Tactical Advisor /NILO
Trust approved Loggist/ Staff Officer
Medical Incident Advisor (On Call)
EOC Representative (CSO Dedicated to Cell)
111 Representative (Hybrid Option)
PTS Representative (Hybrid Option)
Estates representative (Hybrid Option)
Fleet and Support Services representative
Logistics
Media (On Call)
Scheduling (Hybrid Option)
HR Representative (hybrid)
Business Intelligence (hybrid)
Partner Agency NILO(s)

Contact Details (SUBJECT TO CHANGE)

Duty Tactical Commander:

(Northern House ICR Direct Line) /**dutytactical@scas.nhs.uk**

(Southern House ICR)

SCAS Northern House- Control Duty Manager/Shift Officer: (Recorded line) **SCAS Southern House: Control Shift Officer:** (Recorded Line)

Northern House ICR Command and Co-Ordination Cell Landline:

Southern House ICR Command and Co-Ordination Cell Landline:

SCAS NILO:

Media On Call: oncallmedia@scas.nhs.uk

National Ambulance Co Ordination Centre (NACC): / nacc@wmas.nhs.uk

NARU On Call:

SCAS PTS On Call:

Thames Valley and MK:

Hampshire:

Surrey and Sussex:

Both Clinical Contact Centres (CCC's) will be utilised during the adverse weather as per business-as-usual arrangements (BAU) for the handling of 999/111 calls.

In the event of a declared major incident the tactical commander must decide whether to utilise another SCAS control room ICR to run the incident or suspend the Adverse Weather Command and Co-Ordination cell. This must be documented in the NARU logbook.

3.4 Resilience and Specialist Operations (RSO) including Interoperable Capabilities

SCAS will continue to maintain the national standards for the interoperable capabilities including the Hazardous Area Response Team (HART) and Specialist Operational Response Team (SORT). These resources are available for all major or critical incidents and **must be considered early.**
The PROCLUS dashboard will be utilised to record these figures and provide assurance to the NACC.

The RSO department will be responsible for;

- Production of the Adverse Weather framework
- NHS England Winter Assurance
- Post incident debrief (s) and subsequent After-Action Review (AAR) process including production of the AAR Report.
- Provision of the Ambulance National Interagency Liaison Officer (NILO) and Tactical Advisor function within in the Command and Co-Ordination Cell.
- Liaison and co-ordination with multi-agency partners including both Local Resilience Forums

The Hazardous Area Response Team (HART) must be considered early for any incidents which fall under the water incident policy including patients who may have entered ice environments e.g frozen lakes.

3.5 Operational Staff

All Operational Staff will be supported by an Operational Commander as per local plans.

Dedicated Hospital Ambulance Liaison Officers (HALO's) will also be dispatched to Hospitals to support staff and patients if required.

HALOs should refer to the SCAS Hospital Handover Policy provide regular situation reports to the tactical commander at least every two hours via phone or radio.

All operational staff must have the correct PPE for the duration of their shift. During periods of Amber (and above) cold health alerts staff should be reminded of the importance of being "weather ready" including packing additional clothing. It is recommended that regular communications are provided with staff via Everbridge and Internal communication processes.

3.6 Clinical Contact Centres including 999/111.

Clinical advice should continue to be sought through the Clinical Support Desk and if required with escalation to the duty Medical Incident Advisor (MIA).

South Central Ambulance Service have also increased the number of SPs being deployed within Emergency Operations Centre to support Cat 3 work and assist the UCD provision. In addition to GP validation of Cat 3/4 dispositions in 111, there will also be GP input into Cat 3/4 generated in 999. The Single point of Access trial in SE Hampshire is also in place.

We use electronic Patient Record and e-transfer of patients and patient records to handover at acute trusts, to general practice, and Urgent Care Providers as well as within the 111 services. We are also using the Urgent Community Response by increasing volume and consistency of referrals to improve patient care, ease pressure on Ambulance Services and avoid admission, ongoing workstream. South Central Ambulance Service Clinicians can access Urgent Community Response teams in all South Central Ambulance Service regions. Cat 3/4 dispositions do not reach a Directory of Services (DOS) endpoint. Therefore, there are challenges to our ability to electronically transfer these cases. The GP Clinical Assessment Service and additional clinical input into these should enable the DOS to return and therefore access to electronic referrals. However, many services across our region are not yet able to accept electronic referrals and have those endpoints on the DOS. The team continue to work with System Partners to improve this position.

As part of the preparedness for this Winter additional mental health practitioners are available within the Emergency Operations Centres (EOC). This provision is available 24/7 in both Northern House (provided by Oxford Health within EOC and Berkshire Health remotely). In Southern house the service is provided by Southern Health. The team is currently fully staffed, and plans are in place for further recruitment.

Additional clinical/ non-clinical floor walkers should be considered within both Emergency Operations Centres (EOC). Where appropriate SCAS Medical Directors/ Medical Incident Advisors will be available in control rooms when there is a Cold Health alert Red+.

3.7 Patient Transport Services (PTS)

SCAS provides Patient Transport Services (PTS) across the SCAS footprint as well as outside of the SCAS Operational area including Sussex and Surrey. PTS during peaks in demand will follow actions as part of their PTS demand management plan which is reviewed daily in line with OPEL status and actions required including hours vs activity, across operational areas and contact centres.

Patient Transport Services have reviewed their Business Continuity plans for all their contract areas.

Any issues related to PTS should be escalated to the PTS on call representative via the Command and Co-Ordination cell.

3.8 Mutual Aid

All requests for mutual aid must be escalated through the National Ambulance Co Ordination Centre (NACC).

In the event of severe weather there must be early consideration for the escalation to the NACC to request additional support.

3.9 Critical/Enhanced Care including Air Ambulance charities.

The SCAS Adult Critical Care Transfer Service will continue to operate as usual to provide critical care inter facility transfers.

Enhanced clinical support can also be sought through Thames Valley Air ambulance, Hampshire and IOW Air Ambulance and BASICS as per usual procedures.

3.10 Auxiliary Ambulance Service

The Auxiliary Ambulance Service can be considered to supplement SCAS resources in responding to emergency incidents. This service is commissioned by NHS England and utilises St John Ambulance to

provide additional resources to bolster the SCAS response to incidents. This is in addition to the current provision provided by St John Ambulance to support business as usual.

This Auxiliary Ambulance service should be requested when demand is likely to outstrip resource and should be requested via NHS England through the NACC. SCAS are allocated resources from the St John Ambulance Auxiliary service on a daily basis with between 1 and 4 Ambulances being provided.

3.10 Education

The SCAS Education team will be able to offer additional clinical resource during periods of predicted spikes in demand in line with REAP actions including regularly reviewing.

- Training abstractions
- Pausing or cancellation of training courses to provide increase operational resource cover.
- Re deployment of clinically trained staff to operational resources or Clinical Co-Ordination Centres.

3.11 Community Engagement &Training Team

The Community Engagement Team will continue to support the trust with the following resources during periods of adverse weather:

- Community First Responders (CFR)
- Co-Responders (Including Fire Service)
- Military Co Responders
- Support for frontline operations from clinically trained staff.

3.12 Operational Support Services

Operational Support services will support periods of adverse weather by providing:

- Predicted Vehicle Requirements including Out of Service
- Additional vehicles including hire.
- Service and maintenance to ensure vehicle preparedness.
- Make Ready provision to ensure vehicle preparedness.
- The supply and distribution of winter equipment e.g shovels, grit.
- Management of Estates including out of hours contractors.

3.13 Local Resilience Forum (LRF)

All year-round planning has been underway in conjunction with both Local Resilience Forum's (Thames Valley and Hampshire/Isle of Wight) that SCAS are members of. This plan should be read in conjunction with the LRF Snow and Cold Weather Plans for both.

Throughout predicted periods of severe cold weather a **Partner Activation Teleconference (PAT)** is likely to be triggered. The SCAS Tactical Commander must attend this PAT to provide shared situational awareness and escalation of any risks affecting the trust.

The Local Resilience Forum can offer assistance by providing a multi-agency approach to the requests of the Ambulance service during periods of cold weather including.

- 4x4 transport hub
- Multi-Agency Information Cell (MAIC)
- Partner Activation Teleconference (PAT), Tactical Co-Ordination Group (TCG), Strategic Co-ordination Group (SCG) as part of the Emergency Response Arrangements.
- Logistics cell
- Human aspects cell

- Link with government (E.g RED and DLUHC)
- Military Assistance (MACA)

3.14 Planning and Forecasting

The SCAS Planning and Forecasting team have provided predictions of pressure which are available in Appendix 6.

Planning and Forecasting will be responsible for the oversight of predicted staff/demand pressures ensuring that scheduling and private provider provision is available to assist in spikes of demand.

3.15 NHS England Incident Levels

NHS England has four incident levels which are likely to be utilised during periods of significant demand, which provide an overview on the co-ordination by NHS England and ICB's.

Incident level	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

4.0 Administration

A NARU logbook and daily situational report must be maintained by the SCAS duty Tactical Commander.

Patient report forms and EPCR should be completed for all patient contacts as usual.

The daily situational report will be maintained electronically by the tactical commander, the tactical commander is responsible for ensuring that these reports are escalated to the appropriate ICB's and agencies.

An electronic log will be maintained throughout the periods of adverse weather **(Amber+ Alert)**. These logs must be retained for future reference, any decisions must be recorded in the NARU logbook with the unique number cross referenced in the electronic log.

All decisions made must be recorded using the Joint Decision Model and JESIP Decision Controls. These decisions must be recorded in a NARU logbook and submitted via the SCAS logbook submission portal.

Lessons identified: During periods of adverse weather, if there are any safety related issues these should be initially raised via the Datix system (including patient safety incidents). The command and co-ordination cell should also update the log with any lessons identified.

Any immediate lessons identified which may impact on this plan must be escalated to the Resilience and Specialist Operations Department Duty NILO.

An After-Action Review (AAR) will be arranged as per the SCAS Incident Response Plan.

4.1 Assurance Returns

SCAS will need to provide regular assurance to LRF partners and NHS England on their preparedness for Winter. This assurance will be co-ordinated by the Resilience and Specialist Operations department but will require input from individual department leads.

4.2 Business Intelligence (BI)

To ensure accurate data recording. The BI team will provide information on

- 999 and 111 demand.
- Hospital Delays
- Out of Service
- Staff sickness
- Trends

5.0 Risk

The National Security Risk Assessment (NSRA) identifies low temperatures and snow (R074) as **very high risk.** This is described as;

"Snow falling and lying over multiple regions of the UK and a substantial proportion of the UK population (e.g., Southwest England, South East England, London and the East of England - approximately 30 million people), including substantial areas of low-lying land (below 300m) for at least one week.

After an initial fall of snow, there is further snow fall on and off for at least seven days, with brief periods of freezing rain also possible. Most lowland areas experience some falls in excess of 10cm at a time, a depth of snow in excess of 30cm and a period of at least seven consecutive days with daily mean temperature below minus 3°C.

Overnight temperatures would fall below minus 10°C in many areas affected by snow. Such a spell of weather would affect vulnerable communities, particularly older people, and those with pre-existing conditions, such as cardiovascular and respiratory disease. An increase in falls, injuries (e.g., fractures), road accidents and hypothermia would also be expected by a prolonged period of cold, snow and ice.

There will be a large number of excess morbidity/ mortality deaths above the number experienced in a normal winter, with potentially thousands of casualties and fatalities. This will place significant pressure on health and social care services. Considerable impact to human welfare and essential services, along with economic impact, is likely due to disruption to transport, networks, power or heating fuel supplies, telecommunications, and water supplies. Schools and businesses would be impacted by such disruption".

The National Risk Register (2023) provides information in an open source document on the impacts of low temperatures and snow on the public and organisations.

1.3.2 HIOW LRF Risk Assessment Score

IMPACT					
Catastrophic (5)				❄	
Significant (4)					
Moderate (3)					
Minor (2)					
Limited (1)					
	Low (1)	Medium-Low (2)	Medium (3)	Medium-High (4)	High (5)

LIKELIHOOD

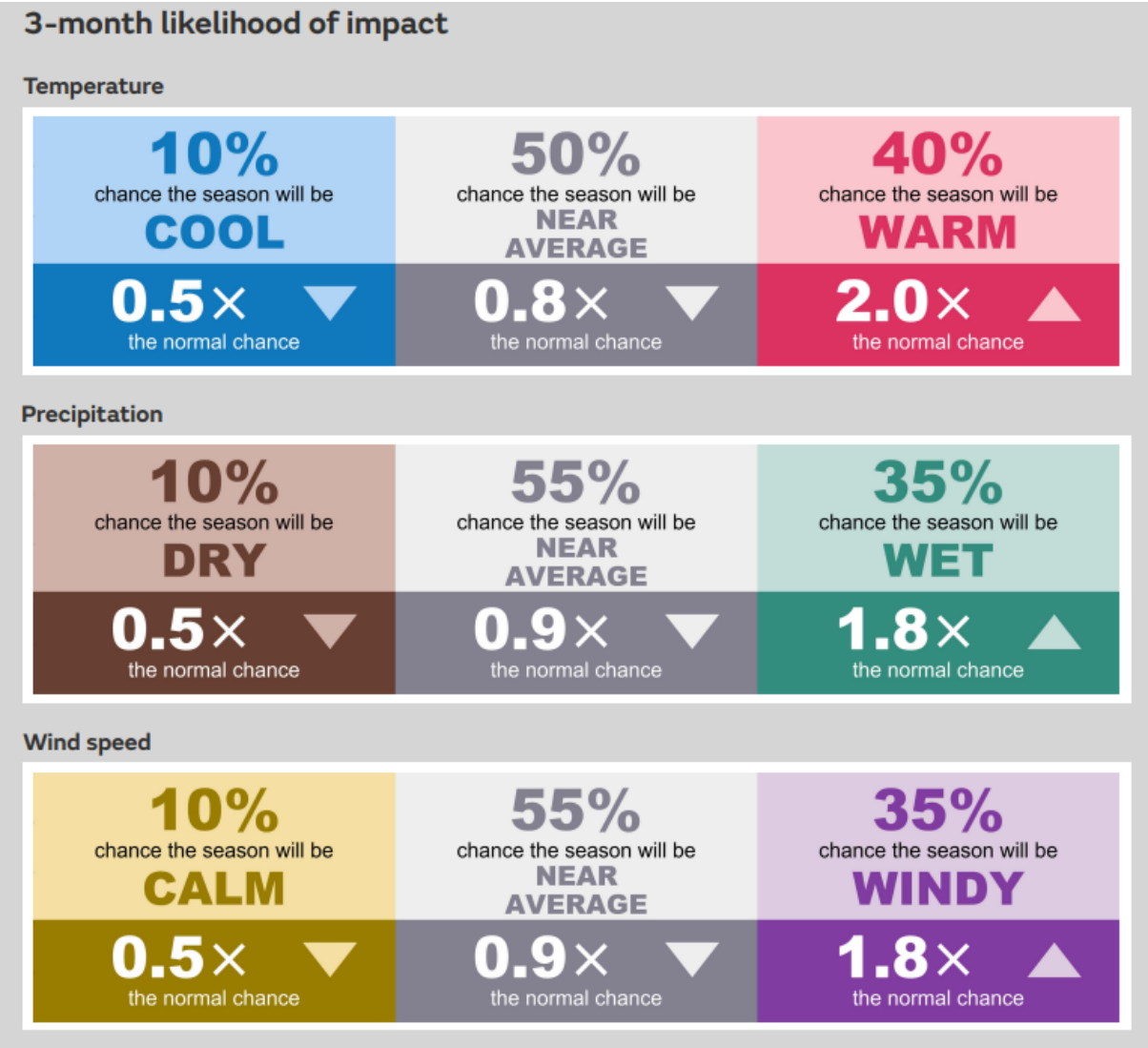
Low | Medium | High | Very High

Previous impacts of severe weather within the SCAS region include;

- 2009 - 1000 residents were stranded in their cars on the A3
- 2018 - the A31 near Pickets Post was blocked in both directions and up to 10,000 vehicles were backed up to junction 2 on the westbound M27. People were trapped in their vehicles for many hours.
- 2019 – Met Office warnings were issued, and multi-agency command and control meetings were stood up. Impacts were not as severe as initially thought and the response was stood down. Weather reports changed and Basingstoke was heavily impacted by snow fall.
- 2022 – Consecutive days of temperatures not rising above 0 degrees Celsius

The Met Office will provide regular updates (3 monthly updates) and forecast of predicted weather which may impact on decision making.

The current met office guidance from September- November 2024 identifies the following.



The Resilience and Specialist Operations department will be able to provide regular information to command structures on likely weather impacts using the Hazard Manager platform.

Local Risk Assessments must be completed by Clinical Operations Managers (COM's) or equivalent to identify local risks which should be escalated to the Winter Command and Co-Ordination Cell (if established) or the Duty Tactical Commander.

A SCAS Winter risk register will be maintained as part of the Winter Preparedness Group.

Current UK Threat Level: The threat to the UK is **Substantial- an attack is likely.**

Dynamic Risk Assessments must continue to be used during periods adverse weather in line with the NARU Duty of Care for Ambulance Responders Briefing April 2021 Duty of Care Briefing.

Appendix. 6 highlights the forecasted demand and pressure for this year, highlighting the requirement for private provider provision and impacts of staff sickness. The three main risks for this year (23/24) include:

- Demand
- Operational Hours
- Handover Delays

5.1 OPEL Framework and Clinical Safety Plan

During periods of increased demand, the OPEL framework and Clinical Safety Plan provides a number of actions that should be undertaken to protect patient safety.

OPEL 1	ACTIONS	Lead
ALL	- Business as usual	All
EOC	- Notify all relevant staff/managers via text service of the OPEL status at **0800hrs and 2000hrs** (as per appendix 3) - Update wallboards with current OPEL levels	SECT / EOCSO
CSD	- Business as usual	CSD TL
111	- Business as usual	111 TL
Field Ops	- Support the maintenance of normal operational staffing and vehicle cover	OPS TL
Scheduling & Planning	- Business as usual	TLs
OSD	- Business as usual	TLs

OPEL 2	ACTIONS	Lead
ALL	- Ensure all actions from the previous level are completed / ongoing	All
EOC	- Notify all relevant staff/managers via text service of the OPEL status (as per appendix 3) - Update wallboards with current OPEL level - EOCDM / EOCSO to assess situation on the floor and ensure actions / support where required - Review vehicles that are in unavailable status and obtain update / contact local management - Contact Ops TL/COM to mobilise to ED experiencing delays. - Duty Manager to liaise with 111 Clinical Shift Manager and ensure they are aware of the increase in OPEL level(s). 111 clinicians will target clinical validation of all Cat 3 and Cat 4 ambulance dispositions to areas with increased demand and increase in OPEL level. - Duty Manager to liaise with 111 Clinical shift Manager to advise of any issues with local hospitals. e.g Queueing of ambulance resources at ED and impact on operational ability to respond to emergency calls. - Ensuring a non-clinical member of staff is assigned to welfare check patients - Consider the availability to transfer vehicles across dispatch sectors to balance vehicles vs demand. - - Message sent via ICAD requesting CFRs to log on.	EOCSO / EOCDM
CSD	- Welfare checks of long waits (If any) - Clinician disposition event outcomes and queue scanning – (upgrades / H&T / alternative transport) - CSD clinicians will target any 111 events that have been passed over by clinical validation of all Cat 3 and Cat 4 ambulance dispositions to areas with increased demand and increase in OPEL level.	CSD TL
111	In line with Action cards within 111 Escalation Plan	111 TL
Field Ops	- Actively support the reduction in LUH • Review vehicle availability with OSD • Review staffing with scheduling • Review skill mix and vehicle ratios with OSD / EOC - Support flow and turnaround at Hospitals where required	TLs / Ops Managers
Planning & Scheduling	- Business as usual	Planning Managers
OSD	- Review unavailable vehicle resources	OSD TLs

OPEL 3	Actions	
ALL	- Ensure all actions from the previous level are completed / ongoing	All
EOC	- Notify all relevant staff/managers via text service of the OPEL status (as per appendix 3) - Consider availability of EOC Training/Development Dept for support - EOC CSO to review the available units in all sectors and deploy as appropriate to mitigate long waits. Priority dispatch should be given to the sector(s) with the patients at the highest level of risk. - Consideration to crewing RRVs to DCUs dependant on REAP levels and in line with current EOC guidance	EOCSO / EOCDM
CSD	- Welfare checks (inc HCP calls) - Consideration for GP conversation to rebook / redirect or alternative transport - Cat 3 and 4 calls reviewed to assess H&T and use own transport - CSD to provide support to area under pressure (i.e. virtual working if required unless SCAS wide)	CSD TL
111	- In line with Action cards within 111 Escalation Plan	111 TL
Field Ops	- Team leaders/ Clinical Team Educators on management time log on and to be available to respond as required. - Managers to be logged on - Consideration to crewing up solo resources to crew ambulances. - Specialist Paramedic Hub support for lower acuity calls. Liaise with EOC Duty Manager / Shift Officer. - Consider requesting additional staff through Private Providers / Overtime / Shift extensions - Authorise the movement of SCAS assets Trust wide - Contact on-call press team and consider appropriate media and social media releases	Ops Managers
MI Gold/ Senior Performance Lead (SPL)	- Convene a SCAS wide Gold call to confirm all previous actions completed / ongoing and determine any further actions required to prevent escalation to OPEL 4. - Consideration for Command Structure and Cells (virtual or co-located) - Consideration to implement Enhanced Patient Safety Procedure –	MI Gold
Planning & Scheduling	-Consider additional Private Provision Overtime -In collaboration with OSD consider additional shifts, Overtime / Shift extensions	Planning Managers/ Field Ops
OSD	- Review unavailable vehicle resources - Consider additional driver hours if required	OSD TL

OPEL 4	Actions	
ALL	- Ensure all actions from the previous level are completed / ongoing	All
EOC	- Notify all relevant staff/managers via text service of the OPEL status (as per appendix 3) - Head of EOC and CSD manager to be available to duty EOC management and consideration to attend EOC if required - Consideration to crewing RRVs to DCUs dependant on REAP levels and in line with current EOC guidance.	EOCSO / EOCDM
CSD	- Clinician / Clinicians to complete stack management and further Triage of incidents - Triage of the longest waits to ascertain clinical need/ priority	EOCSO / EOCDM
111	In line with Action cards within 111 Escalation Plan	111 TL
Field Ops	- Notify local system partners and CCG. - Consider arranging for refreshments to be distributed to staff on duty - Attendance at Tactical Command Cell if required - Consideration for 'Immediate Handover' at Acute sites - Invoke MI IRP if required	Ops Managers / Duty Officers
MI Gold	- Activate Enhanced Patient Safety Procedure if at REAP 3	
Planning & Scheduling	- Consider additional shifts on Skillstream. - Contact Private Providers for additional availability above plan - In collaboration with OSD consider additional shifts for SCAS staff - Overtime / Shift extensions	Planning Managers
OSD	- Utilise additional driver hours	OSD TLs

5.2 Enhanced Patient Safety Procedure (EPSP)

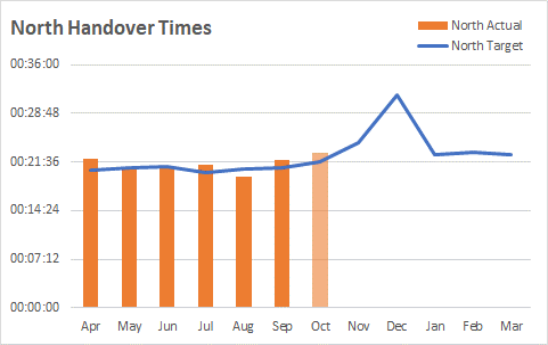
The Enhanced Patient Safety Procedure has been designed to reduce the risk of Category 1 (Life Threatening) and Category 2 (Emergency) patients experiencing long delays. Other categories of patients that are less urgent (Category 3, 4 and 5) will be managed differently during periods of high escalation using alternative care pathways following a telephony assessment that may mean the non-allocation of an ambulance response to a patient.

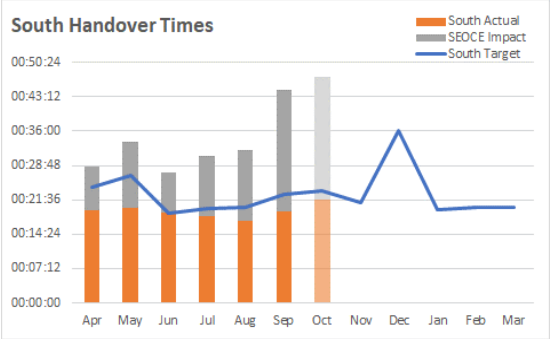
This can only be authorised by the SCAS Strategic Commander. The decision to invoke this procedure must be documented on an approved NARU logbook.

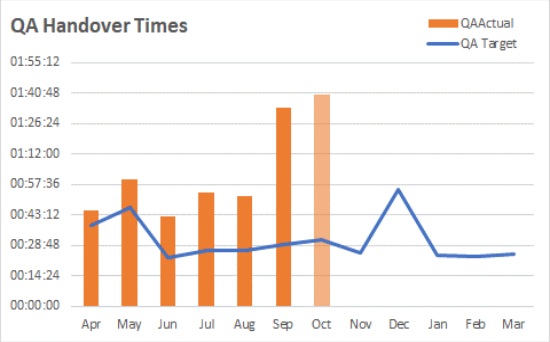
5.3 Hospital Handover Delays

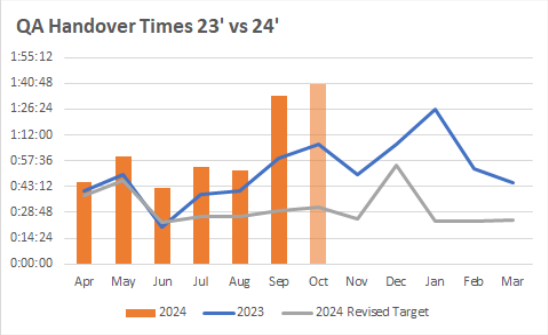
Previous years has identified that hospital delays tend to increase during extended periods of adverse weather.

Budget level Task Time was set using Handover times and overall delays from Q1-3 2023 and Q4 from 2022. This exposes some risk as Q4 2023 saw some large increases from the 2022 level. Turnaround times forecasted at trust level range from 34:00 – 48:00 depending on Node and seasonality.









The sensitivity analysis below demonstrates that excessive Handover times from the Southeast region has a large overall impact on trust performance. SCAS is unable to meet a sub 30:00 CAT 2 mean once Handover times in this region exceed 60 minutes

The SCAS Hospital Handover procedure outlines the process that SCAS and Hospital Trusts will take to protect handover delays. This includes the immediate handover and rapid release process, which can be authorised by a SCAS Tactical Commander to ensure that SCAS resources are released from the hospital within 30 minutes.

5.4 Industrial Action

In comparison to 2023/24 the impacts of Industrial Action on South Central Ambulance Service have reduced since the agreement of the new national pay scale for Ambulance staff. However, it is likely that impacts will continue to be seen on the Ambulance Service and wider NHS as other health staff take part in Industrial Action including nursing and other health service staff.

Furthermore, impacts on delivery of services through industrial action of other groups including public transport may impact the organisation indirectly due to staff availability.

SCAS continues to engage with both Local Resilience Forums to identify Industrial Action risks which may impact on the delivery of services.

5.5 Financial Impacts

It must be noted of the financial impacts the winter period will have on Ambulance providers. Incentivised shifts may be utilised to assist in increase of staffing; however, this comes at a significant cost and with the current fiscal pressures this is less likely than in previous years.

6.0 Communication

6.1 Media

The on-call media representative can be contacted on **07623 957 895**. All press requests must be approved by the strategic and tactical commander in line with guidance from the on-call media team.

The media team will be circulating information to external partners and agencies including pre-recorded interviews and press releases. Furthermore, they will support the sharing of external national messages including "Winter ready" campaigns.

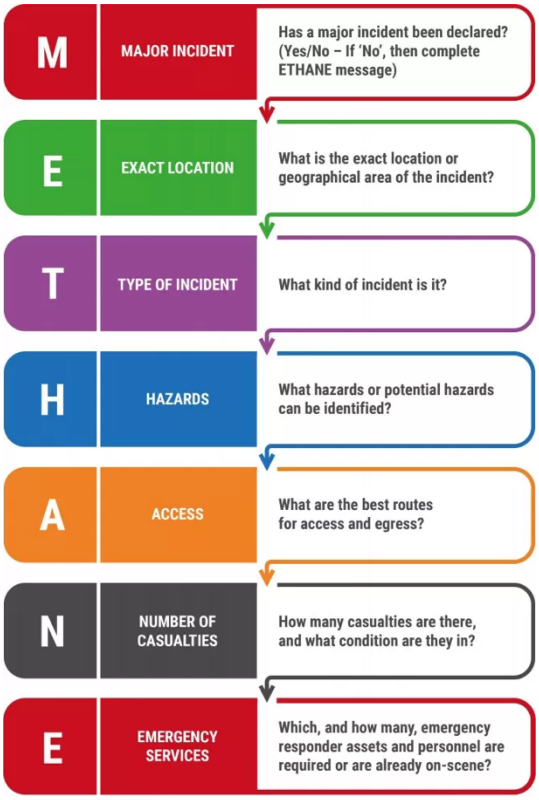
6.2 Major/Critical Incident Declaration

Major Incident Definition: The Cabinet Office, and the Joint Emergency Services Interoperability Principles (JESIP), define a Major Incident as an event or situation with a range of serious consequences that require special arrangements to be implemented by one or more emergency responder agency. In the NHS this will cover any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.

Critical Incident Definition: Any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.

Business Continuity Incident: An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, to below acceptable pre-defined levels. This would require special arrangements to be put in place until services can return to an acceptable level. Examples include surge in demand requiring temporary re-deployment of resources within the organisation, breakdown of utilities, significant equipment failure or hospital acquired infections. There may also be impacts from wider issues such as supply chain disruption or provider failure.

In the event of a Major or Critical Incident declaration within the SCAS region, **all partner agencies must be informed of the declaration using a METHANE message**. This should follow the usual procedure as per the SCAS Incident Response Plan.



6.3 Staff Communication

There are a variety of methods of communication with staff available in SCAS. For routine information this will be via Operation Bulletins and "Hot news" alongside viva engage. In the event of predicted demand due to cold weather or under the authorisation of a strategic commander our mass notification system "Everbridge" will be used to communicate with staff including the actions as per the cold health alerts.

7.0 Humanitarian

As per any SCAS response, the Human Rights Act, specifically Article 2 Right to Life and NARU Duty of Care Briefing for Ambulance Responders must be followed during any decision-making process.

Appendices

Appendix 1: Example LRF Partner Activation Teleconference Agenda

Use the generic ERA AGENDA. **Partner Activation Teleconference (SNOW) Agenda – additional considerations**	
1. Gather information and intelligence	
What has happened?	*Should a Major Incident be declared, based on the scale, duration and impact of the incident? (See trigger table in Plan)*
What is happening now?	Update from attendees on activity: • *Met Office – how severe is it now, and how severe is it likely to get?* • *Strategic Road network? – Highways England and Roads Policing Unit updates?* • *NHS update on system pressures? Operational Pressures Escalation Level (OPEL 1-4).* • *Any issues on hospital mortuary capacity?* • *Water company supplies and/or any repair work issues?* • *Other agencies (by exception) – e.g. EA flooding*
What is being done about it?	• *What is the strategy from SCG (if active)?* • *Other considerations (i.e. task & finish groups).*
Additional information from individual attendees *Any other specific vulnerable groups or individuals to be cognisant of?*	
2. Assess Risks and Develop a Working Strategy	
Risks *Consider the information on other weather forecasts, not just the Met Office. What are the differences?* **The worst case forecast should be the default consideration.**	
3. Consider Powers, Policies and Procedures	
Emergency Plans / Supporting Information *Specific Plans – HIOW-TV LRF ERA; TVLRF Cold and Snow Plan* *Individual Agency Business Continuity Plans; Other plans (which ones?)* **State which ones so that a written record of plans used is kept.**	
Communication with the Public *Are there any issues to escalate to SCG and inform the media strategy, if active?* *If asked, what should responding staff say to the public/ media?* *Who is the lead agency for media – consider individual agencies pre-level 3 trigger. Police for level 3.*	
4. Identify Options and Contingencies	
5. Take Action and Review What Happened	
For discussion when consideration of stand-down: *What staff rostering do agencies need to put in place?* *Further period post stand-down for the Logistics cell to stay operational.*	

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Appendix 2: JESIP Decision Controls

A) WHY ARE WE DOING THIS?

- What goals are linked to this decision?
- What is the rationale, and is that jointly agreed?
- Does it support working together, saving lives, reducing harm?

B) WHAT DO WE THINK WILL HAPPEN?

- What is the likely outcome of the action; in particular, what is the impact on the objective and other activities?
- How will the incident change as a result of these actions, what outcomes do we expect?

C) IN LIGHT OF THESE CONSIDERATIONS, IS THE BENEFIT PROPORTIONAL TO THE RISK?

- Do the benefits of proposed actions justify the risks that would be accepted?

D) DO WE HAVE A COMMON UNDERSTANDING AND POSITION ON:

- The situation, its likely consequences and potential outcomes?
- The available information, critical uncertainties and key assumptions?
- Terminology and measures being used by all those involved in the response?
- Individual organisation working practices related to a joint response?
- Conclusions drawn and communications made?

E) AS AN INDIVIDUAL:

- Is the collective decision in line with my professional judgement and experience?
- Have we, as individuals and as a team, reviewed the decision with critical rigour?
- Are we, as individuals and as a team, content that this decision is the most practicable solution?

Appendix 3: Winter Response Teams Agenda

Winter Command and Co Ordination Cell

Tac Commander Agenda

Welcome

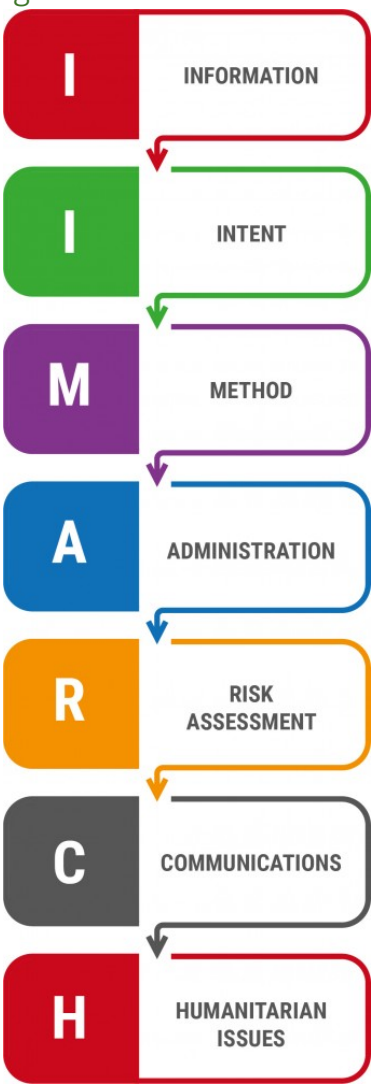
1) Any urgent updates?
2) Current performance and common operating picture.
3) Directorate updates

- EOC 999
- EOC 111
- Operational Commanders
- PTS
- Media
- Scheduling
- Estates/ Operational Support Services

4) Risks and Issues
5) Actions
6) AOB

Appendix 4: Joint Decision Model

Appendix 5: IIMARCH Briefing



Appendix 6: 2024/2025 Winter Planning Report U&E and 111

OPERATIONAL WINTER PLANNING REPORT

PURPOSE

This report will outline SCAS planning assumptions for the winter period 2024 and the current position in relation to resource planning for A&E Operations.

EXECUTIVE SUMMARY

Activity has been fixed to Budget level, meaning the normal Short Term Forecast adjustment of overall demand or task time trends is not being implemented. This agreed approach maintains the financial governance of the planning process. H2 plans were further revised with an agreement that the additional funding removed (£3m) coincided with an improved Handover improvement plan for the Southeast region. Detailed cost savings and performance improvement plans were shared with the ICB, including the overall CAT 2 performance impact if system improvements were undelivered.

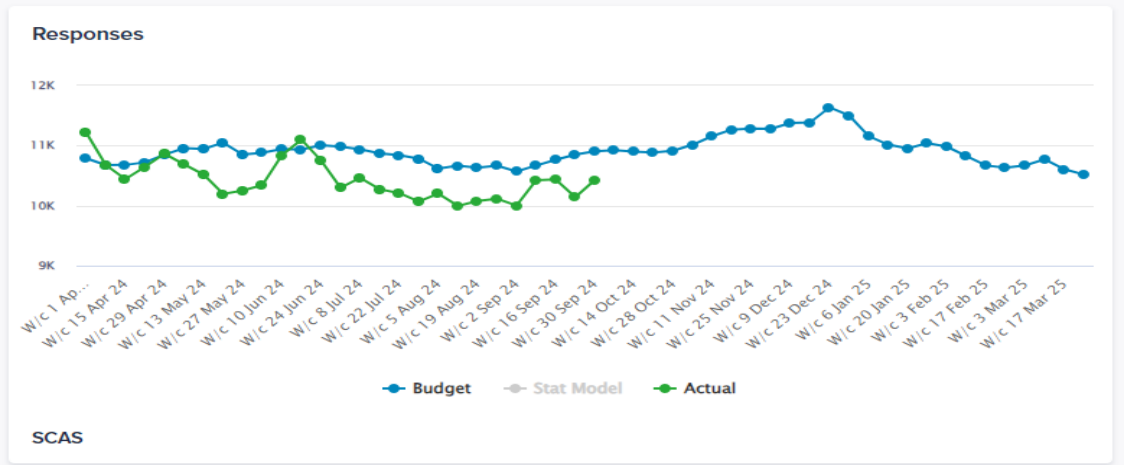
Workforce plans have been updated, reflecting current in year delivery and any additional schemes that increase flexible hours or Private Providers to inform the forecasted resource capacity.

The 2-week Christmas period is planned in line with SCAS relief policy during October. This means a more detailed view from 20th December to 2nd January will be available from mid-November.

SCAS OVERALL APPROACH

Demand assumptions across the winter are normally based on historical seasonal profiles while also comparing year on year activity variance. This is an established approach in setting the Budget forecast to which a planning utilisation factor is applied, defining the required resource capacity to match demand.

The unique nature of the last few years demand has proved more challenging when comparing historic Year on Year activity. The 2024-25 forecast had an assumed level of growth but the agreement around an improved H&T ratio was also factored in. The impact of Enhanced Patient Safety Process (EPSP) on demand has also played through as some Incidents closed under the policy are not reported in the demand profile or AQI standard and are not counted towards the H&T target.



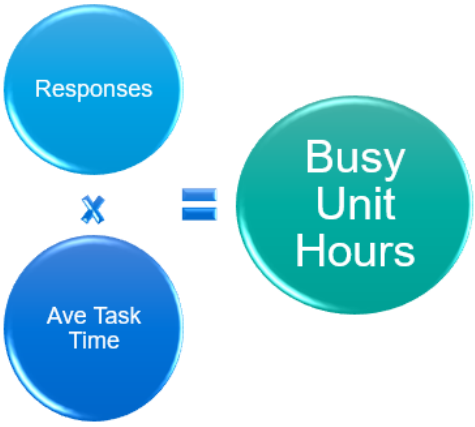
SCAS OVERALL APPROACH *Continued.*

The continuous success of current demand management strategies like H&T and IUC Cat 3/4 validation is key. The trust is still expecting winter seasonal growth, but overall activity is expected to remain around budget level or below. Considering this, it is fair to say the report outlines the reasonable best-case scenario for demand assumptions with overall resource requirement and performance at risk if demand management is not achieved.

The other key parameter of the Utilisation model that defines resource requirement is Operational Task Time. Below is an explanation of how this is calculated.

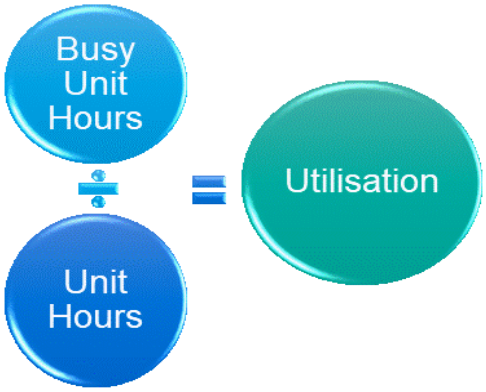
The first step is to look at the number of Responses multiplied by the average Task Time per Response

This gives the total number of



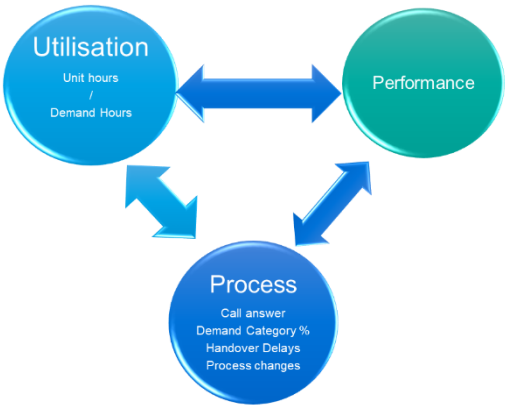
Planning Utilisation is used to determine how many Unit hours are required for a given level of Performance.

Utilisations is based on Busy Unit hours divided by the total number of Unit hours provided.



Although Utilisation is an output from the model it can be used as a planning factor once the level of performance achieved is understood.

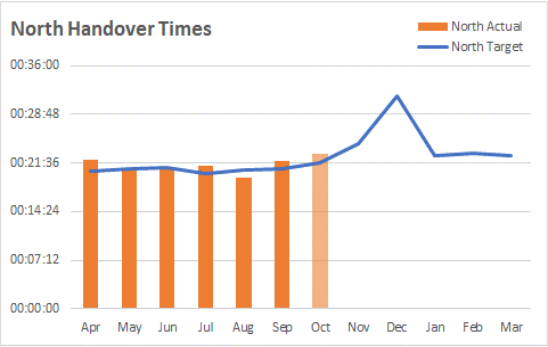
Consideration needs to be given to the variables within the model as these can affect the overall accuracy.

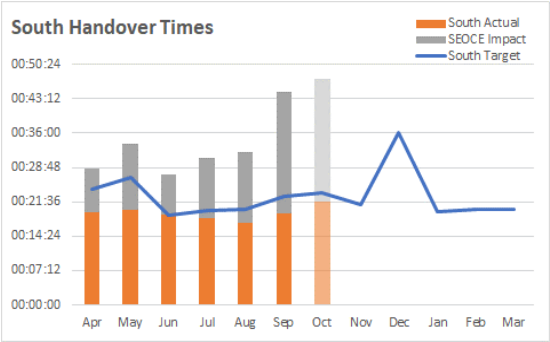


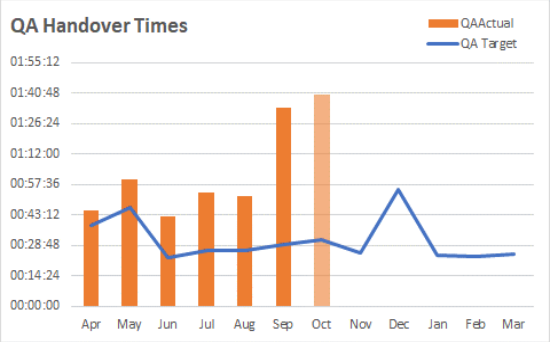
A good example is that for any given level of Utilisation, performance can be variable depending on how large

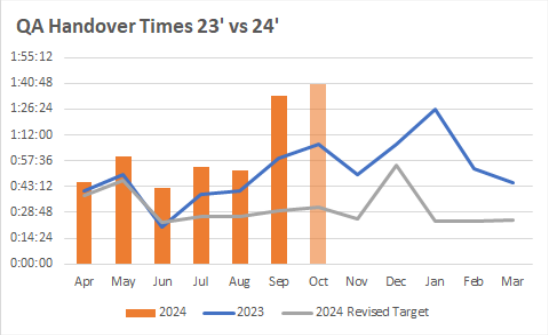
SCAS OVERALL APPROACH *Continued*.

Budget level Task Time was set using Handover times and overall delays from Q1-3 2023 and Q4 from 2022. This exposes some risk as Q4 2023 saw some large increases from the 2022 level. Turnaround times forecasted at trust level range from 34:00 – 48:00 depending on Node and seasonality.

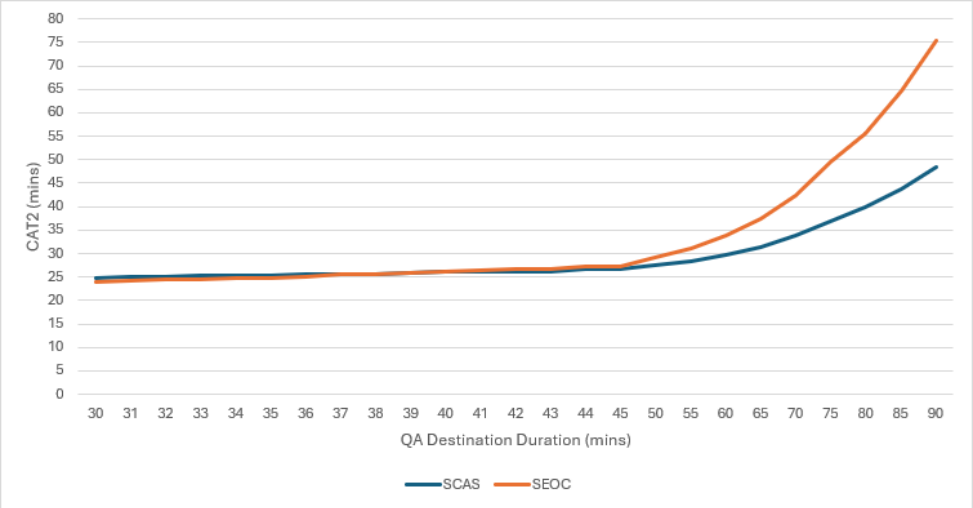




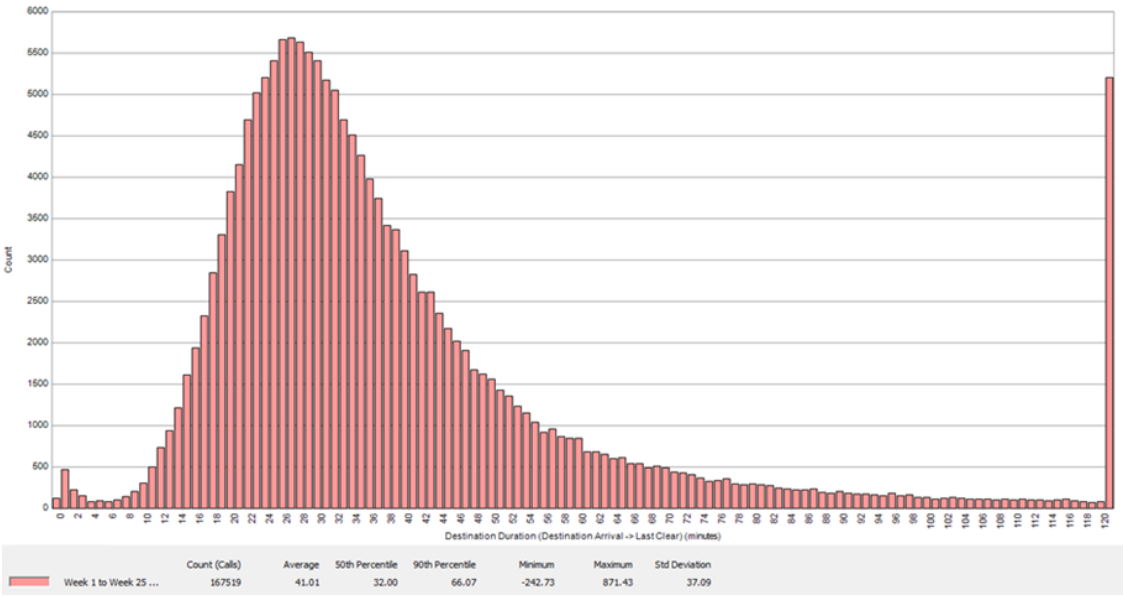




The sensitivity analysis below demonstrates that excessive Handover times from the Southeast region has a large overall impact on trust performance. SCAS is unable to meet a sub 30:00 CAT 2 mean once Handover times in this region exceed 60 minutes

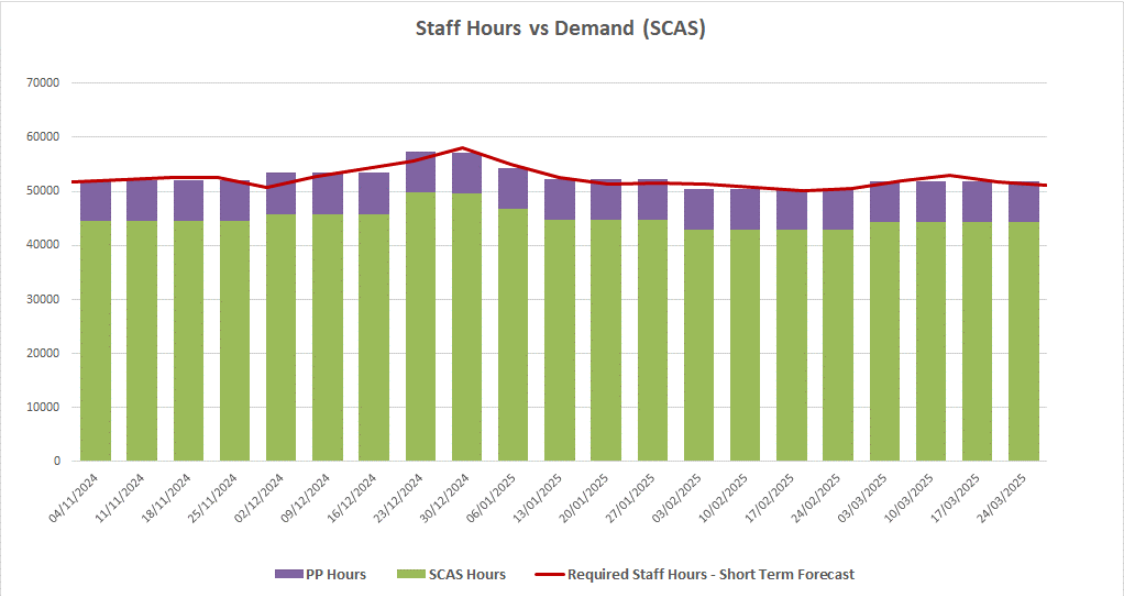


The measure of average times in this standard doesn't allow for the full impact of the large distribution variance seen in actual report delays from the Southeast.



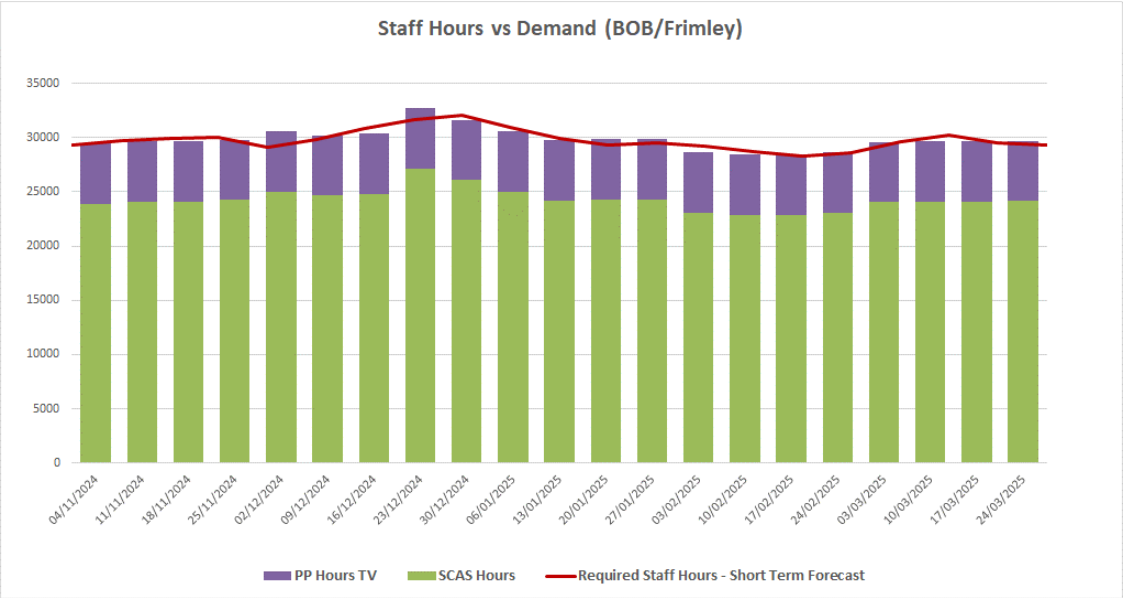
RESOURCE REQUIREMENTS SCAS

Using the agreed planning assumptions around financial income and utilisation to achieve C2 trajectories, resource requirements are defined, and available resources are mapped, factoring in both SCAS and Private Provider hours. Current analysis indicates the overall level of resource capacity across the Qtr 3 & 4 period are in place to meet budget demand and task time forecasts. These resources will not deliver the planned cat 2 performance due to the higher handover delays at QAH.



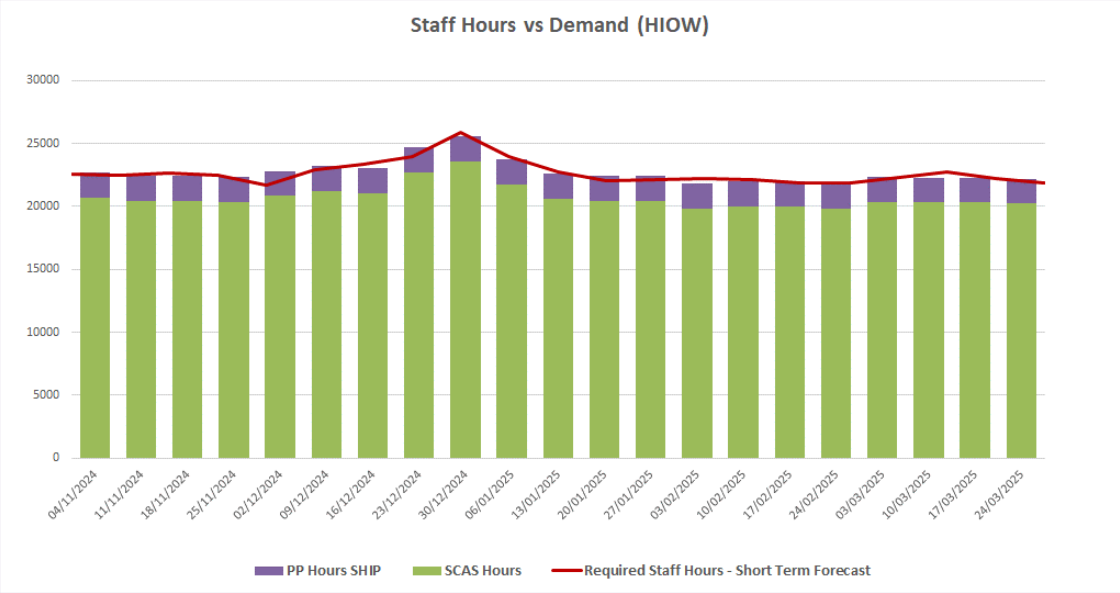
RESOURCE REQUIREMENTS BOB/Frimley

The resource position for the BOB & Frimley contract is a similar picture. The ability to utilise Private Provider resource is stronger due to historical contracts that have been maintained in key areas however delivery of PP Hours is also strained against short term contract levels required. Operational pressure caused by the redeployment of resource into the South will also increase the overall resource gap against the BOB & MK Contract.



RESOURCE REQUIREMENTS HIOW

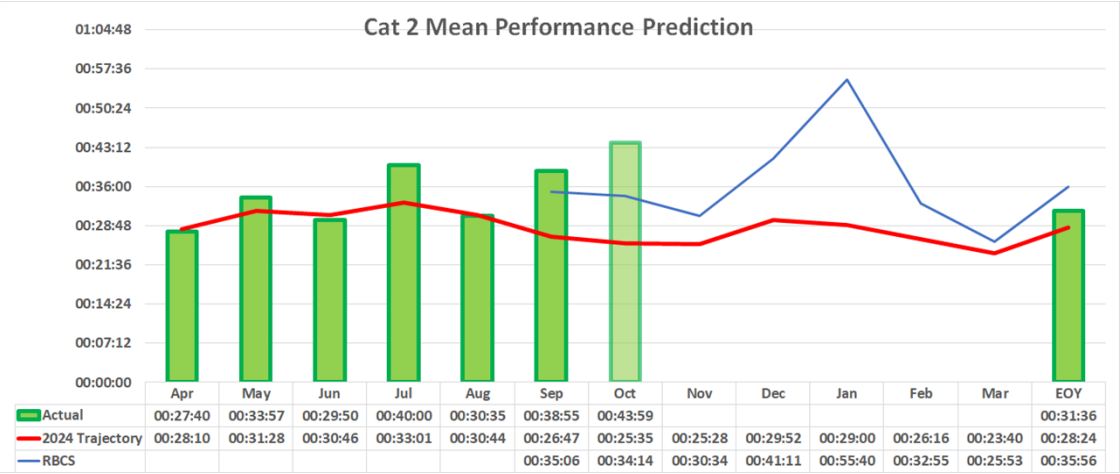
The resource position for the HIOW contract is good against baseline assumption. The risk remains around Turnaround times causing most of the variance to the original budget plan. Individual daily Nodal impact on additional resource requirement can be as high as 40%. Due to the financial constraints, we are unable to increase resource levels to offset the higher handover delays.



SCAS PERFORMANCE PREDICTIONS

Using a multivariant regression model, an accurate performance prediction against current resource levels can be made. These are based on several factors all of which impact the sensitivity and hence output of the model.

A reasonable best-case scenario was modelled at the start of September. This allowed for Handover time at 23' levels and gave a year end C2 mean position of 34:08. Southeast Handover times have tracked 40% above the YoY comparison and 100% or more above revised plans. This has already impacted the year end plan which is now predicted to be around 36:00 C2 mean.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY
Actual	00:27:40	00:33:57	00:29:50	00:40:00	00:30:35	00:38:55	00:43:59						00:31:36
2024 Trajectory	00:28:10	00:31:28	00:30:46	00:33:01	00:30:44	00:26:47	00:25:35	00:25:28	00:29:52	00:29:00	00:26:16	00:23:40	00:28:24
RBCS						00:35:06	00:34:14	00:30:34	00:41:11	00:55:40	00:32:55	00:25:53	00:35:56

However, if continued excess Handover times are seen the RWCS is likely to be around the 40:00 mean.

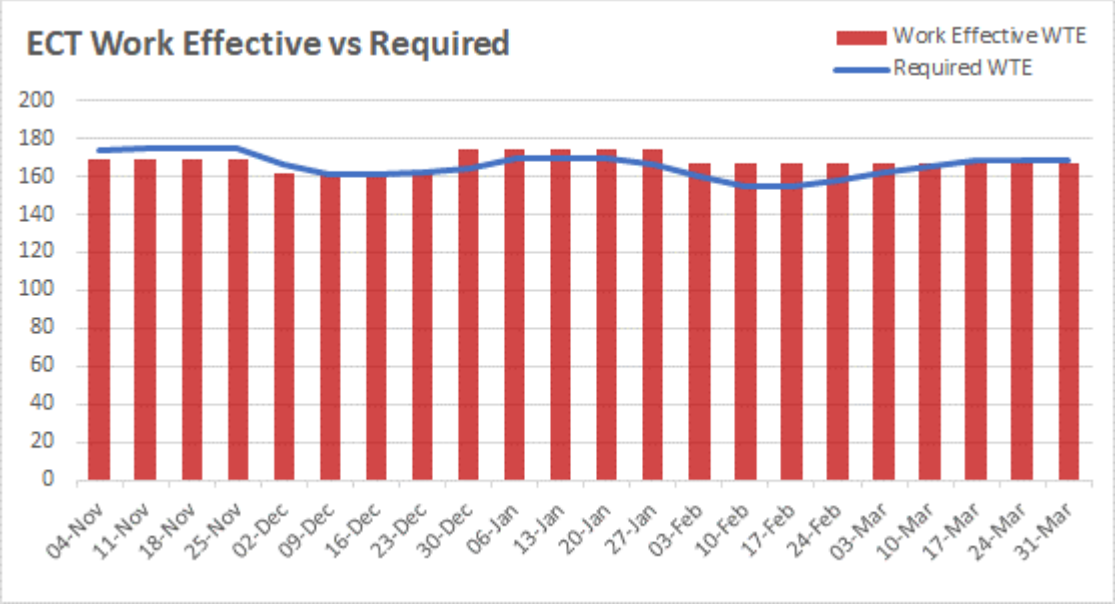
EOC

Overall EOC call demand has been in line with Budget level in H1. The key driver impacting the overall volume is the level of churn, due to frontline operational pressures and delayed response times increasing duplicate calls as patients seek updated information on delays or report worsening symptoms.

The Budgeted elevated position in H2, where expected overall demand levels increase, is driven by YoY activity. Again, some uncertainty in activity and a wide scope in operational performance impacts forecasting accuracy.

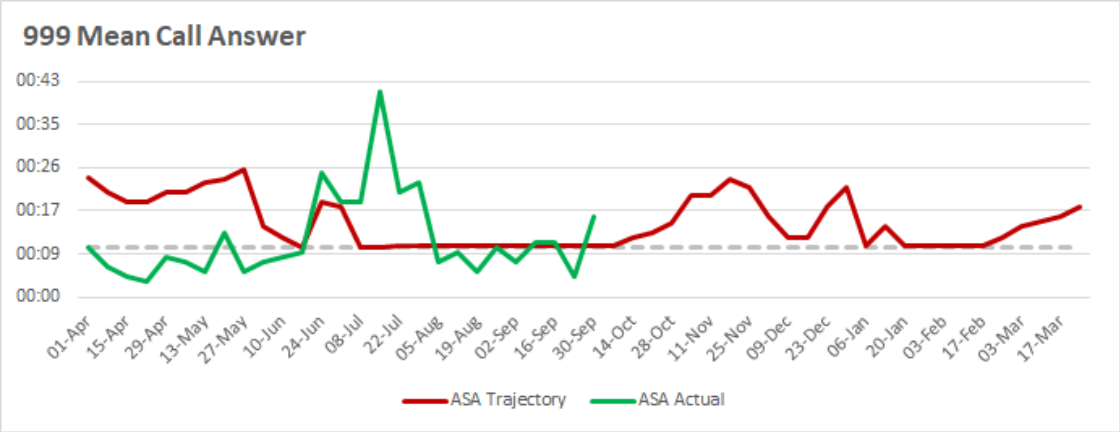
The biggest risk to forecasting assumptions remain around operational performance as there is a direct correlation between extended delays and duplicate calls. This is clearly demonstrated in the actuals data above.

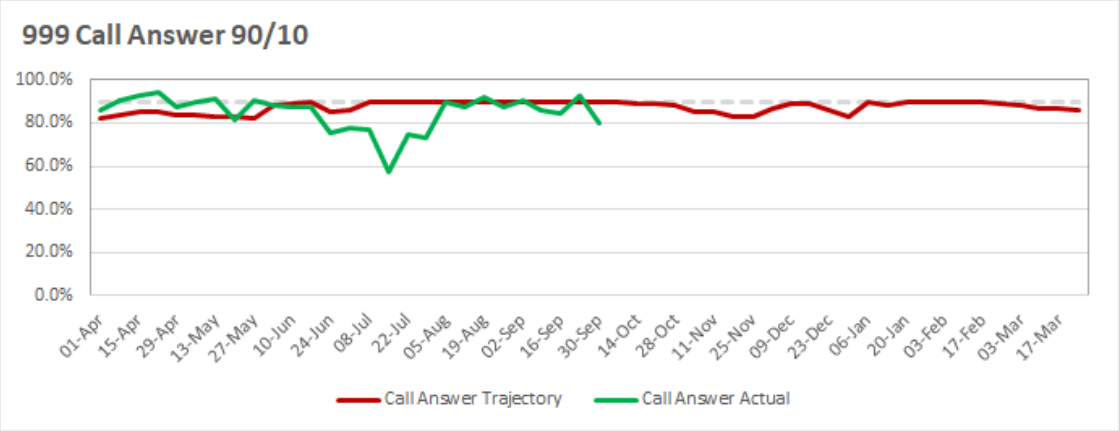
Below is the forecasted resource position for ECT's. Overall establishment numbers are improving with the work effective trajectory aligning through December and then remaining strong through Qtr 4. This should deliver improved call answer performance as long as all other factors and demand trajectories remain true.

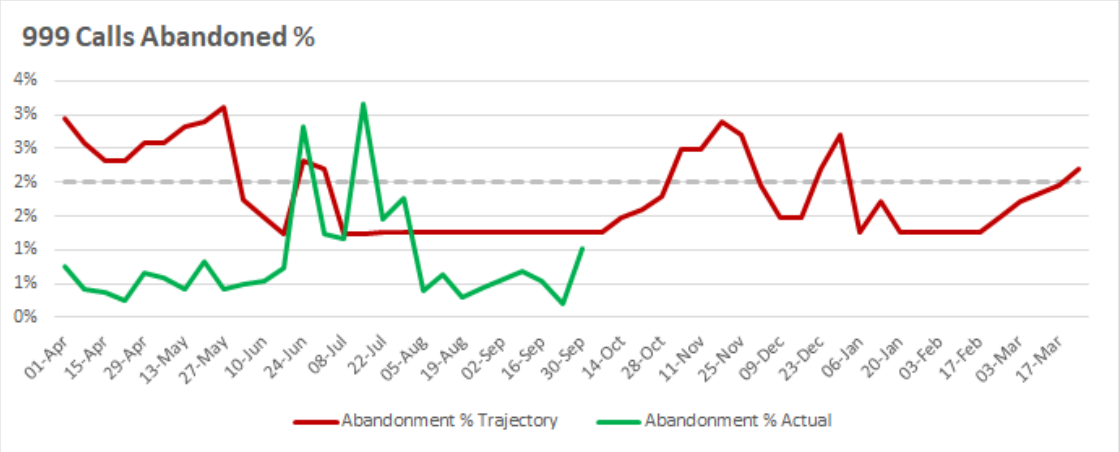


EOC PERFORMANCE PREDICTIONS

Overall performance this year reflects the Operational performance pressures. High Cat 2 mean times in particular effect the percentage of calls abandoned as on the day demand can outstrip Forecast by 30%. Close adherence to the trajectory is only deliverable if the overall demand forecast is accurate and the level of duplicates is not adversely impacted by operational response times.







CONCLUSIONS

Winter planning for frontline operations currently demonstrates an overall acceptable workforce capacity against assumptions set out in this report. Additional Private Provider hours have already been contracted in Qtr 3 to maintain resource provision. The operational and resource pressures are mainly driven by extended Task Time. The main risk remains as extended handover delays impact turnaround times and a level of uncertainty around the Q4 position and forecasted response activity.

Delivered

- Completed Winter Forecast for both demand and capacity
- Reduced SCAS annual leave over the Christmas period
- Adjusted PP budget core plan contract levels in H2
- Resourcing SCAS Paramedics/SP into EOC (Demand Management)
- IUC CAS to support CAT 3 and ED validation (Demand Management)
- Relief planning of SCAS staff across the Christmas period
- New ECT rosters implemented
- Duel skilled CCC Call Handler resource to support 999 call answer rates.

Outstanding

- Monitor PP core shift fulfilment through H2
- Define the Christmas 2-week plan
- CAT 2 Segmentation bid into national team

Key Risks

- Assumptions around Task Time and effect on Performance
- Risk to forecasted Q4 handover times
- Activity Forecast and demand management schemes
- PP Core hours
- Staff abstractions levels reaming on plan
- Workforce Predictions not changing
- Acuity effecting Category demand effecting the prediction model
- Skill Mix in Frontline staff
- Levels of duplicate calls into EOC changing resource requirement

RECOMMENDATIONS

NHSE is asked to note the current position in respect of winter planning and the actions being taken to address the challenges. The report outlines the current reasonable best case scenario assumption for resource requirements and performance predictions. However, service pressures including handover delays present a major risk if they continue at the current recent levels seen.

Author	**Maria Langler**
Title	**Interim Director of Planning and Performance**
Date	**10th October 2024**

111 and IUC WINTER PLANNING REPORT

SCAS LEVEL

PURPOSE

This report will outline SCAS planning assumptions for the winter period 2024 and the current position in relation to resource planning against those assumptions.

EXECUTIVE SUMMARY

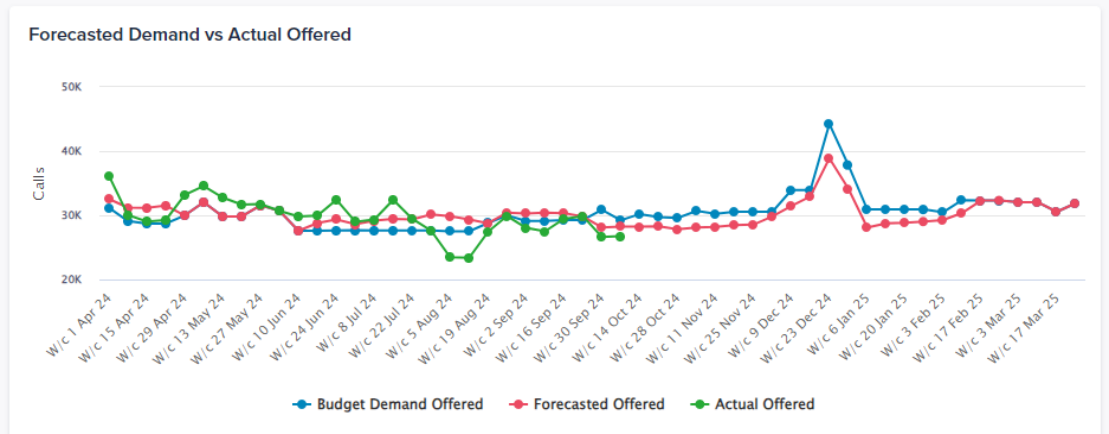
The Demand forecast has been completed in line with our normal dynamic short-term forecast approach. We have also adjusted activity in line with the agreed National Resilience Volumes of 10% until late February.

Workforce plans have been updated reflecting current in year delivery to inform the forecasted capacity within service.

SCAS OVERALL APPROACH

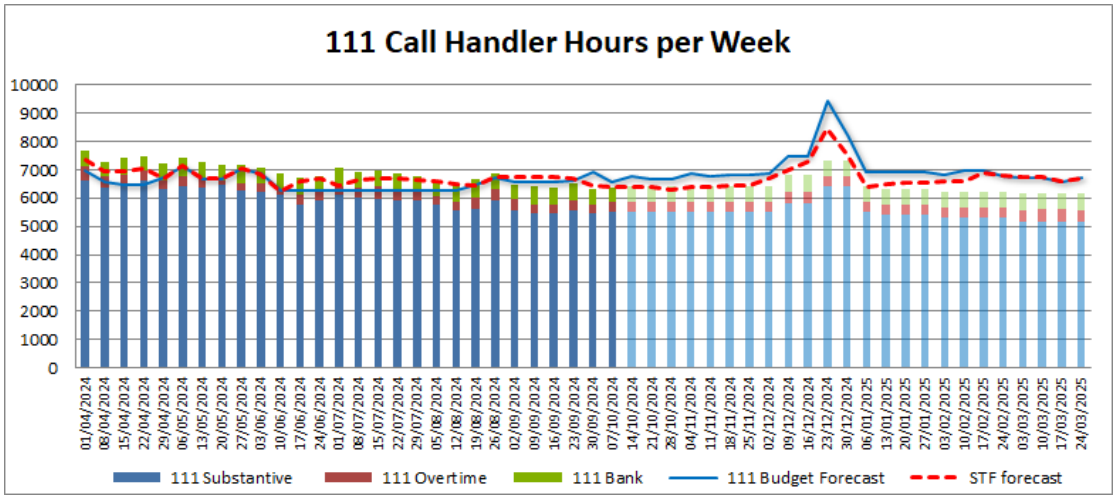
Demand assumptions across the winter period are based on historical year on year demand while factoring in annualised budget growth before applying any recent demand trends or external factors against the seasonal profile.

This approach defines the short-term forecast (STF) to which resource requirements are planned. The STF is normally considered an effective methodology however due to large demand variations in recent historical data (group A strep outbreak in 2022 where demand was uncharacteristically high) some assumptions have been made to normalise the 2024-25 Budget profile before STF variance can be applied.



Demand levels this year have tracked above budget deep into Q2 before trending slightly below in Q3. The step change in recent STF allows for the 10% National Resilience. This means current STF sits under original Budget level until March. This remains under constant review, but the planned position reflects current assumption.

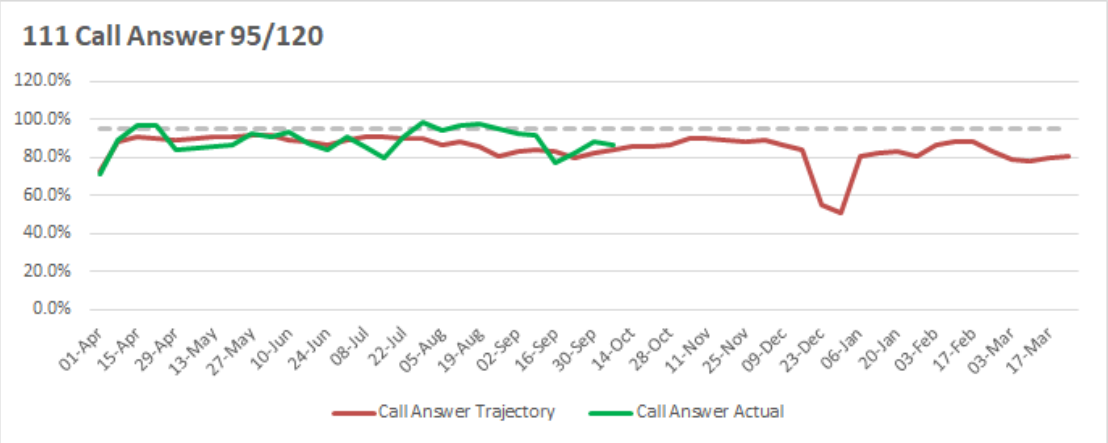
Forecasted Staff Hours vs Demand

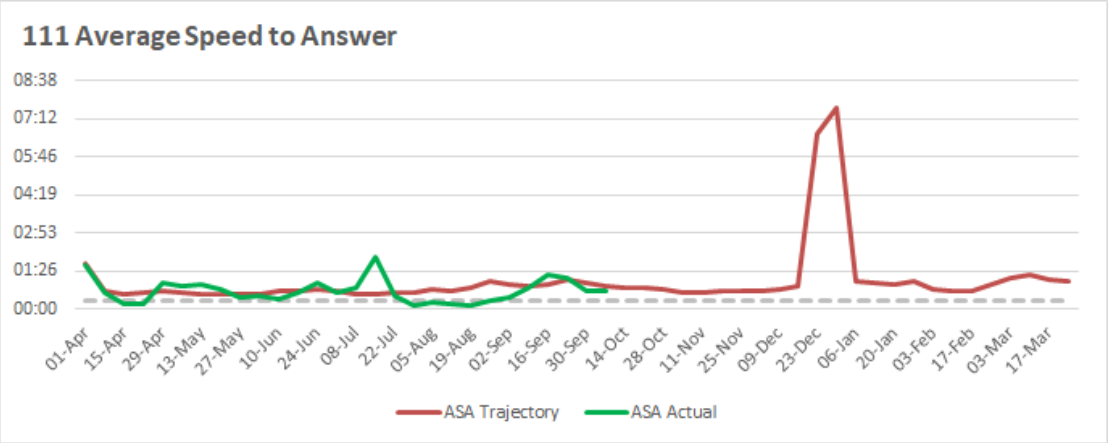


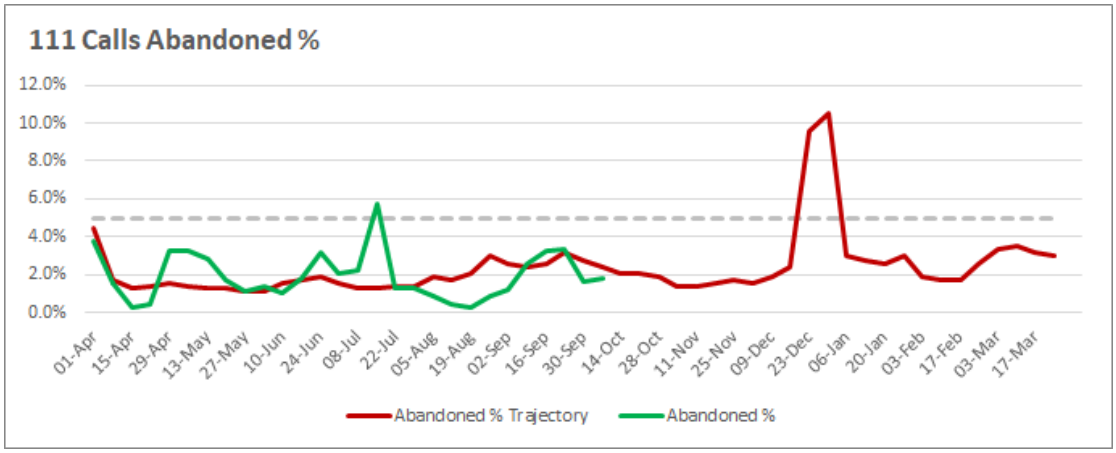
Using defined call centre modelling, resource requirements have been calculated and forecasted resources mapped. Current analysis indicates that insufficient resources are available to meet the STF demand throughout Q4 with normal pressure indicated over the busiest 2 Christmas weeks due to the overall expected additional demand in this period.

Performance Predictions

Service level performance has remained consistently close to submitted trajectories. H2 performance has an overall SLA prediction of 83% and a sub 01:10 average expected call answer time. With an expected average abandonment rate of less than 3%, overall service access is still considered to be effective.







December Demand

Planning for the critical Christmas period is then further defined identifying key days where demand differs from normal forecasted activity. Leave levels are restricted across a two-week period to maximise available resource. All staff rotas are adjusted to lift planned hours across peak demand requirement on specialist days. The planning process will be delivered across October as per policy with a detailed final planned position available in November.

CONCLUSIONS

Overall 111 Winter capacity looks very challenging in Qtr 4. Detailed planning still needs to be addressed across critical periods with Bank and overtime resource still to be defined and added.

Delivered

- Completed Winter Forecast for both demand and capacity
- Reduced SCAS annual leave over the Christmas period
- CAT 3 and ED validation (Demand Management)
- Gained National resilience to reduce call volume by 10% until late February

Outstanding

- Relief planning of SCAS staff across the Christmas period
- Continuous monitoring of activity vs STF
- Finalise the Christmas 2-week plan

Key Risks

- Activity Forecast and demand management schemes
- Staff abstractions levels remaining on plan
- Workforce Predictions not changing

Author	**Maria Langler**
Title	**Director of Planning and Performance**
Date	**16th October 2024**

Appendix 7: Winter Preparedness Group Terms of Reference

Terms of Reference	
Title:	**Winter Preparedness Group**
Date created	October 2023 (updated September 2024)
Date of next Review	April 2025 (Post Winter)
Purpose	To provide oversight of the preparedness for Winter . Ensure that SCAS directorate arrangements are integrated and dovetailed with each other internally and with those developed locally and nationally by external partner agencies. To review outcome/Learning of Winter/Demand and operational hours delivered and any impacting factors . Provide Assurance to the SCAS Board through the Chair of the oversight Board. Provide leadership and direction to the Working groups falling under the Oversight Board. Where appropriate review progress against action plans that come from various sources: - EPRR assurance processes - Lessons identified processes. - Risk registers - Winter/IA and Power loss exercises - Non exhaustive list Identify and agree work streams with external partners such as wider Health, other Category 1 Responders and the two Local Resilience Fora (LRFs) within our region. To ensure the Trust's compliance with legislative, mandatory, and regulatory requirements in terms of the Board's scope
Membership	Assistant Director of Operations (U&E) – (Chair) Chief People Officer or deputy Chief Digital Officer Director of Commercial Services Director of Operations (CCC) Deputy Director of HR (Operations) Director of Planning and Performance forecasting or Deputy Asst. Director of Operations Head of Resilience and Specialist Operations Assistant Director of Estates **Non – core members:**

		Important specialist input will be required on an ad hoc basis – these members will be invited to meetings that will deal specifically with their work areas,
Chair		Assistant Director of Operations (U&E) – (Chair)
Deputy Chair		Assistant Director of HR (Operations) –
Quorum		A quorum shall be five members.
Frequency of Review		These terms of reference will be reviewed no less than annually.
Secretariat		Admin Manager – PA to Exec Director of Operations
Frequency of Meeting		2 weekly unless we enter a response phase such as Met Office amber alert
Issuing of Agenda and Minutes		Agenda – five working days before the meeting Minutes – five working days after the meeting (subject to approval at the next meeting.)
Attendance at meetings		Attendance at meetings is mandatory. Deputies are allowed but not encouraged.
Authority/Tolerances:		Oversee any investigation of activities within its Terms of Reference. Request reports and positive assurances from working group chairs. Obtain legal advice or other independent professional advice as required. Secure the attendance/participation of external/internal stakeholders with relevant experience and expertise. Establish time limited working groups to undertake specific pieces of work.
Function	**Decision Making**	Approve appropriate Assurance documents. Approve the Trust's Winter Framework and Adverse weather Response plan
	Advising	To recommend annually that the Trust response plan is approved by the Board. Propose effective measures are put in place to ensure resilience of the Trust
	Monitoring	To ensure SCAS's duties under the Civil Contingencies Act to provide a safe service responding to incidents. To monitor and oversee all winter, activities occurring within the Trust. To monitor and scrutinise major (large) public entertainment events within the operational area to ensure consistency and assurance of adequate

		preparation internally and externally. This includes events where SCAS provides medical and/or managerial cover and those where private providers provide the cover through the Winter and periods. To review all audits and returns making comment on any drafts prior to submission. Ensure each Trust Department and the organisation is fully compliant with Business Continuity standards, working to align themselves to ISO 22301. Demonstrate every Trust department and the organisation has completed an effective cycle of the Business Continuity Management System (BCMS)
Standing Agenda Items		• Apologies • Minutes of the last meeting - Chair • Matters arising - Chair • Winter planning update • Any contributing issues / factors • AOB • DONM

NHS
South Central
Ambulance Service
NHS Foundation Trust

Report Cover Sheet

Report Title:	South Central Ambulance Charity – Audited Accounts 2023-2024
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	11 (a)
Executive Summary:	Following the full audit process for 2023-2024 the Charity Report and Accounts have been signed off by the auditors. They have been reviewed by the Charitable Funds Committee and the Audit Committee. The report and accounts are attached for Board sign off and approval. The Charity is required to file the finalised accounts with the Charity Commission by 31 January 2025.
Recommendations:	The Board is asked to: Approve and sign the accounts for submission to the Charity Commission.
Accountable Director:	Stuart Rees
Author:	Vanessa Casey, Charity CEO
Previously considered at:	Charitable Funds Committee, 11 October 2024
Purpose of Report:	Approve
Paper Status:	Internal

Assurance Level:	**Assurance Level Rating Options -** • **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)

NHS
South Central
Ambulance Service
NHS Foundation Trust

Meeting Report

Name of Meeting	Public Board Meeting
Title	South Central Ambulance Charity – Annual Report and Accounts 2023-2024
Author	Vanessa Casey
Accountable Director	Stuart Rees
Date	28 November 2024

1. Purpose

The Annual Report and Accounts for 2023-2024 have been fully audited by the Charity's auditors Wenn Townsend. These accounts have now been signed of by the auditor and reviewed by the Charitable Funds Committee and the Audit Committee. The Board is asked to review and sign the accounts to be submitted to the Charity Commission.

2. Executive Summary

The report and accounts for 2023-2024 follows the charity statement of recommended practice (SORP). This has required additional narrative and information to be included in the accounts this year, due to the increase in the Charity's income for 2023-2024.

3. Areas of Risk

All areas of risk from the audit are being managed by the Charity team, reviewed at CFC meetings and progress reported to the audit committee

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

The annual report and accounts links to the Charity's risk register and the areas of financial governance identified.

5. Governance

The Charity is required to submit final accounts to the Charity Commission by 31 January 2025.

6. Responsibility

The Charity CEO is responsible for the final approved report and accounts.

7. Recommendations

The Board is asked to note the auditor's report and approve and sign the attached report and accounts. The final signed, designed version will be submitted to the Charity Commission by 31 January 2025.

8. Attachments

Final Report and Accounts for 2023-2024

Vanessa Casey
11 November 2024

SCAS Charity Annual Report and Accounts 2023-24 is added as a separate file. Please refer to the following document:

- 11.2 ANNUAL REPORT AND ACCOUNTS - 2023-2024

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Report Cover Sheet

Report Title:	Upward Report from the Charitable Funds Committee
Name of Meeting	Public Board Meeting
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	11 (b)
Executive Summary:	The Upward Report from the Charitable Funds Committee reflects the discussions at that last meeting on 10 October 2024. The key areas are: • Report and Accounts 2023-2024 & Auditor's Repoort • Corporate Fundraising • Concerns in Relation to Community Fundraising • Volunteer Expenses Policy • CFR Fleet Update
Recommendations:	The Board is asked to: Note the contents of the report
Accountable Director:	Stuart Rees
Author:	Nigel Chapman, Chair CFC
Previously considered at:	
Purpose of Report:	Note
Paper Status:	Public

Assurance Level:	**Assurance Level Rating Options -** • **Significant** – High level of confidence in delivery of existing mechanisms/objectives
Justification of Assurance Rating:	Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:
Strategic Objective(s):	
Links to BAF Risks or Significant Risk Register:	
Quality Domain(s)	Not Applicable
Next Steps:	
List of Appendices	Upward Report

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Upward Report of the Charitable Funds Committee

Date Meeting met **11 October 2024**
Chair of Meeting **Nigel Chapman, NED**
Reporting to **SCAS Public Board**

Items	Issue	Action Owner	Action
Points for escalation			
Community Fundraiser	The Committee were disappointed that progress had not been made to recruit the Community Fundraiser for the Charity. The post as agreed at the July 2024 meeting. This would be a second community fundraiser role. The current community fundraiser is on maternity leave until May 2025 and the Charity is therefore without anyone in this role. This is having an impact on income in this area. The role was awaiting review by the job evaluation panel before recruitment could begin.	**Charity CEO**	NC discussed with Natasha Dymond to expedite progress. Job evaluation is now completed and recruitment will now follow. Freelance interim options being looked at and job evaluation continuing towards recruitment.
Key issues and / or Business matters to raise			
Corporate Fundraising	Progress is continuing with our corporate fundraising	**Charity CEO**	Two key partnerships will be agreed this financial year in addition to the pro bono relationship with Carter Jonas.

	• **CARTER JONAS** – we now have an agreement in place with Carter Jonas to produce a feasibility report for EV charging and sustainable building options for SCAS. This pro bono work carries a value of c£50k. I have now handed the day-to-day work over to Jonathan Guppy (Sustainability Manager) and Lemuel Freezer (Director, Fleet Services) to work with the Carter Jonas team on developing the feasibility report. • **RED** – we are working with RED to create a two-year partnership that will focus around supporting their goal of staff retention and recruitment. The programme will cover several activities for teams primarily in Bicester, but also Newcastle and London. The two-year partnership is projected to be worth £50-60k of income. They are currently presenting final proposals to their Board for agreement, and we hope to have a decision in December. • **OXFORD INSTRUMENTS** – After a break in discussions we have now reignited discussions which continue to be positive. This partnership is likely to be a slower building one initially with £5k of support for staff CPR training but developing over a two-year period to		Our action plan then aims to confirm at least one new partnership each quarter of the new financial year with an ongoing developing pipeline in place.

	achieve £20-£25k a year for the Charity. We have a further meeting in December. • **TANIUM** – Tanium again hosted their CPR-A-Thon in October and were determined to exceed their previous £12k target from 2022. This year their achieved £14,000 which has no partnership activity attached and is unrestricted income. • **APCOA** – discussions with APCOA have stalled but we will be reigniting discussions as their business priorities allow. In addition, there are other early-stage exploratory discussions happening with a number of CFRs with key corporate links.		
Volunteer Expenses Policy	SCAS Charity has always paid mileage expenses for our Community First Responders responding in their own car. With the growth of different volunteer cohorts, and volunteers supporting fundraising events and other activities, we have created an official expenses policy to provide clarity for all volunteers. The policy seeks to be fair in reimbursing mileage and other out of pocket expenses while still ensuring the Charity is not paying for unnecessary or unapproved expenses. The policy was agreed by the CFC at the meeting and has since been distributed to all volunteers.	**Volunteer Manager**	.
CFR Vehicle Fleet	The 5 year lease for the 40 Dacia Dusters will end in July 2025. We are now looking with	**Charity CEO**	Continued work with Fleet Services on the decommissioning

	Fleet Services at the requirements from 2025 onwards. Initial discussions have taken place and Dacia have offered us a good discount on the OTR cost. We will very likely be reducing the number of vehicles in the fleet from 40 to c25 due to increasing costs but also the level of use of some of the current vehicles. Vehicles will be strategically placed based around patient need and level of CFR responding hours available and will be area based and not scheme based. There will be a clear message to volunteers that vehicles are not for the sole use of any one scheme, are owned by the Charity and subject to being moved around depending on need and use. We will likely purchase rather than lease as mileage over the last 5 years has been very low, some as low as 13-15,000 miles over a 4.5-year period. Unfortunately, our current lease agreement does not allow us to purchase any of these vehicles. Purchasing going forward means vehicles, given their low mileage, could give c10 years and thus give better value for money.		programme of the existing fleet for return in July next year. Formal proposal to the CFC and Board early next year for the purchase of a new fleet.
Areas of concern and / or Risks			
Charity Risk Register	The Risk Register is reviewed at each meeting and a number of risks around income generation remain high. Two low scoring risks have been removed from the register, following increased scrutiny and improved	**Charity CEO**	

	processes around financial governance and a largely successful audit.		
Items for information and / or awareness			
External Grants	The NHS Charities Together community resilience grant programme for ambulance charities is now open. We are working on an application to support non-injury falls, which will fund two dedicated cars along with a B3 post in CCC to support our Specialist paramedics. We will specifically recruit CFRs from our internal pool to utilise the cars, working across a wider geographical area but focusing on the core hours of 08.00-18.00 when we are traditionally less able to respond. I am working with Nic Dunbar and John Ayling to submit the application.	**Charity CEO** **Head of Community Engagement & Training**	Application to be completed and submitted end of 2024.
Best Practice and / or Excellence			
Compliance with Terms of Reference			
	Fully compliant with CFC Terms of Reference		
Policies approved*			

	All policies reviewed as per the cycle of review and were signed off at the CFC meeting in April.		

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

Author: Vanessa Casey

Title: Charity CEO

Date: 14 November 2024

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Report Cover Sheet

Report Title:	Quality and Safety Report
Name of Meeting	Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	12
Executive Summary:	As work continues to progress the embedding of the patient safety workstreams. a three-year Patient Safety Plan is in development and will be shared through forthcoming group and committee structures. Areas of improvement. • Safeguarding Level 3 (Adults & Children) has achieved 90% target. • Mental Capacity Act Level 1 training is now above target at 96% against a 95% target. Audits are demonstrating an overall improvement in the knowledge and skills of our staff. • Vehicle cleanliness audits are above the upper control limit special cause variation. The improvement trajectories and local action plans are being effective as operational teams increase audit numbers. • Level 2 IPC training is below target of 95% but notable improvement at 90% as reported to IPCC in October 2024. • The Safeguarding *My Referrals* form launched successfully on the 1 October 2024. Positive feedback was received from most of our partners on implementation. Further improvements are required in • Patients experience responses within agreed timescales missed the target in October at 92.7% against a 95% target. • Although vehicle audits are above the upper control limit special cause variation. Overall vehicle cleanliness compliance score has deteriorated during the reporting period. The main **themes seen in reported patient safety incidents** in EOC (call centre), and E&UC (999) were delays. The main themes in 111 were incorrect disposition and delays. This is reflected in the feedback and complaints received during the reporting period. An assurance visit was completed at the beginning of November, to review progress and assurance against s106 undertakings. Initial

	feedback received noted considerable progress in the patient safety and safeguarding areas, with the Patient Safety Plan addressing the ongoing focus of embedding and sustaining improvement.
Recommendations:	The Trust Board is asked to note the report and data presented in the IPR and discuss.
Accountable Director:	Professor Helen Young, Chief Nursing Officer
Author:	Helen Young, Chief Nursing Officer
Previously considered at:	Not Applicable
Purpose of Report:	Assurance
Paper Status:	Public
Assurance Level:	**Assurance Level Rating:** Partial
Justification of Assurance Rating:	Improvements required outlined in the paper with associated timescales
Strategic Objective(s):	All Strategic Objectives
Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care
Quality Domain(s)	Not applicable
Next Steps:	Not applicable
List of Appendices	Not applicable

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PUBLIC TRUST BOARD PAPER

Title	Quality & Patient Safety Report
Author	Assistant Directors of Quality and Safety
Responsible Director	Professor Helen Young, Chief Nursing Officer
Date	28 November 2024

1. Purpose

The purpose of the paper is to assure and inform the Board of key issues being addressed as part of the improvement and governance of quality and safety. The Board is asked to discuss the report.

The report presents the data relating to the period October– November 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 was appropriate.

2. Executive Summary

The Patient Safety Improvement workstream consists of, Safeguarding, Patient Safety and Experience, Management of Medical Devices and Equipment, Medicines Management and Infection Prevention and Control (IPC). The actions overseen by the appropriate committee e.g., Patient Safety and Experience Committee (PSEC), Clinical Review Group (CRG). Safeguarding Committee and Infection Control and Prevention Committee with upward reporting to Executive Management Committee and Quality and Safety Committee.

An assurance visit by NHSE and ICBs against the s106 undertakings was completed at the beginning of November, to review progress and assurance. Initial feedback received noted considerable progress in the patient safety and safeguarding areas, although ongoing focus is needed to fully embed the improvements. The areas of well-led, governance and oversight are not yet where they need to be, and the ongoing work will continue through the Recovery Support Programme. The evidence will be considered at a meeting with NHSE in January 2025 and a decision will be made regarding if compliance certificates can be issued against improved areas.

Improvements noted in:
Safeguarding Level 3 Training (Adults & Children) has achieved (90) % target (as of 4 November 2024).

Mental Capacity Act Level 1 training is above target at 96% against a 95% target. Audits are demonstrating an overall improvement in the knowledge and skills of our staff.

Vehicle audits are well above the upper control limit special cause variation. The improvement trajectories and local action plans are being effective as operational teams increase audit numbers.

Level 2 IPC training notable improvement at 90% as reported to IPCC in October 2024.

Further improvements are required in:
Patients experience responses within agreed time missed the target in October at 92.7% against a 95% target, this specifically relates to three separate patient response letters. A process has been implemented to prevent this happening in the future which includes Director permission only for extension and earl alerts of impeding deadlines.

Although vehicle audits are well above the upper control limit special cause variation. Overall vehicle cleanliness compliance score has deteriorated during the reporting period. The lead for IPC is working with contractors to ensure KPIs are met as the percentage of audits meeting compliance is at the lower control limit.

The main **themes seen in reported patient safety incidents** in EOC (call centre), and E&UC (999) were delays. The main themes in 111 were incorrect disposition and delays. A trend has been noted concerning incorrect demographic details. Shared Learning communications was sent to all 111 staff regarding "confirming demographics".

The main themes in NEPTS were slips, trips, and falls and failed discharges as pts became unwell on the journey home. The two incidents reported as moderate both involved the side-step to the NEPTS vehicle.

Staff have been reminded to ensure careful consideration is given to dynamic risk assessments during all weathers for patients with reduced mobility as to whether the sidestep is appropriate for access and egress of the vehicle.

The **themes of delays care were echoed in the complaints and feedback** received this month from patients and healthcare partner feedback.

There are no cases being reviewed by the PHOS (Health Ombudsman).

The PSIRF plan has been reviewed and updated to include mental health incidents as a local priority. A plan on a page has been developed to aid easy reference.

3. Main Report and Service Updates

3.1 Regulatory and CQC Compliance

The accreditation programme has commenced with two stations having undergone review during the reporting period. The reports are being finalised prior to publication. Five stations will be completed by the end of 2024.

The Care Quality Commission (CQC) has welcomed two important reviews that will help to set the future direction for CQC: the final report of Dr Penny Dash's review and the first report of the independent review by Professor Sir Mike Richards.

The recommendations have been accepted and there will be changes made. The 5 key questions (safe, effective, caring, responsive and well led) across all sectors will remain, but the 34 quality statements will be amended to ensure clarity and remove duplication. At present the trust is continuing to assess against the quality statements as the evidence and gaps identified will be transferable.

3.2 Infection, Prevention and Control (IPC)

Improvement noted in the number of vehicle audits completed as outlined in the Integrated Performance Report. Operational teams now have clear action plans and trajectories in place to manage this at node level.

Infection prevention and control level 2 compliance has increased to (90) % during the reporting period. The IPC lead is working with education and operational colleagues to further improve level 2 compliance within E &UC.

The trust continues with its preparedness regarding its response to Mpox. This is a cross organisational group with internal and external stakeholder representatives

3.3 Pharmacy

The in-house medicine bag packing commenced on 1 November 2024**.** This has been the priority focus of the team. The main risk continues to be the availability of staff with on-going recruitment in place. Additional temporary resource has been provided by staff undertaking alternative duties.

As reported in the previous board report *The Pharmacy Strategy* was presented to Executive Management Committee in September.

3.4 Safeguarding

The Level 3 Safeguarding training compliance is now ↑ (90) % and at target. A training plan for sustainability is in place and performance is being closely monitored through the Education and Safeguarding regular monthly meetings.

Mental Capacity Level 1 training is now above target ↑ (96) %. Level 2b training has improved from 91% to 93%. Escalation to team managers to mobilise the Nodes outstanding for L2b (3 in the North and 3 in the South) completed.

The Safeguarding *My Referrals* form launched successfully on the 1 October 2024. Positive feedback was received from most of our partners on implementation. Proactive trouble shooting and fixing in test environment with Docworks, and safeguarding digital is ongoing. Plans are in place to review V1 of *My Referra*l form with Local Authority stakeholders on 11 December 2024 to inform service specification for V2 of the form.

The allegations management processes are embedding. There have been 32 staff allegations reported in SCAS between 1 April 2024 to 1 October 2024. Main themes identified were inappropriate “sexual behaviours” and “harassment.” This is consistent with last year’s top theme. Triangulation with HR through regular monthly discussion meetings. Further triangulation with the Sexual safety charter workstreams and review of national NHSE guidance to inform SCAS policies and procedures is on the agenda.

Substantive Head of Safeguarding (HOS) starting on the 16 December 2024 and a planned handover period has been confirmed.

3.5 Mental Health and Learning Disability

The Hampshire Mental Health Rapid Response Vehicle service was expanded to 12 shifts from the beginning of October 2024. This was from external funding HIOW ICB. Hampshire and IOW Healthcare, who provide the Nurse have also expanded their team and are now fully recruited.

The MHRV service remains at (90) % see treat and discharge at scene and is meeting (13) % of local mental health demand.

A project has commenced to implement pathways for informal access to Mental Health units and crisis services as an alternative to emergency hospital attendances in Buckinghamshire. A similar project being discussed for Milton Keynes. Clinical Pathways and SCAS Mental Health Clinical lead are working together with mental health providers to build an appropriate referral route and inclusion criteria. It is hoped that similar pathways can be created across the whole of the SCAS footprint.

The Oliver McGowan mandatory training compliance is at (93) %.

3.6 Clinical Incidents

a. EOC

The top three reported patient safety incident categories across both EOCs during the reporting period continue to be Delay, Patient Treatment / Care, and External Feedback Request.

Datix reports under the category of ‘External Feedback Request’ detailed 999 events which should have been booked by HCPs which were not, care concerns relating to other service providers and delayed contacts to 999 by other HCPs or Police.

An audit has been undertaken in relation to duplication and cancellation errors reported on Datix which found that no change in practice was recommended.

Shared Learning during the reporting period includes Maternal Mortality Report, Education Podcast Episode 2 "Clinical Triage Best Practice" and Using AEDs (Defibrillators).

The Safeguarding Team have received feedback from social care in relation to the quality of information submitted by CCC staff. It was recommended that it would be of benefit for representatives from the Social Care Teams to visit the CCCs to gain a greater understanding of the service. Visits have been undertaken during October.

b. E&UC

The top three reported categories continue to be External Feedback Request, Patient Treatment / Care & Medicines. The severity of incidents remains low or no harm.

The new category of External Feedback Request shows the highest number of incidents being reported onto Datix, this is to capture the number of HCP Feedback requests made to Hospitals, GP Surgeries including Community Nursing. This allows SCAS to focus on the incidents reported in the Patient treatment and care section with more clarity. Highlighting the recontact within 24hrs and the Standard of treatment/care concern codes for action.

Following a Patient Safety Incident (PSI) in SCAS attending patients with a tracheostomy problem, The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) have produced a specific flowchart that provides a stepwise approach to the management of these challenging airway emergencies.

c. NEPTS

The top three reported categories continue to be Slip, Trip and fall, Patient treatment/care, and ill Health.

All but two reported incidents were low/no harm. The two incidents reported as moderate both involved the side-step to the NEPTS vehicle.

Staff have been requested to ensure careful consideration during dynamic risk assessment during all weathers for patients with reduced mobility as to whether the sidestep is appropriate for access and egress of the vehicle. The Clinical Governance Team will continue to review individual incidents related to the use of sidestep during 2024.

d. 111

The primary themes remain Delay and Patient treatment/ Care with low or no harm. A trend has been noted concerning incorrect demographic details. Shared Learning communications was sent to all 111 staff regarding “confirming demographics”.

There has been a change of procedure within a specific clinical assessment service within Thames Valley in which they are not undertaking paramedic HCP calls from SCAS. This has caused a recent increase in incidents being reported as paramedics have been unable to receive support through this service. This change is still under review with the ICB, the lead of the clinical assessment service and SCAS.

3.7 Patient Safety

The PSIRF plan has been reviewed and updated to include mental health incidents as a local priority and includes a plan on a page to aid easy reference.

A three-year PSIRF training plan is being written with associated business case. A pilot learning response in-house training session will be delivered in December to support operational colleagues in undertaking learning responses. Feedback to be presented to PSEG in February 2025.

The latest MaPSaF patient safety survey has been released to all staff and response rates are being monitored closely.

Delay in treatment is the main theme seen in reported incidents. However, the harm attributable to delay in most reported incidents is no/low harm.

There have been (4) patient safety incidents declared PSIIs in this reporting period where there is evidence of new learning for the Trust in relation to delay and (7) incidents of delay have been referred for benchmarking against the delay's thematic analysis; Statutory Duty of Candor has been applied in all cases.

The Trust has seen an emerging theme with delays accessing property. (1) PSII declared in this reporting period with this as a contributory factor. Safety Review Panel are monitoring this theme.

3.8 Patient Experience (PE) and Engagement

The Trust received 630 PE contacts during the reporting period, no change noted in the trend remaining consistent.

- Formal Complaint – 68
- Concern – 171
- HCP Feedback - 391

Themes of patient experience cases remain; inappropriate disposition (111), delay in/no attendance of frontline 999 and PTS vehicles.

There are currently 0 cases are being reviewed by the PHSO.

The trust received 230 compliments for the care and service delivered by our staff across the reporting period.
An ongoing risk is the fluctuation in survey response rates for our NHS111 and PTS surveys.
The Trust became compliant in relation to the number of responses received in September with the NHS 111 survey, the Trust has seen low response rates prior to this.

Recent developments include the consideration of using Adastra (NHS 111 survey link) which would enable large, batched surveys to be sent.

4. Recommendations

The Board is invited to note the content of the report and discuss the assurance offered.

Date: 28 November 2024

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Report Cover Sheet

Report Title:	Chief Medical Officer's Report
Name of Meeting	SCAS Public Board
Date of Meeting:	28 November 2024
Agenda Item:	13
Executive Summary:	The purpose of the paper is to update the Board on key clinical issues relating to: 1. SCAS Clinical Research Updates 2. South Central Out-of-Hospital Cardiac Arrest Epidemiology and Outcomes 2023 3. JRCALC Clinical Practice Guidelines Update 4/24
Recommendations:	The Trust Board is asked to **note** the contents of the Chief Medical Officer's report.
Accountable Director:	John Black Chief Medical Officer
Authors:	Martina Brown Research Steering Group John Black Chief Medical Officer
Previously considered at:	Not Applicable
Purpose of Report:	Noting and assurance
Paper Status:	Public
Assurance Level:	**Assurance Level Rating Options** • **Acceptable** – General confidence in delivery of existing mechanisms/objectives
Justification of Assurance Rating:	Not Applicable

Strategic Objective(s):	High Quality Care & Patient Experience
Links to BAF Risks or Significant Risk Register:	SR1 - Safe and Effective Care
Quality Domain(s)	Clinical Effectiveness
List of Appendices	1. Paramedic 3 Trial results – New England Journal of Medicine 30.10.24 2. South Central Out-of-Hospital Cardiac Arrest Epidemiology and Outcomes 2023 3. Post Resuscitation Care Aide Memoire for Clinicians. 4. JRCALC Clinical practice Guidelines Update Summary 4/24

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Public Board Meeting Report

Name of Meeting	SCAS Public Trust Board
Title	Chief Medical Officer's Update
Author	John Black Martina Brown
Accountable Director	John Black, Chief Medical Officer
Date	28 November 2024

1. Purpose

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

- SCAS Clinical Research Update
- Cardiac Arrest Epidemiology and Outcomes 2023
- JRCALC Clinical Practice Guidelines Summary update 4/24.

2. Executive Summary

3. Clinical Research Updates

1. New Regional Research Delivery Networks (RRDN) went live 01 Oct 2024. South Central RRDN combines Wessex and Thames Valley Regions with more support available for research delivery.

2. Recruitment to open studies (data cut 12 Nov 2024): *92 new patients have been enrolled in research studies in the last month:*

    - Spinal Immobilisation Study (**SIS**): 173 patients;
    - Early surveillance for type 1 diabetes in children (**ELSA**): 741 patients;
    - Tranexamic acid for mild head injury in older adults (**CRASH-4**): 412 patients;
    - Cardiac Arrest Bundle of Care Trial (**CABARET**): 13 patients;
    - Redirection to Comprehensive Stroke Centre (UHS) for mechanical thrombectomy treatment (**SPEEDY**): 46 patients.

3. The ELSA trial (screening for autoimmune diabetes) has been extended into the Thames Valley and is recruiting well. Currently due to close Feb 2025 but a decision on a further extension request is pending.

4. The RAPID-2 trial is due to open on 13 November 2024. This important trial offers the opportunity of improved pain relief for patients suffering neck of femur fracture using a local anaesthetic triple block performed by trained research paramedics.

5. Grant application submitted to NIHR Research for Patient Benefit funding stream (RfPB) earlier this month. A simulation study testing the acceptability of delivery of naloxone by drone to bystanders. Part of the project involves development of a script for EOC. Collaboration with King's College London and Midlands Partnership Foundation Trust.

6. Staff will have the opportunity to engage in a new survey study investigating frontline ambulance service staffs' thoughts and experience of cultural competence.

7. The research team and EOC team are working together to facilitate placements for medical students. This presents exciting opportunities not only for medical students to gain unique experience of the EOC environment and function, but also to broaden research potential within the EOC.

8. We continue to disseminate our research findings, with 16 SCAS staff members named as co-authors or collaborators on the PARAMEDIC3 results paper, published recently in the high-impact New England Journal of Medicine (NEJM) - **see Appendix 1**. This study did not demonstrate any survival advantage for drug administration via Intraosseous route first versus intravenous route first for adult patients in cardiac arrest.

2.2 Cardiac Arrest Epidemiology in South Central Region.

1. All ambulance services in England submit their cardiac arrest demographic and outcome data to the Clinical Trials Unit at the University of Warwick for collation and publication nationally as part of Ambulance Quality Indicators – see **Appendix 2.**

2. This has been included to provide context for the out of hospital cardiac arrest survival data as reported in the SCAS IPR.

3. The University of Warwick publishes data for each ambulance service as well as overall epidemiological data for England – for 2023 there is 4 months of missing SCAS data from May to September 2023 because of the Ortivus ePR outage.

4. Cardiac arrest survival is determined by the underlying cause of the cardiac arrest, whether the event is witnessed and whether or not bystander cardiopulmonary resuscitation (CPR - i.e. chest compressions +/- mouth-to-mouth ventilation) and early defibrillation takes place.

5. Other important determinants of survival include the (Category 1) responsiveness of the ambulance service as well as the quality care given throughout the patient's care pathway by both the ambulance service as well as the quality of care delivered in hospital including in the Emergency Department, Cardiac Catheter Lab for pPCI treatment when required, the Coronary Care Unit, Cardiology Ward, and post-discharge cardiac rehabilitation.

6. Patients in cardiac arrest who present in a 'shockable rhythm' and receive bystander CPR (Utstein Cohort) and prompt defibrillation have the best prospects for survival.

7. The incidence of cardiac arrest in South Central is slightly below the national average in England in a slightly older predominantly male population although only 19% of patients present in a shockable rhythm. 44% of arrests in 2023 were unwitnessed which is higher than average in England (36.7%). Overall Public Access Defibrillators (PADS or AEDs) were used in 10.8% of bystander witnessed cases nationally. 56.5% (versus 51.1% overall in England) of cases in the SCAS Utstein cohort had a pulse restored on arrival at hospital and 28.4% (versus 28.6% in England) of this cohort survived to hospital discharge. Overall survival to discharge was 8.6% versus 9.0% in England. The latest overall survival is 11.6% as of May 2024. 123 patient lives were saved in 2023.

8. The main areas of focus for SCAS to improve cardiac arrest survival is to deliver Category 1 & 2 response time standards, delivery of annual cardiac resuscitation refresher training for frontline clinicians, extending access to community first responder (CFR) schemes and PADs, and direct admission to the cardiac catheter Laboratory for pPCI for resuscitated patients who have ECG evidence of a heart attack (STEMI).

9. SCAS is developing new pathways of care in partnership with cardiac centres in our region. For example, SCAS now has direct access to ECMO (Extra-corporal Membrane Oxygenation / Heart Lung machine designed to rest the heart /lungs in severe heart failure) at Harefield Hospital for a select group of patients who cannot be promptly resuscitated. We also plan to roll out the GoodSam App to mobilise volunteers and staff responders to attend patients in cardiac arrest in 2025.

10. SCAS is also actively participating in clinical research and is currently evaluating Head-up CPR (CABARET Study) as previously reported to the Board and, in collaboration with the Clinical Trials Unit at the University of Warwick, has just published the findings of the PARAMEDIC 3 Trial in the NEJM (**see above / Appendix 1**).

11. We have also produced an aide memoire for SCAS clinicians on post resuscitation care which we hope will improve compliance with the post ROSC care bundle Ambulance Quality Indicators – see **Appendix 3.**

4. JRCALC Clinical Practice Guidelines Summary update 4/24.

1. SCAS CRG has approved the roll out the 4th Joint Royal Colleges Clinical Advisory Liaison Committee Clinical Practice Guidelines – see **Appendix 4** summary. This includes important updates on acute coronary syndrome and maternity care, including the development of a maternity assessment tool and that can help ambulance clinicians recognise red flag criteria based on physiological derangement (based on Maternity Early Warning Score) and complications of pregnancy that require further midwifery and/or obstetric care. These updates are available to frontline clinicians via the JRCALC App.

5. Recommendations

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

John JM Black
Chief Medical Officer
20 November 2024

Study Independently in Cardiology in the Review and Assessment Program
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ORIGINAL ARTICLE

A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest

Author: Scott Cooper, Ph.D., Chris J. Pike, Charles D. Deakin, M.D., Rachel T. Fothergill, Ph.D., and Ruben Ph.D.
Author Affiliations: Sussex Ambulance NHS Trust, Lewes, United Kingdom (S.C., C.J.P., C.D.D., R.T.F., and R.B.)

Published October 21, 2021 | DOI: 10.1056/NEJMoa2027799 | Copyright © 2021

Abstract

BACKGROUND

In patients with out-of-hospital cardiac arrest, the effectiveness of drugs such as epinephrine is highly time-dependent. An intravenous route of drug administration may provide more rapid drug administration than an intraosseous route; however, its effect on clinical outcomes is unclear.

METHODS

We conducted a randomized, open-label, noninferiority trial across 11 emergency medical services in the United Kingdom that involved adults in cardiac arrest in whom vascular access for drug administration was needed. Patients were randomly assigned to receive treatment with a standard intraosseous route or a peripheral intravenous route of administration of study drugs. The primary outcome was survival at 30 days. Secondary outcomes included rates of return of spontaneous circulation and favorable neurologic function at hospital discharge (defined as a score of 1 or 2 on the Cerebral Performance Category scale [range, 1 to 5; or 6, with higher scores indicating greater disability]). An adjustment for multiplicity was made.

RESULTS

A total of 6042 patients were assigned to a trial group. Of 6 patients in the intraosseous group and 4 patients in the intravenous group, 30-day survival was ascertained for 2 patients in each group and 0% of 2 patients in the intravenous group were alive at 30 days (vs. 0.1%, 95% confidence interval [CI], 0.0 to 1.0; P=0.74). At the time of hospital discharge, a favorable neurologic function was observed in 0% of 2 patients in the intraosseous group and 0% of 2 patients in the intravenous group (adjusted odds ratio, 0.7; 95% CI, 0.7 to 1.0); a return of spontaneous circulation at any time occurred in 10% of 6 patients in the intraosseous group and 0% of 4 patients in the intravenous group (adjusted odds ratio, 0.7; 95% CI, 0.7 to 1.0). Among the total, one adverse event, which occurred in the intraosseous group, was reported.

CONCLUSIONS

Among adults with out-of-hospital cardiac arrest requiring drug therapy, the use of an intravenous route of drug administration was noninferior to the use of a standard intraosseous first strategy. (Funded by the National Institute for Health and Care Research; FAILSAFE; ISRCTN Registry number, ISRCTN42476466.)

Previous trials have implied the clinical effectiveness of medications commonly used in patients with out-of-hospital cardiac arrest.[1-3] The effects of such medications on rights, such as survival with a favorable neurologic function, are highly time-dependent.[4-6] Increasing intravenous access in patients with out-of-hospital cardiac arrest is challenging because of intravenous bleeds, and the time required to establish intravenous access may be longer than the emergency call to drug administration has ranged from 5 to 20 minutes.[7-9]

In observational studies and one small randomized trial, the intraosseous route demonstrated more rapid drug administration than the intravenous route, particularly when the peripheral intravenous route is difficult to establish.[10-13] Intraosseous access is recommended for drug administration in patients with cardiac arrest, but clinical trials have enrolled only a few patients receiving drugs by an intraosseous route. Yet, results of these studies are challenging to interpret because of the lack of a control group.[14-16] Observational studies of intraosseous access have fielded such debate that such a finding that are contradicted the intravenous route.[17-19] International resuscitation guidelines recommend peripheral intravenous access as the first-choice route for drug administration in patients with cardiac arrest, but the time required for intravenous access has increased (up to 40%) in some systems.[20-23]

Given ongoing uncertainty about the more efficient route of drug administration in adults with cardiac arrest, the International Liaison Committee on Resuscitation highlighted the urgent need for randomized trials to evaluate the clinical effectiveness of the intravenous route.[24] We conducted a randomized, open-label, noninferiority trial to evaluate the effectiveness of an intravenous first strategy, as compared with an intraosseous first strategy, in adults with out-of-hospital cardiac arrest.

Methods

TRIAL DESIGN AND OVERSIGHT

The trial, known as FAILSAFE, was a randomized, pragmatic, open-label, randomized trial across 11 emergency medical services (20 National Health Service ambulance services) in the United Kingdom. The trial was funded by the National Institute for Health and Care Research, developed by the investigators, has been published previously, and was conducted in accordance with the statistical analysis plan, with the full text of this article at NEJM.org.[25] The trial protocol was approved by the Research Ethics Committee (Yorkshire and The Humber — Leeds West Research Ethics Committee, 18/YH/0343). Ethics Committee approval was obtained for the retention of cardiac arrest, and in accordance with local legislation, the Research Ethics Committee approved the waiver of informed consent for participation in the trial. Consent of participants who survive to hospital discharge and hospital stay of one, four, or 12 month and 3 month follow-up, as well as consents related to health economics, quality of life, intravenous access site, and length of stay in critical care and ward, were obtained.

REPORT OVERSIGHT

The trial was funded by the National Institute for Health and Care Research (NIHR) Health Technology Assessment Programme, which had no role in the trial design, in the conduct or analysis of the data, or in the preparation of the manuscript. The legal sponsor of the trial was Sussex Partnership NHS Foundation Trust. Independent oversight was provided by a trial steering committee, an independent trial monitoring committee, and a data monitoring and ethics committee, as described in the protocol. The trial was conducted in accordance with the Good Clinical Practice guidelines of the International Council for Harmonisation and in accordance with the principles of the Declaration of Helsinki. The trial statisticians had full access to all the data and assume responsibility for the integrity of the data, the completeness and accuracy of the data, and the fidelity of the trial to the protocol. The first author wrote the first draft of the manuscript, which all the authors reviewed and approved in collaboration with the trial team; no confidentiality agreements between the sponsor and authors. We report here results of the primary analysis of the trial, which included a prespecified analysis of survival at hospital discharge, and hospital length of stay, from an 9-month and 3-month follow-up, as well as outcomes related to health economics, quality of life, intravenous access site, and length of stay in critical care and ward.

REPORT EXCLUSIONS

Data on the number of patients who had had an out-of-hospital cardiac arrest and who required vascular access for drug administration during ongoing cardiopulmonary resuscitation (CPR) by trial-trained paramedics were eligible for inclusion in the trial. Inclusion criteria included a lower-limit or upper-limit age.

RANDOMIZATION AND TREATMENT

Trial participants were randomized, stratifying emergency medical services, prehospital resuscitation in accordance with current resuscitation guidelines (see the Supplementary Appendix). In the United Kingdom, paramedics are trained to administer advanced life support, including the administration of medications, in the prehospital setting. Trial drugs, an independent trial monitoring committee, and trial monitoring and ethics committee, with recognized criteria. Obtaining intravenous and intraosseous access are not skills in the United Kingdom, Australia, Canada, Ireland, and Scotland. Trial participants were enrolled, and consents were obtained, in accordance with Good Clinical Practice guidelines. Patients who survived to hospital discharge, and hospital length of stay, from an 9-month and 3-month follow-up, as well as outcomes related to health economics, quality of life, intravenous access site, and length of stay in critical care and ward, were ascertained.

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PATIENTS AND INTERVENTIONS

From November 2015 through July 2018, a total of 10,128 patients were screened for eligibility. Of these 10 patients underwent randomization, and 6042 patients were assigned to a trial group — 3040 to the intraosseous group and 3002 to the intravenous group (Figure 1).

The characteristics of the patients were balanced at baseline (Table 1). The characteristics of the participants relative to the female population in people who have out-of-hospital cardiac arrest is similar to the characteristics of participants in the various clinical trials and biomarkers are summarized in Table 2. The median time from the emergency call to drug administration was 18.4 minutes (interquartile range, 10.2 to 31.5). Consents from the initial randomized strategy exceeded in 98 patients (0.1%).

PRIMARY AND SECONDARY OUTCOMES

Data for the primary outcome were available for 6042 patients (99.9%) in the intraosseous group and 6040 patients (99.7%) in the intravenous group. At hospital discharge, 0% of patients in the intraosseous group and 0.0% of 2 patients in the intravenous group were alive (adjusted odds ratio, 0.7; 95% CI, 0.7 to 1.0). Survival was ascertained in 0% of 6 patients in the intraosseous group and 0.1% of 4 patients in the intravenous group (adjusted odds ratio, 0.7; 95% CI, 0.7 to 1.0). Secondary outcomes, including sustained return of spontaneous circulation, are shown in Table 3. The results for the primary outcome were consistent across prespecified subgroups (Figure 2 and Table 4). The results for the secondary outcomes were sensitive to analyses (Table 5) and (Figure 3).

ADVERSE EVENTS

One adverse event, ongoing mild leg pain during ambulation, occurred in the intraosseous group (Table 6) and Table 6). This event was not considered by investigators to be serious.

Screening, Randomization, Administration, and Follow-Up Results.

Characteristics of the Patients at Baseline.

Primary and Secondary Outcomes in Events and Proportions.

Subgroup Analysis of the Primary Outcome.

Primary and Secondary Outcomes.

Discussion

In this trial, the use of an intravenous first strategy for vascular access and drug administration did not result in significantly higher 30-day survival than an intraosseous first strategy among adults with out-of-hospital cardiac arrest. There was no apparent between-group difference in the rate of return of spontaneous circulation or survival to hospital discharge. The percentage of patients with a return of spontaneous circulation appeared to be lower among patients in the intraosseous group than among those in the intravenous group.

The trial hypothesis was that the intravenous first strategy would facilitate a more rapid administration of epinephrine, which would improve 30-day survival by reducing the time to a return of spontaneous circulation. Previous observational studies have suggested that the most cases of cardiac arrest.[26-28] This hypothesis was formed on the basis of previous studies, which have shown a reduced time to drug administration in patients with cardiac arrest when intravenous access is used.[29-31] Although the trial was not powered to detect the potential clinical time-to-drug advantage, the trial was designed to detect a clinically relevant difference between the intravenous and intraosseous routes of drug administration. The intravenous route of drug administration was associated with a lower rate of return of spontaneous circulation, which appeared to be lower in the intraosseous group, a finding that suggests that drug efficacy was influenced by the route of administration. Although the trial was not powered to detect a difference in survival, the results compare favorably with previously published, which leads to speculation that the intravenous route may be needed to assess this variable in our trial, the results of previous studies.[32-34] Although the intravenous route of drug administration was associated with a disadvantage,[35] Second, good drug concentration and the time to good drug concentration with the use of the intravenous route may be inferior to those with the intraosseous route. 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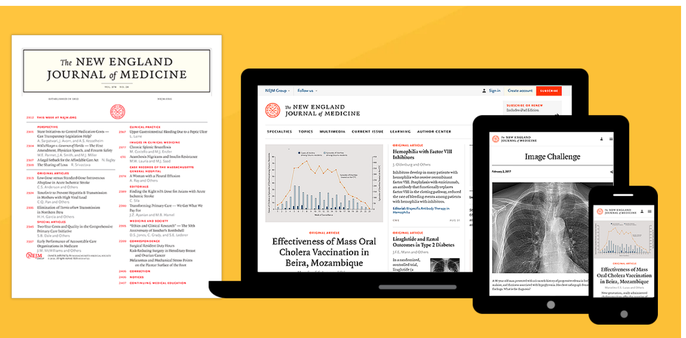

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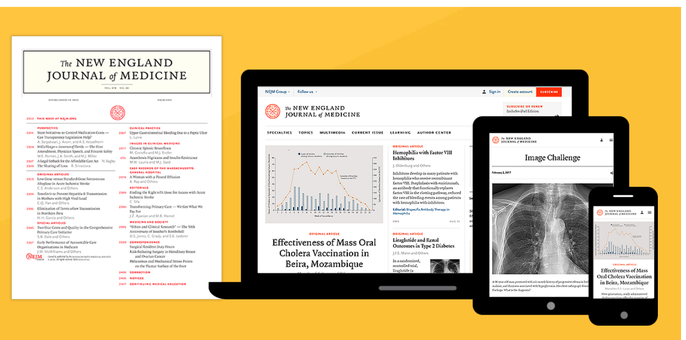

OHCAO CARDIAC ARREST OVERVIEW SCAS 2023#

Demographics

2,877
OHCA calls attended

1,447
Patients treated by ambulance service personnel

OHCA incidence (per 100,000)

All cases (Age/gender adjusted)	Males (Age adjusted)	Females (Age adjusted)
34.1	48.5	21.3

Age of patients

Median Age
70.0yrs
Mean Age
66.7yrs

Age Distribution

1.3%	37.4%	61.3%
<15yrs	15-64yrs	65+yrs

Sex Distribution

66.7%
Median Age
69.0yrs
Mean Age
66.1yrs

33.3%
Median Age
72.0yrs
Mean Age
67.8yrs

#No data submitted between May to September

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OHCAO CARDIAC ARREST OVERVIEW SCAS 2023#

Where did people have a cardiac arrest?*

78.0% Place of residence	9.1% Public place	1.2% Workplace
0.1% Place of education	0.5% Leisure centre	11.1% Another location

*national averages used as data missing

When did people have a cardiac arrest?

Time of Day

00:00 – 05:59	06:00 – 11:59	12:00 – 17:59	18:00 – 23:59
13.2%	31.9%	29.2%	25.7%

Day

SUN	MON	TUE	WED	THU	FRI	SAT
14.9%	13.8%	14.0%	14.2%	14.2%	14.5%	14.4%

Median EMS Response time

7.0 mins

90th percentile time: 16.9 mins

Proportion of cases reached in 7 mins

49.6%

#No data submitted between May to September

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OHCAO CARDIAC ARREST OVERVIEW SCAS 2023#

Aetiology*

Presumed cardiac

87.9%

Trauma

4.2%

Overdose

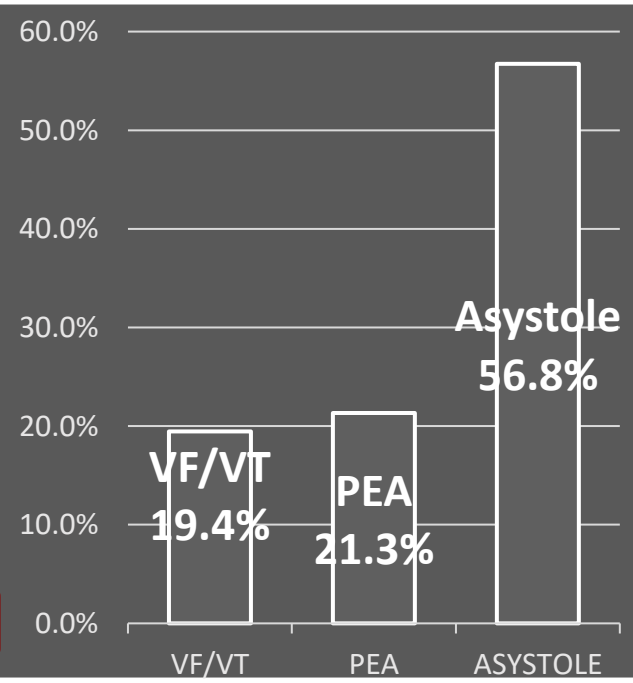
2.0%

Asphyxia

5.4%

*Other/missing 0.5%

Initial Rhythm**



**Other/missing 2.5%

#No data submitted between May to September

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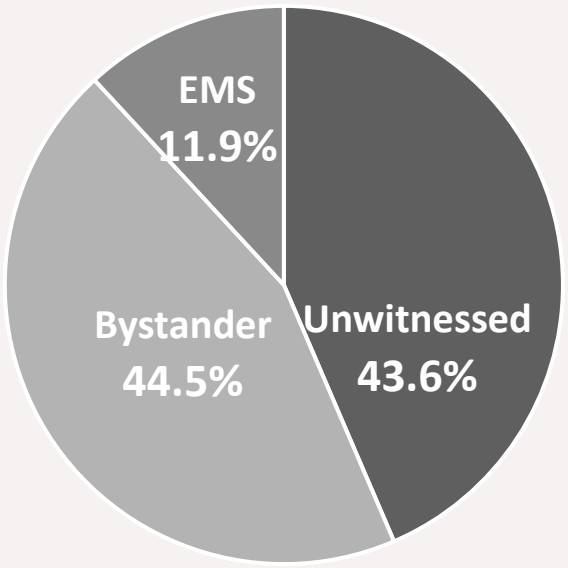
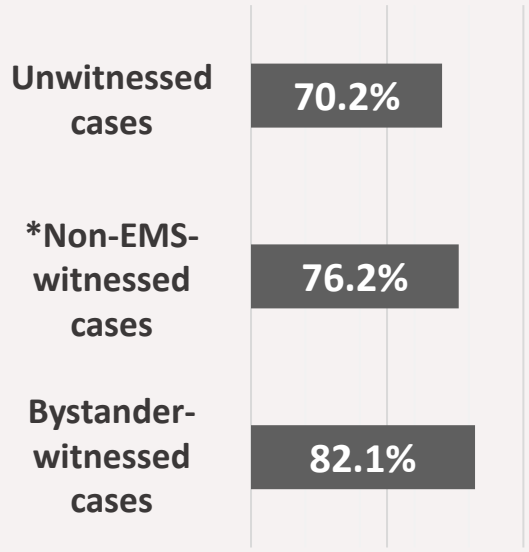
OHCAO CARDIAC ARREST OVERVIEW SCAS 2023#

Bystander Interventions

Who witnessed cardiac arrest?



Bystander CPR rates:



*Non-EMS-witnessed cases is the combination of unwitnessed and bystander-witnessed cases

Public Access Defibrillator use*

All cases
8.3%

Bystander witnessed cases
10.8%

Unwitnessed cases
7.3%

*national averages used as data missing

#No data submitted between May to September

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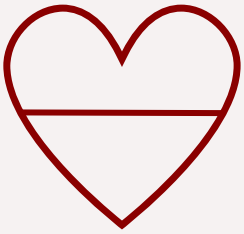
OHCAO CARDIAC ARREST OVERVIEW SCAS 2023#

Clinical Outcomes

Declared dead on scene



62.3%

Admitted with ongoing CPR

12.6%

Admitted with ROSC

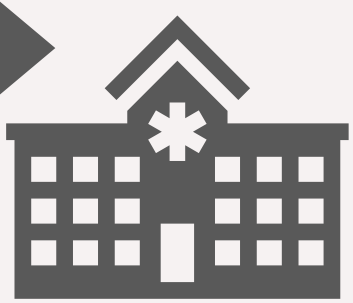
25.1%

Admitted to hospital with ROSC

25.1%

Utstein[x]

56.5%



30-day Survival

8.6%

Utstein[x]

28.4%

Ambulance service personnel successful in restarting

363 hearts

123 lives saved

[x]Utstein Comparator Group: bystander witnessed, shockable rhythm

#No data submitted between May to September

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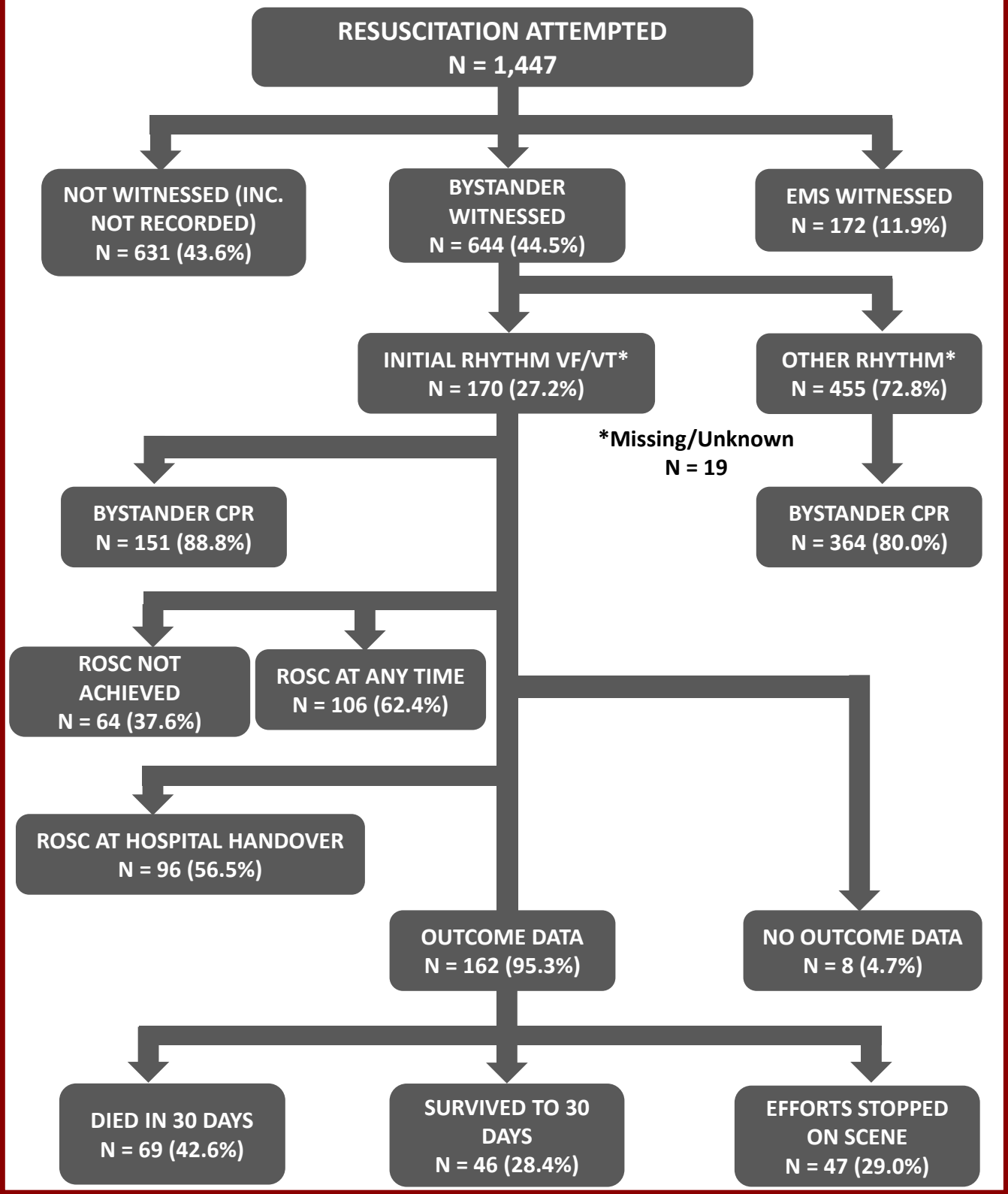
OHCAO CARDIAC ARREST OVERVIEW SCAS 2023#

Utstein Comparator Group[x] Flow Chart



[x]Bystander witnessed, shockable rhythm

#No data submitted between May to September

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OHCAO CARDIAC ARREST OVERVIEW SCAS 2023

INFOGRAPHICS – OHCAO Data Explained

ROSC

Return of Spontaneous Circulation (ROSC) – Cases in which the resuscitation attempt results in a return of spontaneous circulation (i.e. detectable pulse) at any time.

30-day Survival

Where there was no date of death or where a date of death was provided that was more than 30 days after the OHCA incident date.

CPR

CPR stands for cardiopulmonary resuscitation. It's a lifesaving medical procedure which is given to someone who is in cardiac arrest. It helps to pump blood around the person's body when their heart can't.

Public Access Defibrillator (PAD)
PADs can now be found in many busy public places including airports, mainline railway stations, shopping centres, and gyms. They are meant to be used by members of the public if they witness a cardiac arrest.

OHCAO
British Heart Foundation
Resuscitation Council UK
NIHR | Applied Research Collaboration West Midlands
ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

AMBULANCE CLINICAL QUALITY INDICATORS (ACQI)

NHS South Central Ambulance Service NHS Foundation Trust

CARDIAC ARREST

(POST ROSC)

The Ambulance Clinical Quality Indicators (ACQIs) provide an overview of the clinical quality achieved by ambulance services. The purpose of this chart is to provide a description of the Post-ROSC care bundle and exceptions, to support you to provide quality care for your patients. Please fully document all care given and exceptions.

Inclusion Criteria:

ROSC achieved on scene for 10 mins or more in patients suffering a non-traumatic cardiac arrest.

Exclusion Criteria:

- Patients <18
- Trauma related cardiac arrest
- Patient successfully resuscitated prior to arrival of ambulance staff
- ROSC achieved en-route or at hospital.

12 Lead ECG taken post-ROSC	**EXCEPTIONS** ➢Pt refusal ➢Pt re-arrest/ROSC <10mins	**COMMON ISSUES & TIPS** For this indicator, please record 12 Lead completion in ROSC tab on ePR.
Blood Glucose recorded post-ROSC	**EXCEPTIONS** ➢Pt refusal ➢Pt re-arrest/ROSC <10 mins ➢BM measured pre-ROSC and within normal limits	**COMMON ISSUES & TIPS** Please record BM in Vital Signs section on ePR.
End Tidal CO^2 Recorded $ETCO^2$ reading/waveform recorded post-ROSC/continuously during arrest	**EXCEPTIONS** ➢Pt refusal ➢Pt re-arrest/ROSC <10 mins ➢No advanced airway in situ	**COMMON ISSUES & TIPS** This is the most common reason for non-compliance with the diagnostic bundle. Please record in Vital Signs section on ePR.
Oxygen Administered	**EXCEPTIONS** ➢Pt refusal ➢Pt re-arrest/ROSC <10 mins ➢Not required: O2 SATS 94-98% (88-92% COPD)	**COMMON ISSUES & TIPS** Please record Oxygen administration in Medicines section on ePR.
Blood Pressure Recorded Minimum of Systolic blood pressure recorded post- ROSC or if unobtainable, presence of radial pulse documented	**EXCEPTIONS** ➢Pt refusal ➢Pt re-arrest/ROSC <10mins	**COMMON ISSUES & TIPS** Please record BP in Vital Signs section on ePR.
Fluids administered Administration started of a saline bolus post-ROSC	**EXCEPTIONS** ➢Pt refusal ➢Pt re-arrest/ROSC <10mins ➢Not required: SYS BP >90 or radial pulse present ➢Unable to gain vascular access	**COMMON ISSUES & TIPS** A 10ml flush is not considered as fluids administered. IV access attempts must be documented. Patients should be treated in line with JRCALC.

jrcalc
joint royal colleges ambulance liaison committee

JRCALC Clinical Guideline Updates 4/2024

Summary of changes

Planned publication date: 21st October 2024

Note-we are aware of ongoing or planned research studies, and we will review JRCALC guidance as and when new evidence becomes available

New JRCALC Guidelines/medicines:

Guideline/medicine	Update
NEW maternity decision tool	New colour coded decision tool to identify low, medium and high risk clinical concerns relating to clinical parameters, symptoms and amount of blood loss. This then translates into decisions around action needed on conveyance, destination, need for hospital pre-alert and ongoing observations. The tool will be included in the maternity overview guideline and in the algorithms tab for ease of access. NEWS2 should not be used for maternity patients. This new tool should be used when attending patients who are pregnant (or suspected pregnant) regardless of gestation, or up to 4 weeks post birth/pregnancy loss/termination. The tool should be used alongside clinical judgement and other relevant JRCALC guidelines and local guidance/pathways.

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

Guideline/medicine	Update
Overdose and poisoning	Revised and updated guideline with support from the National Poison Information Service (NPIS) and RCEM toxicologists. New algorithm included. Substance management table removed. Guidance states contact Toxbase as per local trust procedures, and to consider using the 24 hour Toxbase advice line 0344 892 0111.
Drowning	Reviewed, updated and new name (previously called immersion and drowning) with support from NARU and HM coastguard medical director. Revised submerged person tool (JESIP) included and simplified terminology relating to drowning. Note the drowning section and submersion tool

	currently in ALS special circumstances will be removed, and a link to this guideline will be included so that guidance on drowning can easily be found in one place.
Imminent birth	Reviewed and revised. New wording about when to identify if birth is imminent and when to consider conveying to hospital. Inclusion of free birth, water birth, home birth and en caul birth. APGAR score removed and replaced with a table identifying the need to provide Newborn Life Support . Revised management algorithm. New table of high risk pregnancy features. Photos included to show estimates of volumes of blood loss
Cord prolapse	Reviewed and revised. Now a standalone guideline, easier to find by having its own 'tile' on the app. Management algorithm can also be found on the algorithms tab in the app.
Acute coronary syndrome (ACS)	We currently have a section and wording about health inequalities. We are making a small change to wording around women and ACS. Change from: *While symptoms vary from person to person, there are no symptoms that women experience more or less often than men.* To: *Women with ACS do have different symptoms at presentation than men with ACS, but there is also considerable overlap. Although most sexes present with chest pain, women with ACS have higher odds of presenting with pain between the shoulders, nausea or vomiting or shortness of breath.* This change is based on a systematic review, reference: https://www.ahajournals.org/doi/10.1161/JAHA.119.014733
Anaphylaxis and use of ipratroprium	Following some feedback received, a slight amendment to the management algorithms for anaphylaxis and refractory anaphylaxis. Salbutamol is removed from the bottom of the anaphylaxis algorithm, and in the refractory algorithm it states that salbutamol and ipratroprium can both be considered for managing bronchospasm.
Dexamethasone	Following feedback received regarding paediatric doses, a review has taken place and the dosages have been revised.
Spinal injury and spinal cord injury	Due to previous changes in JRCALC trauma guidance around extrication and use of collars, small changes have been made to the spinal injury and spinal cord injury guideline. We are aware of an ongoing randomized control trial (spinal immobilisation study- SIS study). A number of ambulance services are involved in this research and we anticipate results of this will influence future revisions of JRCALC guidance. The research base is an evolving area, and individual trusts may update their own guidance based on evidence that is still under consideration by JRCALC.

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Report Cover Sheet

Report Title:	Month 7 (M7) Finance Report
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	14
Executive Summary:	The Trust's Month 7 (M7 - October) reported position (before technical adjustments e.g., peppercorn rent, etc) is:

Key Performance Indicators

		Plan	Actual / Forecast	Variance
1	Surplus / (Deficit) Year to date*	(6.5)	(6.5)	0.0
2	Surplus / (Deficit) In-month*	0.5	0.6	0.1
3	Surplus / (Deficit) FOT*	(10.1)	(10.1)	0.0
4	Capital Spend YTD	19.6	3.7	(15.9)
5	Capital FOT	41.5	28.9	(12.6)
6	Pay Costs In-Month#	@22.3	21.4	0.9
7	Agency Costs In-Month#	0.2	0.1	(0.1)
8	CIP Savings YTD#	13.8	13.0	(0.8)
6	Cash - Year to date	18.0	26.2	8.2
7	Cash - Year In-month	7.5	2.6	(4.9)
8	Aged Debtor >90 Days#	5.0%	11.9%	(6.9%)
9	BPPC - YTD - Value	95.0%	98.2%	3.2%
10	BPPC - YTD - Number	95.0%	95.3%	0.3%

*All surplus / (deficit) figures are shown before the deficit support funding
Further details can be found in the Trust Integrated Performance Report (IPR)
@ This is the revised plan accounting for the national pay deal

I&E Position

The Trust recorded an in-month surplus of £0.6m in month 7 (M7), against a planned surplus of £0.5m. Main variances in the month were:

- 999 had a shortfall of £1.4m against plan,
- PTS service had a surplus of £0.1m,
- Corporate areas had a surplus of £0.6m

	• 111 service has a surplus of £0.8m as a result of recognising further contractual income from BOB ICB. The Trust also received YTD deficit funding of £3.6m from HIOW ICB, meaning the reportable position year to date is now £2.9m deficit against the £6.5m deficit, before deficit funding. <u>System Position</u> The HIOW ICS financial position at month 7 is a YTD deficit of £29.5m, £17.0m worse than the plan after deficit funding. <u>Financial Recovery Plan (FRP)</u> The M7 year-to-date savings stand at £13.0m against a plan of £13.8m. With recovery actions being developed. <u>Capital</u> The Trust's capital spend to October was £4.7m, with £6.8m of vehicle sale and leaseback sales producing a net income of £2.1m. The Trust is underspent against its year-to-date capital budget by £15.9m, this is made up of digital and estates being £6.9m behind plan, £2.3m of net sales proceeds and £9.2m slippage in the 2023/24 DCA cohort which is now expected in December to March. As the forecast has now reduced due to the later delivery of vehicles, the Trust will need to notify the ICB and region of the 2024/25 expected underspend and attempt to broker headroom with the 2025/26 allowance to allow the Trust to continue with its vehicle replacement. <u>Cash</u> The Trust's cash balance at the end of October stood at £26.2m. There was a net cash inflow in month 7 of £2.6m due mostly to the receipt of pay award funding and central deficit funding from ICB's. In November there is a further £2.8m income expectation from the ICB for pay award funding. There is also £2.4m expected in equal instalments in December and January for Central Deficit Funding culminating in a total additional income of £6m, this has been added to the cash flow forecast.
Recommendations:	The Board is asked to note the report.
Accountable Director:	Stuart Rees, Interim Director of Finance
Author:	Alan Monks, Deputy Chief Finance Officer

Previously considered at:	Executive Management Committee and Finance and Performance Committee
Purpose of Report:	Note
Paper Status:	Internal
Assurance Level:	**Assurance Level Rating:** Partial
Justification of Assurance Rating:	With capital spend and FRP savings behind plan, only partial assurance can be drawn at this point in the year.
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

NHS
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Meeting Report

Name of Meeting	Public Trust Board
Title	Month 7 (October) Finance Report
Author	Alan Monks, Deputy Chief Finance Officer
Accountable Director	Stuart Rees, Interim Director of Finance
Date	28th November 2024

1. Purpose

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

2. Executive Summary

Income and Expenditure

In month 7 (M7), the Trust's I&E position shows an in-month position of £0.6m surplus, which was £0.1m better than plan. This results in a year-to-date deficit of £6.5m against a planned deficit of £6.5m.

Risks to the delivery of the year end planned control total position include the continued under-delivery of the Financial Recovery Plan (FRP), directorate overspend positions and the result of contract negotiations.

Position before deficit funding

£m	M1	M2	M3	M4	M5	M6	M7	YTD
Plan	(1.9)	(1.7)	(1.3)	(0.7)	(1.0)	(0.4)	0.5	(6.5)
Actual	(1.9)	(1.7)	(0.9)	(0.7)	(0.9)	(1.0)	0.6	(6.5)
Variance to Plan	**(0.0)**	**(0.0)**	**0.4**	**0.0**	**0.1**	**(0.6)**	**0.1**	**0.0**

As part of the June plan resubmission the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) agreed to improve its deficit to £70m. In return for improving the plan, NHS England agreed to provide non recurrent cash backing for the deficit position. Given that some trusts within the HIOW ICB are in surplus the funding does not match individual trust deficit positions and therefore the Trust's element is £6.0m.

Position after deficit funding

£m	M1	M2	M3	M4	M5	M6	M7	YTD
Plan	(1.9)	(1.7)	(1.3)	(0.7)	(1.0)	(0.4)	0.5	(6.5)
Actual	(1.9)	(1.7)	(0.9)	(0.7)	(0.9)	2.5	0.6	(2.9)
Variance to Plan	**(0.0)**	**(0.0)**	**0.4**	**0.0**	**0.1**	**2.9**	**0.1**	**3.6**

The deficit funding has been allocated based on the monthly deficit profile in the June plan submission and has resulted in a year-to-date allocation of £3.6m. This means the reported M7 year-to-date position is a deficit of £2.9m against the plan of a £6.5m deficit, before deficit funding.

System Position

The HIOW ICS financial position at M7 is a year-to-date deficit of £29.5m, £17.0m worse than the plan after deficit funding.

Financial Position

M7 saw the 2024/25 NHS pay increase transacted on a year-to-date basis with pay increasing by 3.4% over the original budget level matched by increased income from NHS Commissioners. The budget has been amended from M7 onward to include this increase.

There is an improvement in the month mainly driven by income with the year-to-date recognition of the Buckinghamshire, Oxfordshire and Berkshire ICB (BOB) 111 revised funding offer contributing £0.6m and an excess of income over cost for the pay deal impact. However, this is offset by higher costs in Emergency Operations (999), additional pass-through costs in Hampshire IUC and higher operating costs in Non-Emergency Patient Transport Service (NEPTS).

The 999 service has an adverse variance of £1.4m in the month partly offset by the favorable contribution of £0.8m in the 111 service and £0.1m in NEPTS to result in an overall £0.5m adverse position in the operational areas.

Corporate areas were overspent by £0.6m in the month.

		Month 7			Year to Date			Forecast		
	£m	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
999	Income	22.6	22.7	(0.0)	137.5	137.1	0.4	236.6	234.1	2.5
	Expenditure	(19.0)	(17.6)	(1.4)	(114.2)	(111.7)	(2.5)	(194.1)	(188.2)	(5.9)
	Contribution	**3.6**	**5.0**	**(1.4)**	**23.3**	**25.4**	**(2.1)**	**42.5**	**45.9**	**(3.4)**
	%	**15.9%**	**22.2%**		**16.9%**	**18.5%**		**17.9%**	**19.6%**	
111	Income	5.2	4.3	1.0	25.9	24.8	1.1	44.3	42.7	1.6
	Expenditure	(3.6)	(3.4)	(0.2)	(22.2)	(21.6)	(0.5)	(37.6)	(37.1)	(0.5)
	Contribution	**1.6**	**0.8**	**0.8**	**3.7**	**3.2**	**0.5**	**6.7**	**5.6**	**1.1**
	%	**31.1%**	**19.6%**		**14.3%**	**12.7%**		**15.1%**	**13.1%**	
PTS	Income	6.6	6.2	0.4	38.9	38.5	0.4	65.9	65.2	0.7
	Expenditure	(5.3)	(5.0)	(0.2)	(35.6)	(35.0)	(0.6)	(60.3)	(57.0)	(3.3)
	Contribution	**1.4**	**1.2**	**0.1**	**3.3**	**3.5**	**(0.2)**	**5.6**	**8.2**	**(2.7)**
	%	**20.8%**	**19.8%**		**8.5%**	**9.1%**		**8.4%**	**12.6%**	
Operations Total Contribution		**6.6**	**7.1**	**(0.5)**	**30.3**	**32.0**	**(1.8)**	**54.7**	**59.7**	**(5.0)**
%		**19.2%**	**21.4%**		**15.0%**	**16.0%**		**15.8%**	**17.5%**	
Corporate		(6.1)	(6.7)	0.6	(37.2)	(39.0)	1.8	(65.6)	(70.6)	5.0
Surplus/(Deficit)		**0.5**	**0.4**	**0.1**	**(6.9)**	**(7.0)**	**0.0**	**(10.9)**	**(10.9)**	**0.0**
Reporting Adjustments		0.1	0.1	(0.0)	0.5	0.5	0.0	0.8	0.8	0.0
Adjusted Surplus/(Deficit)		**0.6**	**0.5**	**0.1**	**(6.5)**	**(6.5)**	**0.0**	**(10.1)**	**(10.1)**	**0.0**
Deficit Funding		0.0	0.0	0.0	3.6	0.0	3.6	6.0	0.0	6.0
Reportable Surplus/(Deficit)		**0.6**	**0.5**	**0.1**	**(2.9)**	**(6.5)**	**3.6**	**(4.1)**	**(10.1)**	**6.0**

The main points to note for M7 performance are:

- Pay costs in the month were £21,359k against a plan of £22,305k, with the main drivers being corporate vacancies and 999 resource pay.

  Agency spend in the month was £258k against a plan of £124k mainly driven by additional roles to support the Corporate Review, Pharmacy and Fleet mechanics.

- Within the 111 service, negotiation with BOB ICB have resulted in a further offer of circa £2.2m (£1.0m higher than the previous offer). The year-to-date proportion of this offer has been included in the months results.

  Resource costs in the month were £0.2m lower than the budget offset by the IUC subcontract cost increase related to the pay deal £0.3m. This represents an improvement on prior months with agency nurses being replaced by substantive staff and a lower level of spend on call handling staff.

- The expenditure in NEPTS shows an adverse variance of £0.2m in the month. NEPTS resource costs were on plan in the month and there were £246k of other operating costs including vehicle leases, fuel and non-resource staff costs. M7 activity was 8.1% up against the month 6 level, and 2.7% below the budgeted activity levels in the month.

- In the 999 service, the total Income was in line with plan in the month, while the total direct costs were over plan by £1.4m combining to result in a contribution of £1.4m adverse. The main drivers of the adverse direct costs variance are vehicle maintenance costs £0.3m, vehicle lease costs £0.2m, vehicle insurance £0.1m, accident damage £0.1m, Pharmacy costs £0.1m, Make Ready and Specialist Paramedics £0.1m. Emergency Operations Centre (EOC) services was over plan by £0.1m in the month.

  There were also additional costs matched with income for the Adult Critical Care Transport (ACCT) service £0.2m which has been extended for the full year.

<u>Forecast</u>

The year-to-date position is currently £6.5m and if this is extrapolated until the year end it would result in a deficit position of £11.1m against the control total of £10.1m. The following review has been developed to understand the possible outcome based on items that will influence the run rate. It is believed the Trusts risk has increased to circa £4.9m with the lower agreement on BOB 111 IUC and this will need to be closely monitored and managed through grip & control and further mitigation actions.

Financial Recovery Plan (FRP)

The M7 savings were £3.5m against a plan of £3.2m and the year-to-date savings now stand at £13.0m against a plan of £13.8m. With recovery actions being developed.

Capital

The Trust's capital spend to October was £4.7m, with £6.8m of vehicle sale and leaseback sales producing a net income of £2.1m. The Trust is underspent against its year-to-date capital budget by £15.9m, this is made up of digital and estates being £6.9m behind plan, £2.3m of net sales proceeds and £9.2m slippage in the 2023/24 DCA cohort which is now expected in December to March.

There was £5.9m spend up to October for IFRS16 CDEL, the next predicted IFRS16 CDEL spend is in February with the expected completion of leaseback arrangements for the first tranche of the 72 2023/24 cohort of DCA units.

		Year to Date			Forecast		
	£m	Actual	Plan	Variance	Actual	Plan	Variance
Estates	Internal CDEL	0.6	5.0	(4.4)	5.8	9.4	(3.6)
	IFRS16	0.0	0.3	(0.3)	2.7	2.7	0.0
	Total	**0.6**	**5.3**	**(4.7)**	**8.4**	**12.0**	**(3.6)**
Digital	Internal CDEL	0.3	2.8	(2.5)	2.9	4.3	(1.4)
	PDC	0.0	0.0	0.0	1.1	1.1	0.0
	PDC Income	0.0	0.0	0.0	(1.1)	(1.1)	0.0
	Total	**0.3**	**2.8**	**(2.5)**	**2.9**	**4.3**	**(1.4)**
Fleet (22/23 DCA Cohort)	Internal CDEL	(3.9)	(1.8)	(2.2)	(3.9)	(1.8)	(2.2)
	IFRS16	5.3	5.4	(0.1)	5.3	5.4	(0.1)
	Total	**1.4**	**3.6**	**(2.2)**	**1.3**	**3.6**	**(2.3)**
Fleet (23/24 DCA Cohort)	Internal CDEL	0.8	(0.6)	1.4	(3.2)	(2.8)	(0.4)
	IFRS16	0.0	7.3	(7.3)	10.1	7.3	2.8
	Total	**0.8**	**6.7**	**(5.9)**	**6.9**	**4.5**	**2.4**
Fleet (24/25 DCA Cohort)	Internal CDEL	0.0	0.0	0.0	3.2	2.2	1.0
	IFRS16	0.0	0.0	0.0	0.0	10.2	(10.2)
	Total	**0.0**	**0.0**	**0.0**	**3.2**	**12.3**	**(9.2)**
Fleet (Non-DCA)	Internal CDEL	0.1	0.7	(0.6)	3.3	1.6	1.7
	IFRS16	0.6	0.5	0.1	2.8	3.1	(0.3)
	Total	**0.7**	**1.2**	**(0.5)**	**6.1**	**4.7**	**1.4**
Internal CDEL Total		(2.1)	6.1	(8.3)	8.0	12.9	(4.9)
IFRS16 Total		5.9	13.5	(7.6)	20.9	28.6	(7.8)
PDC Total	Expenditure	0.0	0.0	0.0	1.1	1.1	0.0
	Income	0.0	0.0	0.0	(1.1)	(1.1)	0.0
Total		**3.7**	**19.6**	**(15.9)**	**28.9**	**41.5**	**(12.6)**

The forecast has been updated to take account of the certain slippage in the capital plan which has resulted in an underspend against the CDEL of £4.9m and an underspend against IFRS 16 of £7.8m. If the 2023/24 DCA cohort slips into 2025/26 then the Trust may utilize all of it CDEL and the result would be an increased underspend on IFRS 16.

As a result of the forecast movement the Trust will need to notify the ICB and region of the 2024/25 expected underspend and attempt to broker headroom with the 2025/26 allowance to allow the Trust to continue with its vehicle replacement.

Cash

The Trust's cash balance at the end of October stood at £26.2m. There was a net cash inflow in M7 of £2.6m due mostly to the receipt of pay award funding and central deficit funding from ICB's. In November there is a further £2.8m income expectation from the ICB for pay award funding. There is also £2.4m expected in equal instalments in December and January for Central Deficit Funding culminating in a total additional income of £6m, this has been added to the cash flow forecast.

2024/25	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income £m	32.8	26.9	27.3	29.9	35.2	33.0	37.5	31.2	29.7	31.3	34.5	40.9
Expenditure £m	(30.6)	(32.5)	(31.4)	(30.9)	(30.8)	(30.3)	(34.9)	(32.5)	(30.5)	(36.3)	(35.4)	(40.5)
Net Inflow/(Outflow) £m	2.2	(5.6)	(4.1)	(1.0)	4.4	2.7	2.6	(1.3)	(0.8)	(5.1)	(0.8)	0.5
Cash Balance £m	27.2	21.6	17.5	16.5	20.9	23.6	26.2	24.9	24.2	19.1	18.2	18.7
Cash Lowest Point	22.0	21.1	17.7	14.9	13.4	16.4	17.9					

The lowest point of cash in the month was £17.9m which is an increase from last month of £1.5m.

The 90-day debtor total increased to £0.2m in October (£0.1m in September). This represents 11.89% of the total debtor balance.

3. Risk Score

The risk of not delivering financial targets is monitored as part of the Board Assurance Framework. The score for this risk has reduced in 2024/25 from 20 down to 16 as the Trust now has a control total which is in line with the planned deficit.

4. Areas of Risk

- Financial implications of the loss of the NEPTS contracts for Thames Valley and Sussex
- Financial implications of needing to use additional frontline resources to achieve national expectations around Ambulance response times.
- There could be unforeseen consequences on the organisation of remaining within control total.

5. Recommendations

The Board is asked to note the finance position.

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Report Cover Sheet

Report Title:	ICS Public Board Finance Report
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	15
Executive Summary:	The purpose of the Month 7 (M7) Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) is to provide details of the financial position and system recovery plan for the ICS as at the end of October 2024. At M7, the Hampshire and Isle of Wight system in-month position is a deficit of £9.1m compared to a planned surplus of £2.8m, an adverse variance to plan of £11.9m. The ICS is reporting a year-to-date deficit of £29.5m at the end of October 2024, compared to a planned year-to-date deficit of £12.5m, so an adverse variance to plan of £17.0m. The ICS, following receipt of the £70m cash support, now has a combined £0 (breakeven) planned, and it forecasts achievement of this by financial year end 2024/25. All providers are currently developing recovery action plans to reduce and mitigate risks to delivering our breakeven forecast. The report also summarises key quality indicators relating to safety, effectiveness and patient experience.
Recommendations:	The Board is asked to: 1. Receive assurance that the Trust is going to deliver on their operating plan, and that appropriate mitigations and recovery plans are in place where required. 2. Receive assurance from their executives on their organisation's contribution to each system transformation programme.
Accountable Director:	Stuart Rees, Interim Director of Finance
Author:	ICB: Graham Groves, Jo Roberts, Vicki Mussert-Campbell, Jon Vaughan, Lindsay Jones

Previously considered at:	N/A
Purpose of Report:	Note.
Paper Status:	Internal
Assurance Level:	**Assurance Level Rating Options -** • **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:** 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:	Monitor through F&PC and Board.
List of Appendices	1. ICS Public Board Finance Report

1. Purpose

1.1 The purpose of the Month 7 (M7) Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) is to provide an overview of the financial position and system recovery plan for NHS organisations within the Hampshire and Isle of Wight ICS as at the end of October 2024.

1.2 This report has been shared with all NHS organisations in the system, to ensure Boards are able to gain assurance and hold their organisation(s) to account for delivery of their operating plan as well as their contribution to recovery of the whole system.

1.2.1 At the close of Month 6, Southern Health NHS Foundation Trust and Solent NHS Trust merged into a new organisation called NHS Hampshire and Isle of Wight Healthcare Foundation Trust.

2. Background

2.1 The final agreed system plan for 2024/25 is a £70m deficit, consisting of a £9.6m surplus plan for NHS Hampshire and Isle of Wight (the Integrated Care Board), and a combined provider deficit plan of £79.6m. This plan was agreed on the basis that NHS England would provide £70m of non-recurrent deficit support funding, enabling our plan to reduce to £0 (breakeven).

2.2 In month 6, NHS England confirmed the anticipated £70m in non-recurrent deficit support. This support requires a matching improvement in our plan, taking the Hampshire and Isle of Wight system plan to a combined £0 breakeven plan for the financial year. The £70m cash support is repayable as part of national business rules on repayment of deficits, and will not reduce the Hampshire and Isle of Wight system historic deficit.

2.3 The whole system continues to be in the NHS England (NHS E) Financial Recovery programme. This requires additional assurance and reporting requirements to NHSE as well as controls around decision making.

3. Discussion

3.1 Integrated Care System Financial Overview

3.1.1 The £70m deficit cash support funding resulted in the ICS being required to improve its combined annual plan from £70m deficit to breakeven, and our M7 reporting is against this revised breakeven plan. Whilst the Hampshire and Isle of Wight system combined plan is a breakeven position for this financial year, there are some organisations that are planning a surplus and some a deficit. Table below shows how the deficit cash support funding has been phased into the financial position:

Organisation	M6	M7	M8	M9	M10	M11	M12	Full Year
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Hampshire and Isle of Wight ICS	55,282	2,435	2,265	5,339	2,198	1,795	684	69,998

3.1.2 The table below summarises the ICS financial position reported at month 7 (October 2024). In October itself, the ICS reported a deficit of £9.1m against a planned surplus of £2.8m, so an adverse variance to plan of £11.9m.

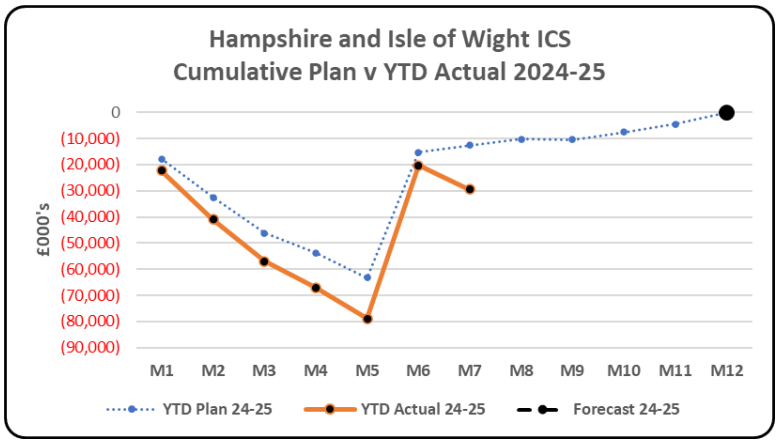
Organisation	In Month			Year to date			Forecast Outturn		
	In Month Plan £'000	In Month Actual £'000	Variance £'000	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	Forecast Outturn £'000	Variance £'000
Hampshire and Isle of Wight ICS Total	£2,777	(£9,106)	(£11,883)	(£12,515)	(£29,484)	(£16,969)	£0	£0	£0

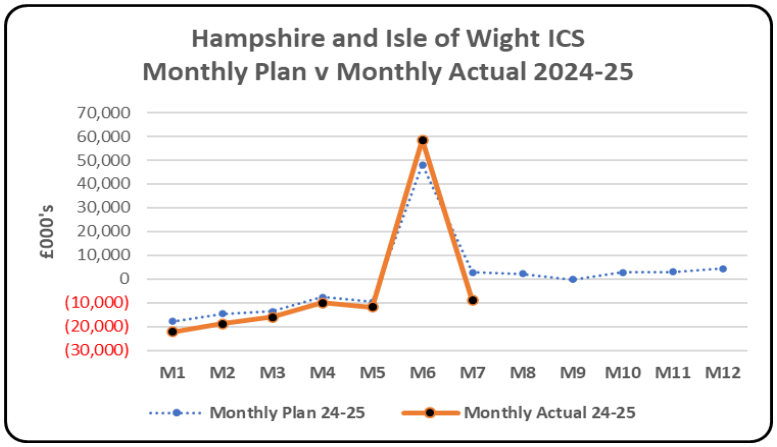
3.1.3 The system is currently reporting a year-to-date deficit of £29.5m at month 7 compared to a planned £12.5m deficit, therefore a £17.0m adverse variance to plan.

3.1.4 The ICS is forecasting to achieve its current plan of a combined breakeven position.

3.1.5 The ICS will continue to prioritise the implementation of the agreed system plan and transformation programmes to support achievement of our financial plan in financial year 2024/25.

3.1.5 The graphs below summarise the ICS position reported at month 7:





3.1.6 The ICS and all its constituent NHS organisations must continue to prioritise the implementation of the agreed system plan and transformation programmes to support achievement of each organisation's financial plan in financial year 2024/25. All system transformation savings are embedded within the financial plans of Hampshire and Isle of Wight organisations, so system success is reliant upon every organisation delivering on their commitments.

3.2 System Actions to Support Financial Recovery

3.2.1 In 2023/24, additional controls were required by NHS England as a consequence of our deficit plan. Individual providers may also have had enhanced conditions as described in undertakings letters and where revenue or capital cash support was required, additional conditions will apply, including assessment of affordability of capital plans. All our existing system business rules, conditions and controls remain extant in 2024/25.

3.2.2 System financial recovery and delivery of our system transformation programmes is overseen by a monthly System Recovery and Transformation Board, which is attended by all Provider Chief Executives and chaired by the ICB Chief Finance Officer and Deputy CEO.

3.2.3 System leaders have agreed additional steps in 2024/25 to strengthen our delivery of plans, including:

- A system vacancy control panel, to review any proposed external recruitment and identify opportunities to resource from within the existing NHS workforce
- Chief executive-level leadership for each system transformation programme
- Organisation and system-level delivery units focused on our system transformation programmes, coordinated by a system Programme Management Office (PMO).

3.2.4 Additional external support has been commissioned for some system organisations, either to support continued delivery of their 2024/25 plan, or to support recovery where organisations are already materially off-plan.

3.2.5 During October, all organisations (individually and collectively) were in the process of recovery planning for the second half of 2024/25, to de-risk existing plans and identify additional mitigations to close the current unmitigated risk.

3.3 System Transformation Programmes

3.3.1 Our system plan for 2024/25 is intended to address the challenges impacting our financial position which required a system response. Together we identified six key programmes for corrective action to reduce our system deficit in 2024/25 and

enable delivery of each organisation's operating plan. Our system transformation programmes are:

Programme	Lead Chief Executive	Lead ICB Executive
Discharge	Penny Emerit	Caroline Morison
Local Care	Alex Whitfield	Lara Alloway
Urgent and Emergency Care	David Eltringham	Nicky Lucey
Mental Health	Ron Shields	Nicky Lucey
Planned Care	David French	Lara Alloway
Workforce (including Corporate Right-Sizing)	David French	Danny Hariram

3.3.2 Each transformation programme reports on progress and key metrics into the monthly System Transformation and Recovery Board, which is attended by all Provider Chief Executives. Reporting is supported by a system Programme Management Office.

3.4 Elective Recovery Fund

3.4.1 The Elective Recovery Fund (ERF) aims to increase elective activity in the NHS by providing additional funding to Integrated Care Boards (ICBs). The funding is uncapped meaning that additional funding can be given to ICBs and NHS Providers that exceed their individual targets.

3.4.2 Each organisation has a specific target level of activity growth (compared to 2019/20) above which additional income is earned. For Hampshire and Isle of Wight as a whole, our target level is 108.7% of 2019/20 activity, but our operating plans for 2024/25 were based on achieving 120.5%. At Month 7, initial data shows achievement of 120.2%.

4. Quality

4.1 Regulatory

Care Quality Commission: there continues to be a delay in the publication of Care Quality Commission (CQC) inspection reports and ratings due to technical challenges within the inspectorate's information technology system. This issue has been escalated by several Integrated Care Boards to NHS England.

Quality Assurance and Improvement Levels: one provider remains under the Intensive level of quality assurance and improvement, all other providers, remain in the routine quality assurance and improvement level.

4.2 Patient Experience

Friends and Family Test Performance (August 2024): in general, for our key NHS providers, performance in relation to positive feedback is equal to or greater than the national rate, with the exceptions being:

- one Trust was showing a declining trend in their positive feedback for accident and emergency
- one Trust's inpatient positive response performance was above 90% but below the national average (95%)
- one Trust was below the national positive Friends and Family Test performance for both maternity postnatal ward and community. However, improvements have been seen in both metrics
- one Trust was reporting lower than the national performance for mental health positive feedback – with 83% positive feedback in comparison to the national rate of 87%.

Mixed-Sex Accommodation Breaches (August 2024): the threshold for mixed sex accommodation breaches is >0. All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. In August 2024, three of our Trusts reported mixed sex accommodation breaches.

- One Trust reported three breaches. All occurred in the Intensive Care Unit when the patients became suitable to be cared for on a ward but could not move to a ward due to the lack of an appropriate bed being available. These were considered as appropriate due to the lack of a suitable bed
- One Trust reported 127 breaches, the reasons for these breaches are being explored with the Trust along with assurances in relation to maintaining patient privacy and dignity
- One Trust reported two breaches, although it is thought that this data may be incorrect - the Trust are reviewing the data and will confirm its accuracy.

The work being undertaken in relation to improving hospital and system flow should have a positive impact on some of the mixed-sex accommodation breaches.

4.3 Safety

Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections: 2023/24 saw an increase in Methicillin-resistant Staphylococcus aureus (MRSA) Blood Stream Infection, in particular healthcare associated cases. There is an improving trend in cases with a reduction from 29 cases in the rolling 12 months June 2023 to July 2024 to 26* cases in the 12 months between November 2023 to October 2024.

The overall trend continues to be encouraging; however, concern remains that some Trusts are not impacting their numbers as much as others. NHS Hampshire and Isle of Wight Infection Prevention and Control team continue to link with the Trusts for oversight and to support improvements through the sharing of learning from themes.

*A June case has been successfully appealed but has not yet been reallocated.

Clostridium difficile infection rate: the monthly trajectory for Clostridium difficile is 44 – the October 2024 data currently shows that we have not exceeded this yet, however, it is likely that the laboratories may report more October 2024 cases. NHS Hampshire and Isle of Wight has used 67% of its annual trajectory in six months against a target of 59%.

Overall, Hampshire and the Isle of Wight is following the same trend as other areas in the South East Region – learning seems to imply increased complexity, frailty and acuity of patients post pandemic and decreased conditioning of the population.

Escherichia coli (E. coli) bloodstream infections (BSI): the trajectory for Escherichia coli (E. coli) bloodstream infections has been exceeded. NHS Hampshire and Isle of Wight has now used 66% of its annual trajectory in month seven against a target of 58%. However there are likely to be more cases added to the October cases before the reporting system closes in November 2024.

NHS Hampshire and Isle of Wight Infection Prevention and Control Team are meeting with the Hydration project lead for South East England (NHS Sussex Integrated Care Board) who would like to expand the project to the Hampshire and Isle of Wight area.

It is of concern that the trajectory for Escherichia coli (E. coli) bloodstream infections is not being met. Support is being provided to those Trusts that have exceeded their 5% trajectory for the month and learning from the cases is shared across the System. NHS Hampshire and Isle of Wight is assured that very few cases are associated with initial treatment failures in primary care. The majority are spontaneous events.

Never Events: the national threshold for Never Events is zero. During 2024/25 to 14 November 2024, there have been 11 Never Events reported, all of which relate to surgical procedures. The system focus on embedding the National Safety Standards for Invasive Procedure 2 (NatSSIPs 2) continues.

Referral to Treatment harm reviews: during October 2024, no completed Referral to Treatment harm reviews were submitted to NHS Hampshire and Isle of Wight by providers.

Regulation 28 – Prevention of Death Reports: there were no Regulation 28 reports published during September 2024 which related to healthcare providers within Hampshire and the Isle of Wight.

4.4 Clinical Effectiveness

Standardised Hospital-level Mortality Indicator (SHMI) – June 2023 - May 2024: it is positive to note that all providers are reporting 'as expected' (band 2) or 'lower than expected' (band 3) mortality rates.

National Hip Fracture database – 30-day mortality (September 2024): it is positive to note that the latest data from the national hip fracture database continues to show that all Hampshire and Isle of Wight acute providers continue to be below the national mortality 30-day rate.

National Hip Fracture database – hours to operation (September 2024): early surgery for hip fractures has been shown to reduce mortality rates and surgical complications. The national target is for patients to have surgery within 36 hours, this is because delays beyond this are shown to have increased mortality. Within Hampshire and Isle of Wight two acute providers are not meeting this target, however, this currently is not having an impact on their 30-day mortality (see above).

4.5 Quality Impact Assessments

During October 2024, four Quality Impact Assessments were formally submitted to the Hampshire and Isle of Wight panel for review.

5. Recommendations

5.1 Each Board needs assurance that their organisation is going to deliver on their operating plan, and that appropriate mitigations and recovery plans are in place where required.

5.2 Each Board needs assurance from their executives on their organisation's contribution to each system transformation programme.

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UPWARD REPORT

Name of Committee reporting upwards:	Finance and Performance Committee
Date Committee met:	23 October 2024 & 21 November 2024
Chair of Committee:	Les Broude, Non-Executive Director/ Senior Independent Director (October) Nigel Chapmen, Non-Executive Director (November)
Reporting to:	Board of Directors Meeting 28th November 2024

1. **Points for Escalation**
   - Oct: Received a paper on HIOW ICB and provider self-assessment and the committee emphasised the importance of the document and encourage all to make the necessary contributions and noted the timelines for completion.

2. **Key issues / business matters to raise**
   - Oct: The committee was presented with the business cases below and approval was given to proceed to Trust Board:
     - Private Provider spend for H2
     - HSH IUC Sub-Contract Variations.
   - Nov: The committee was presented with the business cases below and approval was given to proceed to Trust Board :
     - Category 3/4 Ambulance Validation Service – East Berkshire Primary Care
     - Microsoft Office 365 agreement renewal
     - 2024/25 Ambulance Services Contract and associated Variation Orders CV01 and CV02.
   - Nov: The committee formally received the NHS HIoW ICB and Provider Self-assessment and gave approval to proceed to Trust Board, with some minor changes to language and emphasis. The committee also stressed the importance of the document and pointing out the need for the Trust to both deliver what it has agreed to and the importance of this in relation to governance. It noted that the feedback received by the system last year had been heard and if the system working is not appropriate, it risks further sanctions.
   - Nov: The committee in discussing the financial position debated the risk highlighted in the report to the capital program and in particular concerns to the timeliness of the delivery of the Trust Double Crewed Ambulance (DCA) delivery.

3. **Areas of Concern and / or Risks**
   - Oct: Financial Recovery plan was discussed and it was agreed to hold Extra Ordinary Committees to have an in-depth review of plans and mitigations.
   - Nov: The committee has held a number of Extra Ordinary meetings to review the financial recovery plan delivery. The committee noted satisfactory progress in most areas, but NEPTS remained an area of low assurance, with a lack of realistic

costed plans for savings. The committee has requested a further meeting before the next formal committee on December 18 to review progress specifically on the NEPTS plans.

- Nov: The committee discussed the financial position and endorsed the forecast of £10.1 million before deficit funding. It noted the risks of delivery and agreed to review monthly.

4. **Items for information / awareness**
   - Oct: Integrated Performance Report, Operational and Finance Update were given, including progress update of the new meal break initiative. A discussion on how challenging October had been compared to September, noting: Cat 2 was at 41:16 minutes and Cat 3 at just over 9.0 hours; Operational hours were delivering on budget; QA average handover time was at 1.34 hours, against the target of 31.0 minutes.
   - Oct: There was an update on the fleet following the request of the committee and the committee took assurance.
   - Oct: The committee received:
     - Digital Risks (Included: IT Business Continuity (Risk Mitigation); Business Intelligence (Risk Mitigation; and Cyber Security (Risk Mitigation).
   - Nov: The committee received the Estates Compliance Report and noted the risk highlighted in relation to the timeline, actions and decisions needed in relation to Lymington Resource Centre.
   - Nov: An update of the Annual Planning 2025/26 and Financial Baseline Case was received, and the Committee notes the Trust is required to submit a 1st draft "milestone" submission of its plans, to the HIOW ICB, on 29th November 2024. Being aware of the on-going work, the committee agreed to delegate authority to EMC and Finance Committee Chair to agree the approach and sign off the submisson.

5. **Best Practice / Excellence**

Good discussion and challenge around key issues and items for approval.

The committee commended the cover sheet of IPR for highlighting the issues, praising the Executive for openness in discussing the issues as well as the overall quality of the papers and recognised the improvement in IPR Reporting.

6. **Compliance with Terms of Reference**
   - The meetings were quorate for all the items that needed decisions/approvals.

Author: Les Broude & Nigel Chapman
Title: Non-Executive Directors
Date: 22 November 2024

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Upward Report of the – People and Culture Committee

Date Meeting met **14th November 2024**
Chair of Meeting **Ian Green**
Reporting to **Board – 28th November 2024**

Items	Issue	Action Owner	Action
Points for escalation			
PDR	The committee remained concerned about not achieving the PDR target despite the approval of a recovery plan.		The committee requested a full update on the recovery plan's implementation at the next meeting
Recruitment – time to hire	Following the request of the Board the committee received a full report outlining the length of time taken from interview to commencement. Whilst some explanation was given to the time taken the committee was still not assured that we were being as productive as we could be.		Further work being undertaken through a QI lense to understand what more can be done to improve performance
Attrition	The committee received a full and thorough deep dive into staff turnover. The quality of the work undertaken should provide the basis for more detailed planning moving into the Q4 and the new financial year. It was agreed that the Board should receive (attached to this upward report) some of the key findings of the deep dive		

IPR	Whilst the committee received a wealth of work force metrics and data these were not currently aligned to the IPR. This should be rectified by the next meeting		
Key issues and / or Business matters to raise			
Corporate Risk Register/BAF	Further assurance required regarding the timeliness of undertaking mitigation actions in the risk register and BAF – who is accountable?		
Areas of concern and / or Risks			
Items for information and / or awareness			
Best Practice and / or Excellence			
Learner Voice	The committee had a presentation form one of our learners, Michael Reavell who completed his apprenticeship training with SCAS. He was generally complimentary about the support he had received and the quality of training provided.		
Compliance with Terms of Reference			
Policies approved*			

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

Author: Ian Green

Title: Chair

Date: 22nd November 2024

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Workforce Development Board August 2024

- Staff Turnover Review - Q1 2024/25

3 Year Trend Analysis (Jul’21-Jun’24)

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Trust Attrition – Key Findings

- **Staff Turnover -** has improved for 6 consecutive quarters. At 16%, we are 2 percentage points higher than pre-covid rate of 14% and behind 10% target
- **Stability Index -** has improved from 80% in Feb'23 to 85% in Jun'24. The target for the Trust is 90%
- **Length of Service –** 15% of leavers have less than 3 months service, and 36% have less than 12 months. Selection process should be further reviewed to ensure quality and retention is prioritised over headcount quantity v's workforce targets.
- **Pay Band –** There is a significant negative difference between the profile of the Q1 workforce (29%) and the number of leavers (64%) by AFC Band 2 and 3. Health and work conditions are the top reasons for band 2-3 staff leaving the Trust
- **Age profile -** Leavers from the 21-35 age group is above the age profile of the workforce and leavers from the 46 – 60 age group is below the age profile of the workforce. This will improve our stability index, but may increase the risks of presenteeism, stagnation, and reduce career progression in some areas of the Trust
- **Gender Profile -** Female staff has increased from 49% to 57% since 2016. 'Working conditions', 'dependants', and 'health' reasons for leaving are significantly higher in female staff. The Trust will need to adapt its policies and mindset to match this change in demographic and address the underlying issue of flexible working
- **Ethnicity / Nationality Profile –** There are some disparities found in the reasons for leaving for BAME staff. These include 'Career growth'. As with the gender profile, BAME staff are more likely to leave due to 'Working conditions', 'dependants', and 'health'. There are no significant differences when analysing nationality
- **Other EDI -** There is no significant EDI difference for staff who have left the Trust on the grounds of disability, sexual orientation, marital status or religious belief
- **Destination on Leaving -** Destination on leaving is only being recorded for 46.8% of leavers. Unknown is not helping the Trust identify areas of competition and potential risks to retention. The Trust will need to improve this data by ensuring that the leaver process / exit interview asks and records this information
- **Reasons for Leaving –** Capability dismissal = 38% of all involuntary leavers. 45% of the 120 staff who left through capability had less than 12 months service.
- 77% of staff who left the Trust did so through their own voluntary reasons, of which 62% gave reasons that were classified as voluntary (avoidable)
- The top reasons for leaving are Work Life Balance (30%), Health (13.2%) and Better Reward Package (9.5%)
- **Key findings –** Selection process, health screening, career successions / upskilling, increase flexible working practices, changes to workforce profile.

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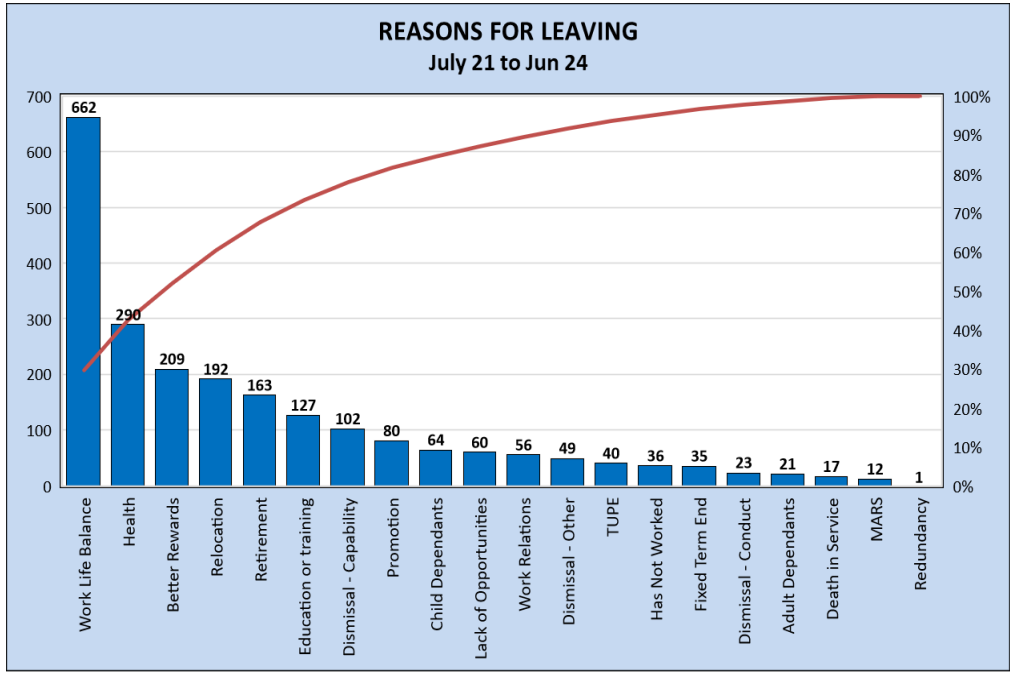
Trust Attrition – Reasons for leaving



Excludes 285 staff with leavers reasons = unknown

Narrative on following pages

Involuntary Leaver

LEAVER L1	LEAVER L2	Leaving Reason	JUL'21 - JUN'22	JUL'22 - JUN'23	JUL'23 - JUN'24	Total	% Total
Involuntary	Contract End	End of Fixed Term Contract	7	13	15	35	1.6%
	Death	Death in Service	7	6	4	17	0.8%
	Dismissal	Dismissal - Capability	42	31	29	102	4.6%
		Dismissal - Conduct	8	11	4	23	1.0%
		Dismissal - Other	10	19	20	49	2.2%
	Redundancy	Redundancy - Compulsory	1			1	0.0%
	TUPE	Employee Transfer			40	40	1.8%
Grand Total			75	80	112	267	

Voluntary Unavoidable (Life Events)

LEAVER L1	LEAVER L2	LEAVER L3	Leaving Reason	JUL'21 - JUN'22	JUL'22 - JUN'23	JUL'23 - JUN'24	Total	% Total
Voluntary	Life Events	Dependants	Vol Reg - Adult Dependants	11	8	2	21	1.0%
			Vol Reg - Child Dependants	15	28	21	64	2.9%
		Health	Vol Reg - Health	94	100	96	290	13.2%
		MARS Scheme	Mutually Agreed Resignation	0	0	12	12	0.5%
		Relocation	Vol Reg - Relocation	69	59	64	192	8.7%
		Retirement	Retirement	49	51	63	163	2.7%
Grand Total				238	246	258	742	

Voluntary (Avoidable)

LEAVER L1	LEAVER L2	LEAVER L3	Leaving Reason	JUL'21 - JUN'22	JUL'22 - JUN'23	JUL'23 - JUN'24	Total	% Total
Voluntary	Avoidable	Career Growth	Vol Reg - Lack of Opportunities	22	16	22	60	2.7%
			Vol Reg - Promotion	20	31	29	80	3.6%
			Vol Reg - Education or training	29	42	56	127	5.8%
		Pay and Reward Related	Vol Reg - Better Reward Package	58	75	76	209	9.5%
		Working Conditions	Vol Reg - Incompatible Relations	9	18	29	56	2.5%
			Vol Reg - Work Life Balance	166	236	260	662	30.0%
Grand Total				304	418	472	1194	

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Trust Attrition – Reasons for leaving

- 77% of staff who left the Trust did so through their own voluntary reasons.
- 62% of the voluntary leavers gave reasons that were avoidable, with 38% that may have been avoidable (life changes)
- Of the avoidable reasons for leaving, 66% were down to work life balance (i.e. hours, shifts, locations, unsocial, inflexibility)

Involuntary Leavers

(12% of Total)

LEAVER L1	LEAVER L2	Leaving Reason	JUL'21 - JUN'22	JUL'22 - JUN'23	JUL'23 - JUN'24	Total	% Total
Involuntary	Contract End	End of Fixed Term Contract	7	13	15	35	1.6%
	Death	Death in Service	7	6	4	17	0.8%
	Dismissal	Dismissal - Capability	42	31	29	102	4.6%
		Dismissal - Conduct	8	11	4	23	1.0%
		Dismissal - Other	10	19	20	49	2.2%
	Redundancy	Redundancy - Compulsory	1			1	0.0%
	TUPE	Employee Transfer			40	40	1.8%
Grand Total			75	80	112	267	

INVOLUNTRAY LEAVERS

- Dismissal through capability makes up 38% of all involuntary leavers and 4.6% of the total leavers.
- 45% of the 120 staff who left through capability had less than 12 months service.
- 63% of the 49 staff who left for ‘dismissal, other substantial reasons’ had less than 12 months service
- **This points towards selection process review**

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Trust Attrition – Reasons for leaving

Voluntary (Life Events)

(29% of total)

LEAVER L1	LEAVER L2	LEAVER L3	Leaving Reason	JUL'21 - JUN'22	JUL'22 - JUN'23	JUL'23 - JUN'24	Total	% Total
Voluntary	Life Events	Dependants	Vol Reg - Adult Dependants	11	8	2	21	1.0%
			Vol Reg - Child Dependants	15	28	21	64	2.9%
		Health	Vol Reg - Health	94	100	96	290	13.2%
		MARS Scheme	Mutually Agreed Resignation	0	0	12	12	0.5%
		Relocation	Vol Reg - Relocation	69	59	64	192	8.7%
		Retirement	Retirement	49	51	63	163	2.7%
Grand Total				238	246	258	742	

- Voluntary (Life Events) reasons for leaving include changes to the individual personal circumstances of staff. These can include health, managing of dependants, and the decision to retire.
- Voluntary (Life Events) reasons for leaving account for 29% of all staff who leave the Trust. An average of 247 people per year.
- Whilst difficult to reduce / control, the Trust can consider policies to improve flexible working, contractual hours, and remote working
- Relocation is the 2nd highest Voluntary (Life Events) reasons for leaving, with 56% of these leavers previously working in 999 Front-Line. As below, health reasons for leaving is a significant issue with the Trust.

HEALTH

- Health accounts for 39% of all 'voluntary life event' reasons for leaving, and accounts for 13.2% of all reasons for leaving
- Health is in the top 4 reasons for leaving in all 4 main service lines (999, EOC, 111, and PTS)
- Health reasons for leaving is more likely in females, accounting for 71% of all 'health' leavers
- Health reasons for leaving is more likely in CCC, accounting for 64% of all 'health' leavers
- Health reasons for leaving is more likely in staff with less than 12 months service, accounting for 56% of all 'health' leavers

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Trust Attrition – Reasons for leaving

Voluntary (Avoidable)

(47%) of Total

LEAVER L1	LEAVER L2	LEAVER L3	Leaving Reason	JUL'21 - JUN'22	JUL'22 - JUN'23	JUL'23 - JUN'24	Total	% Total
Voluntary	Avoidable	Career Growth	Vol Reg - Lack of Opportunities	22	16	22	60	2.7%
			Vol Reg - Promotion	20	31	29	80	3.6%
			Vol Reg - Education or training	29	42	56	127	5.8%
		Pay and Reward Related	Vol Reg - Better Reward Package	58	75	76	209	9.5%
		Working Conditions	Vol Reg - Incompatible Relations	9	18	29	56	2.5%
			Vol Reg - Work Life Balance	166	236	260	662	30.0%
Grand Total				**304**	**418**	**472**	**1194**	

OVERVIEW

- Voluntary (avoidable) reasons for leaving account for 47% of all the leavers in the past three years. It includes staff whose primary reasons for leaving are lack of career growth, pay and rewards, or working conditions.
- Whilst these reasons may not be easy to resolve, the Trust has some influence. Therefore, understanding and reducing the volume of Voluntary (avoidable) reasons for leaving is seen as business critical to improve staff turnover rates.
- The top 3 voluntary (avoidable) reasons for leaving are work life balance, better rewards and returning to education

EDUCATION OR TRAINING (EoT)

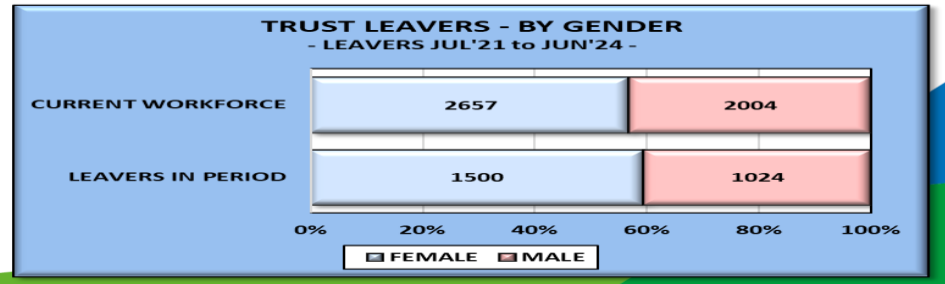
- Accounts for 11% of all voluntary (available) leavers and 5% of all leavers
- The most impacted area is CCC band 3, accounting for 40% of 'EoT' leavers
- Can we use our Education / personal development to reduce EoT leavers?

BETTER REWARD PACKAGE (BRP)

- Accounts for 17% of all voluntary (available) leavers and 8% of all leavers
- The most impacted area is CCC band 3, accounting for 31% of 'BRP' leavers

WORK LIFE BALANCE (WLB)

- Accounts for 55% of all voluntary (available) leavers and 26% of all leavers. The most impacted area is CCC band 3, accounting for 44% of 'WLB' leavers
- WLB is a combination of factors, including shift patterns, roster lines, unsocial hours, base location, facilities and the available of flexible working policies
- Improving work life balance reduces stress, improves productivity, boosts retention, lowers staff turnover and **increases diversity**
- The Harvard business review analysis evidences that the **BAME** community and **FEMALE** staff are the most impacted in organisations with poor flexible working practices.
- There has been a significant shift in our workforce since April 2016. The number of **FEMALE** staff has increased from 49% to 57%. At the same time, 65% of all WLB leavers are female.



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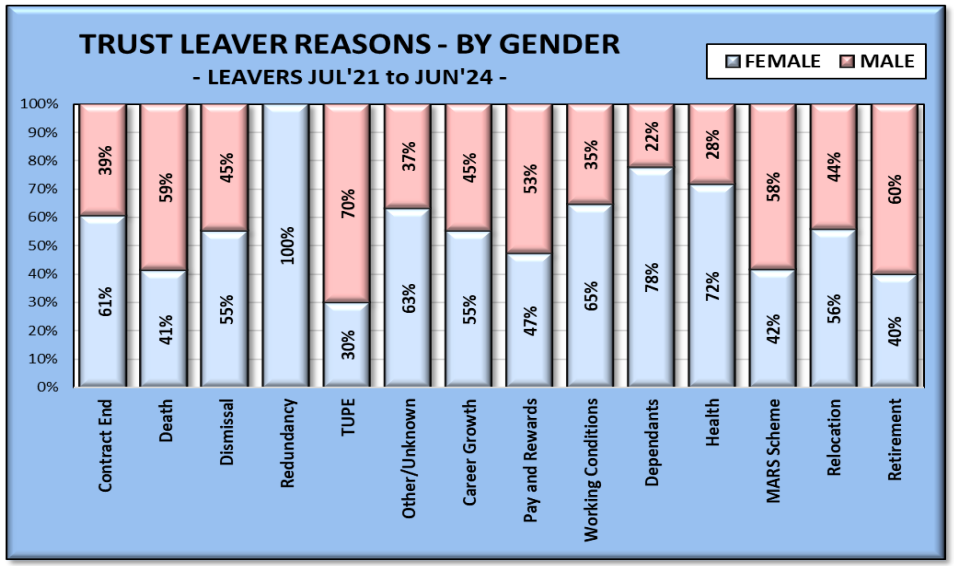
Trust Attrition – Reasons for leaving

GENDER: REASONS FOR LEAVING (FOCUSED ANALYSIS)



LEAVER CATEGORY L1	LEAVER CATEGORY L2	LEAVER CATEGORY L3	Female		Male		Total
			Leavers	% Total	Leavers	% Total	
Involuntary	Contract End	Contract End	43	60.6%	28	39.4%	71
	Death	Death	7	41.2%	10	58.8%	17
	Dismissal	Dismissal	96	55.2%	78	44.8%	174
	Redundancy	Redundancy	1	100.0%	0	0.0%	1
	TUPE	TUPE	12	30.0%	28	70.0%	40
Unknown	Other/Unknown	Other/Unknown	180	63.2%	105	36.8%	285
Voluntary	Avoidable	Career Growth	147	55.1%	120	44.9%	267
		Pay and Rewards	99	47.4%	110	52.6%	209
		Working Conditions	464	64.6%	254	35.4%	718
	Life Events	Dependants	66	77.6%	19	22.4%	85
		Health	208	71.7%	82	28.3%	290
		MARS Scheme	5	41.7%	7	58.3%	12
		Relocation	107	55.7%	85	44.3%	192
		Retirement	65	39.9%	98	60.1%	163
Grand Total			1500	59.4%	1024	40.6%	2524

- Our workforce is changing and will continue to change, with greater numbers of female staff joining the Trust.
- Gender is an important factor is our future workforce. Identifying trends in leaver reasons between females and males will help us shape our policies and improve retention moving forwards
- There are four significant negative differences between the genders when analysing reasons for leaving. These are ‘working conditions’, ‘dependants’, ‘health’, and ‘retirement’.

RETIREMENT

- Males account for 60% of retirees, which reflects the previously increased percentage of male staff

WORKING CONDITIONS

- Factors such as shift patterns, locations, roster lines, and unsocial hours accounted for 718 leavers. Of which, **65% were female**

DEPENDANTS

- Females are more likely to be the care providers for both children and adults. The past 3 years has seen 85 staff leave to care for dependants, of which **78% were female**.

HEALTH

- The nature of our work means that our staff are at risk of physical and mental health concerns. In the past 3 years we have lost 290 staff through health reasons, of which **72% we female**.
- The imbalance of leaver reasons by gender is a concern. It acts as a barrier of entry into the Trust and reduces staff retention rates.
- Organisations who recognise the changing shape of the labour market and adapt their policies and thinking to match this change, will be able to recruit, retain and develop the workforce of the future.

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Report Cover Sheet

Report Title:	Communications, Marketing and Engagement Update
Name of Meeting	Board of Directors Meeting in Public
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	20
Executive Summary:	**Media activity – proactive and reactive** Building and maintaining confidence in our services, to support and care for our patients remains a top priority and much activity is being delivered through both traditional and social media routes. **Patient Transport Services – Communications and Engagement activities supporting transition of services**. With the transfer of some of our staff to private provider organisations, staff engagement has been vital. This has required dedicated communications support to write and share information and help support the Human Resources team in listening to staff concerns and queries and provide answers where and when possible. **Communications for Winter preparedness** With the increased challenges likely in the upcoming winter period, the Communications team have been preparing resources, messaging and spokespeople to represent the service and facilitate information sharing and awareness of our services and how to use them.
Recommendations:	The Board of Directors is asked to: Note the contents of this report.
Accountable Director:	Gillian Hodgetts
Author:	Gillian Hodgetts, Director of Communications, Marketing and Engagement
Previously considered at:	

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

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Meeting Report

Name of Meeting	Board of Directors Meeting in Public
Title	Communications, Marketing and Engagement Update
Author	Gillian Hodgetts
Accountable Director	Gillian Hodgetts
Date	28 November 2024

1. Purpose

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

2. Background and Links to Previous Papers

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

3. Executive Summary

Media activity - proactive and reactive - November 2024

Maintaining the confidence of both our patients, the public and our partners, remains a key objective within our Communications and Engagement Strategy. As the start of the challenging winter season approaches rapidly, working closely with our local media as well as national media is not only desirable but essential.

As always, we produce a mixture of proactive and reactive stories as can be seen from the following examples:

Board appointments
The appointment of Becky Southall as chief governance officer was announced with a press release which we issued. Becky starts with SCAS on the 16th December.

https://www.scas.nhs.uk/chief-governance-officer-appointment/

World Restart a Heart Day
For the first time since the COVID pandemic, SCAS staff and volunteers were back in schools on World Restart a Heart Day (16 October). A press release was issued

with a week to go to the event, which secured widespread local and regional press and broadcast media coverage.

https://www.scas.nhs.uk/over-10000-new-lifesavers-to-be-trained-on-world-restart-a-heart-day/

There was also significant PR support for two major, World Restart a Heart Day, fundraising events that were taking place in support of the SCAS Charity. On 16 October, Tania and Richard Teale from Reading began a 96-mile walk from Bristol to Reading along the Kennet & Avon Canal and a 24-hour CPR-A-THON was held in Reading from 17-18 October. Coverage on ITV Meridian, BBC News Online and BBC Radio Berkshire was secured for both events and over £25,000 was raised for the charity. All in all a tremendous success.

https://www.scas.nhs.uk/restart-a-heart-day-2024-a-training-and-fundraising-success/

Patient story – cardiac arrest survivor reunites with the SCAS team
Wendy Mayne from Wokingham visited Reading Resource Centre to meet the SCAS and Southern Medical Rescue (SMR) ambulance crews that helped save her life when she suffered a cardiac arrest. Her story was covered by local press and she spoke about her experience on the BBC Radio Berkshire Drive Time show.

https://www.scas.nhs.uk/wendy-and-dave-visit-reading-ambulance-station-to-say-thank-you-to-their-lifesaving-team/

Annual Members Meeting (AMM)
Widespread coverage was secured in press titles across the South-Central region of the AMM, with stories focused on the significant impact that lost handover delay hours had on the trust's ability to meet its national response time targets.

Winter preparedness
The Oxfordshire system-wide winter NHS plan was launched through local media, more information in section 5. This is only the start of preparations and a number of graphics and public messages are being prepared for use on social media and in press releases to cover the next few weeks and months. Whilst some of these are SCAS specific, a number of them are as a result of joint working with other agencies. This supports our objective to enhance our partnership engagement through close collaboration and joined up messaging.

Hit and run police appeal
Significant local, region and national press, broadcast and online media coverage was secured in support of an appeal from Hampshire Police to trace the driver of a car involved in a collision with a SCAS ambulance who then failed to stop at the scene.

https://www.scas.nhs.uk/dash-cam-released-following-ambulance-collision/

The impact of our media impact is measured through a media monitoring platform, allowing us to assess how far our stories have reach, not only through traditional media channels but increasingly through social media and other networks.

4. Patient Transport Services (PTS) – Communications and Engagement activities supporting the transition of services

Staff engagement is always a priority for the communications team and particularly at a time of change within the organisation. As we prepare for the transfer of some of our PTS contracts at the end of March 2025, we are maintaining an ongoing two-way dialogue with staff affected by the transfer of PTS in the Buckinghamshire, Berkshire and Oxfordshire area to a new provider, EMED. The logistics contract moved to alternative suppliers DHL, on 30 September 2024.

PTS Transfer of Undertakings Protection of Employment (TUPE) Bulletins
We created a template for sending information out to all staff affected by TUPE transfers. These are produced and sent out as and when important information needs to be communicated to staff (with a maximum gap of three weeks between bulletins). They are also posted on the relevant page on the intranet Hub.

The first bulletin was sent to affected staff in September and, so far, four have be sent.

- 001 - dates for group consultation meetings and 1-1's for the Thames Valley and Sussex PTS contracts, and for the Contact Centres.
- 002 - additional 1-1 dates in Sussex and updated the address details for Sussex PTS group consultations.
- 003 - an update on the process for confirming the roles that are in scope for transfer to EMED under TUPE, and links to Frequently Asked Questions that have been added to the EMED website.
- 004 – a new date for group consultation sessions for Contact Centre staff, and an explanation of common TUPE terms and phrases.

PTS TUPE Intranet Hub Page

We have a well-developed and continually developing intranet, known as The Hub. The Hub page is regularly updated, and contains information relevant to affected staff:

- Details of group consultation and 1-1 meetings
- Frequently Asked Questions
- PTS TUPE Bulletins
- Links for emailing questions to the team
- Wellbeing support

Following the ending of the logistics contracts on 30 September all relevant information was removed from the public facing SCAS website.

CEO Letter to Logistics Staff

A letter from David Eltringham was drafted, printed and hand-delivered to all Logistics staff who left SCAS to join DHL on 30 September, thanking them for their service and wishing them well for the future. The same will be given to PTS staff nearer to contract end.

Recognition of Long Service

In line with our developing reward and recognition plans, the team have been working with the Human Resources team to identify who from the transferring services may be in reach of their 20 years NHS long service. As we do for all staff reaching this significant milestone, the identified individuals will be invited in due course to a recognition event with a family member and will receive their medal and certificate before they leave SCAS.

5. Communications for Winter preparedness and the Flu campaign

Delivery of our operational performance remains a top priority in SCAS and having experienced pressures on delivery for the entire year, the need to think ahead not only week by week, but month to month is key.

The Communications team have developed a plan outlining the wide-ranging activities that the team will be engaging with over the upcoming winter period. Social media graphics and messages have been developed for many different scenarios and a mix of both local and national resources will be used. Much support has been given to publicising the flu campaign also.

The launch of the Oxfordshire system-wide winter NHS plan secured press, radio and online coverage with head of operations, Andy Battye, supporting the campaign launch with radio interviews. Executive director of operations, Mark Ainsworth, was also interviewed on BBC Radios Berkshire & Oxfordshire earlier in the month on the increased pressure on SCAS, which was due to the winter handover delays at hospitals arriving earlier than usual.

This year we are busy widening our SCAS pool of spokespeople, ensuring that we are reflective of our diverse communities and giving enthusiastic staff the training and support to step up and represent SCAS in different media situations.

As our area is so vast, we are interfacing with many different organisations. To ensure we are around the table and part of preparation discussions, various members of the team are attending online meetings with our partner NHS trusts and other agencies across our four county areas. This is ensuring consistency of messaging, helping others to understand the role that the ambulance service has been playing but also to demonstrate the potential the service has now as a care navigator and pivotal player in prehospital care sign posting and provision.

6. Responsibility

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

7. Recommendations

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

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Report Cover Sheet

Report Title:	Board Assurance Framework & Risk Report
Name of Meeting	Public Trust Board
Date of Meeting:	Thursday, 28 November 2024
Agenda Item:	22
Executive Summary:	**Board Assurance Framework** **BAF Risk 1: Safe and effective care (Rating 9)** Risk has reduced from 12 to 9 due to the improved grip on equipment management and the improved medical devices environment, with the start of the process to remove the secondary AED from ambulances. **BAF risk 2, Ability to meet fluctuating demand: Score 20 (Mark Ainsworth)** Risk remains elevated at 20 with ongoing work within the Operations Directorate to manage and reduce the risk. As previously reported the Queen Alexandra Hospital is opening a new Emergency Department opening in November. Additionally, the Trust is implementing the W45 process which means that the crew will leave the patient in the hospitals care after 45 minutes. This is expected to be live in hospitals in December. Single Point of Access routes are being developed with the Integrated Care Boards which will support patients through Hear & Treat as well as conveying them to non-ED options. **BAF risk 5, Financial Control: Score 16 (Stuart Rees)** The risk remains above target at 16 (Major x Likely). The Medium-Term Financial Plan has had the financial model baselined, and the rest of the plan is being finalised in line with the annual planning cycle (due March 2025). The Trust's Cost Improvement Plan being linked to the system transformation programme and reporting through the Board has been added as a control. The Trusts overall financial management and position continues to be monitored and controls closely by the Interim Director of Finance and the Financial Recovery Group. **BAF Risk 6: Sufficient skills and resources** Risk remains stable and rated 16 (Major x Likely), above the target of 12. Following a review of the actions the career development pathways action has been removed as it is already in place. The evaluation of the

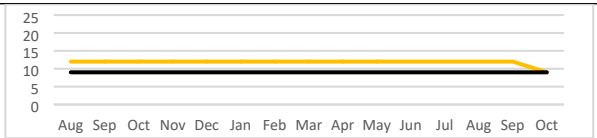
	talent management programme is due at the end of Q3. The workforce plan has moved from Q2 to Q3 with the paper going to EMC in November and planned for the Board in January. TUPE of private provider staff has been added as an action with the first of three contracts due in February. **BAF Risk 7: Safe, valued and supported staff** Risk remains stable and rated at 12 (Major x Possible) against a target of 8. The three previous actions have been removed with new actions added. There is a long-term action relating to the culture reset (SCAS way programme) due in Q4 25/26. Actions to improve the Trust's sexual safety are due to launch in Q3 (training) and alignment to the NHSE framework in Q4. **BAF risk 8, Digital Capacity: Score 15 (Craig Ellis)** This risk remains high at 15 (Catastrophic x Possible). Work continues on the identification of business continuity owners, the critical IT systems and testing programme. **BAF risk 10, Cyber: Score 20 (Craig Ellis)** The risk remains high at 20 (Catastrophic x Likely) however there is a plan in place to improve the Trust's cyber position. The action to implement Multi-Factor Authentication continues to progress with a dedicated project working through the identified systems and implementing where possible, with exception reports being reviewed and approved by the Head of Information Security and SIRO. There is a dedicated team to manage the Trust's initial DSPT submission which is now aligned to the Cyber Assurance Framework. **BAF risk 11, Modernisation / Fit for the Future: Score 12 (Paul Kempster)** The risk remains at stable at 12. Additional action added relating to the embedding of executive leadership for the programme. **BAF risk 14, Partnership Working: Score 12 (David Eltringham)** Risk has increased from 8 to 12 as the Trust moves through the partnership piece with SECAmb. Additional actions added related to this work including communication with stakeholders and the joint board and executive meetings.
Recommendations:	The Board is asked to: Gain assurance from the Board Assurance Framework
Accountable Director:	Jamie O'Callaghan, Interim Chief Governance Officer
Author:	Steve Dando, Head of Risk Management

Previously considered at:	None
Purpose of Report:	Assure
Paper Status:	Internal
Assurance Level:	**Assurance Level Rating Options -** • **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:** 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:	The Board Assurance Framework will be presented to the Board.
List of Appendices	(Please list any supporting information accompanying this Summary Sheet and Meeting Report)

NHS South Central Ambulance Service NHS Foundation Trust

Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.		Risk score **9**
Strategic Risk No. 1: Safe and effective care	Update: October 2024	
If we have insufficiently equipped and trained workforce	***Then*** we will fail to provide safe and effective care	***Leading to*** poor patient outcomes.

	Impact	Likelihood	Score
Inherent	5	4	20
Residual	**4 3**	**3**	**~~12~~ 9**
Target	3	3	9



Accountable Owner	Assurance Committee
Helen Young, Chief Nurse, John Black, Chief Medical Officer	Quality & Safety Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
• Workforce recruitment programme • Equipment audits and concern reporting process in place • Adverse Incident Reporting Process • Clinical Standard Operating Procedures • Private Provider strategy and governance framework • Clinical training • Safeguarding Improvement Plan • National clinical practice guidelines (JRCALC) • National ambulance standards • PTS contracted standards • Make ready contract and effective contracting • Fleet and make-ready strategy • Fleet and make-ready KPIs • Operational escalation procedures (e.g., OPEL, REAP) • Internal training for staff • Equipment training logs • Chief Medical Officer link to local and national forums • Patient Safety Improvement Workstream • Patient Safety Incident Response Framework Policy and Processes	• Variability in pathways • Developing clear strategy for learning from incidents and data	Development of CPs in remaining acutes and systems	Mark Ainsworth / Ongoing – Now part of BAU
		Rota review	Mark Ainsworth / Implementation – Q1 to ~~Q2~~ 2024-2025 North nodes live by end of Q4

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances Reports to: • Quality & Safety Committee • Patient Safety & Experience Group • Clinical Review Group • Medicines Optimisation and Governance Group • Workforce Development Board • Integrated Workforce Planning groups • Finance & Performance Committee • People & Culture Committee • Medical Devices Review Group	**Third line (external) assurances** • Internal Audits • CQC Inspections • Clinical Governance Audits • Commissioner contract review meetings	• Real-time tracking of clinical equipment and medicines • Supplies from external procurement (e.g., vehicles)	Procure system for managing safe deployment and maintenance of medical equipment	Lem Freezer / Go Live – ~~July 2024~~ Feb 2025

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
363	Clinical Email Referrals	IF Clinical email referral databases are not routinely managed THEN patient referral emails and clinical records do not reach the correct destination RESULTING in the patient not receiving onward care, which will cause patient harm.	16
284	Patient Safety Risk	If SCAS do not have adequate governance processes in place to support in the identification, escalation, management, and safety improvement in prehospital maternity care then there is a risk that patient safety will be compromised, resulting in reputational risk to the Trust, and there is a Risk the Trust will not meet regulatory compliance.	16
336	Workforce Capacity	IF SCAS do not have sufficient numbers of appropriately skilled members of the team THEN there is a Risk that the Trust will be unable to meet statutory requirements under PSIRF RESULTING in not identifying learning or improvements to services potentially leading to patient harm.	16
335	Thames Valley MHRV service non-implementation Risk	IF there continues to be a lack of investment from ICBs in regard to the implementation of a Mental Health Response Vehicle in the Thames Valley THEN there is an ongoing risk of poor care being delivered to patients in mental health crisis in a pre-hospital care environment RESULTING in potential harm coming to patients and the subsequent negative impact on staff, resource availability and Trust reputation.	15

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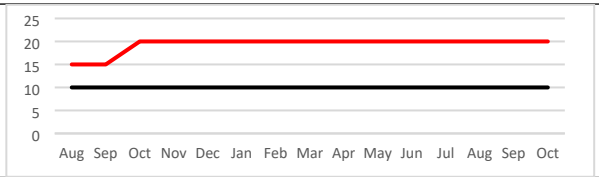
Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.		Risk score **20**
Strategic Risk No. 2: Ability to meet fluctuating demand	Update: October 2024	

If we do not have or use effective and agile operational delivery systems	***Then*** we will not be able to meet demand and provide a responsive service to patients	***Leading to*** delays in treatment and increased morbidity and mortality.

	Impact	Likelihood	Score
Inherent	5	5	25
Current	**5**	**4**	**20**
Target	5	2	10



Accountable Owner	Assurance Committee
Mark Ainsworth, Executive Director of Operations	Finance and Performance Committee Quality & Safety Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
• Demand forecasting and profiling using models which are adjusted based on experience • Daily Operational MI reports detailing performance against set metrics • Mutual aid process exists and works • Cat. 2 response segmentation • Effective local and regional escalation • National REAP process and actions • OPEL escalation plans • Enhanced Patient Safety Procedure • Clinical Pathways • Working with systems and Hampshire place-based delivery units • Performance Cell • Private Providers • Category 3 GP reviews in 111 • Performance Improvement Workstream • 45-minute immediate handover limit – embedding process at each acute Trust. • SOP for deployment of Jumbulance at QAH • QAH – Internal immediate handover process	• Insufficient clinical advisory support (e.g., 111, 999, IUC) • Quality Improvement Process and Culture • Clinical Pathways are not consistently available. • Hospital handover escalation procedures • Fleet controls • Ambulance divert protocols held by ICB	Rota review	Mark Ainsworth / Implementation – Start Q1 2024-2025 with North nodes live by end of Q4
		Development of Clinical Pathways in remaining acutes and systems	Mark Ainsworth / Ongoing – Now part of BAU
		Improving Pathways & patient flow at Queen Alexandra Hospital	Mark Ainsworth / Complete
		Scoping for command cell situated within CCC	Rob Ellery / DRAFT - December 2023 - Complete Final – Complete Proposal to go to TOG – awaiting timeline
		Delivery of 53 replacement and new DCAs	Lemuel Freezer / Complete
		Review clinical capacity in CCC to deliver all clinical functions	Ruth Page / Nov 2024
		Single Point of Access process for all ICBS	Pilot in South-East – October 2024
		Delivery of 71 replacement and new DCAs	Lemuel Freezer / March 2025

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances Reports to: • Emergency & Urgent Care Boards • Quality & Safety Committee • Integrated performance report • Ops Board • Performance Improvement Delivery Group • Finance & Performance Committee	**Third line (external) assurances** • ICS system management across region • National performance standards • PTS contractual standards • TPAM • Performance Insight Improvement Group • NHSE Performance Reviews			

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
52	QAH Handover Delays Risk	if QAH continue to have increased handover delays over and above agreed parameters then there is a risk to staff not being released resulting in negative impacts to service delivery, end of shift, meal breaks and patient care	25
119	Ambulance turnaround delay at A&E Risk	IF there is a delay in ambulance turnaround at A&E THEN there will be queue of ambulances RESULTING in risk to patient safety	25
210	Supply Chain Risk	IF there is disruption or delays to the supply chain THEN there is a risk that SCFS will not be able to effect repairs or replacements in a timely manner RESULTING in delays to servicing and poor vehicle availability for the customer.	16

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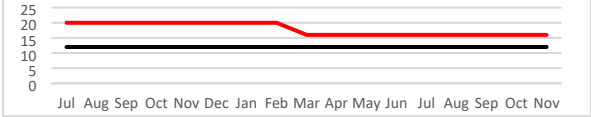
Objective 3: Finance & Sustainability: We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partners.		Risk score **16**
Strategic Risk No. 5: Financial control	Update: November 2024	

If demand, operational standards and external factors (such as inflation, interest rates, taxation and cost of living) continue to increase	***Then*** the total costs to deliver our services will increase and result in a deficit greater than the control total agreed	***Leading to*** additional pressures on our ability to deliver a sustainable financial plan and safe services.

	Impact	Likelihood	Score
Inherent	4	5	20
Current	**4**	**4**	**16**
Target	4	3	12



Accountable Owner	Assurance Committee
Stuart Rees, Interim Director of Finance	Finance and Performance Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
• Planning and approval process for the Trust's budget • Budget setting and monitoring processes • Financial plan • Capital programme • Financial governance framework in place • Standing Financial Instructions Reviewed and Updated • Scheme of Reservation & Delegation Written • Financial Recovery Plan approved • Monitoring run rate & cash report now part of F&PC • Financial Recovery Group spend reviews and monitoring (including corporate workforce and Weekly proxy data used for run rate) • Scrutiny from Finance and Performance Committee. • Proactive engagement with regulators and System colleagues. • "Commercial initiatives to increase income and reduce Trust costs." • Cost improvement plan linked to system transformation programme reporting to board	• Lack of a medium-term plan including Medium Term Financial Plan (MTFP) • Negative impact on ICS's financial position. • Performance Management and Accountability Framework (PMAF) • Business Planning process and objectives not sufficiently aligned with organisation requirements including liquidity / cash support requirements. Cash/liquidity are reported are included as part of normal reporting cycles. • Financial Data in Integrated Performance Report (IPR) needs to capture core metric and financial performance challenges. • The loss/reduction of NEPTS Services and the wider implications require to be worked through. • Slippage in Financial Recovery Programme	Medium Term Financial Plan (MTFP) to developed alongside Trust Medium Term Plan	Stuart Rees / To be included in the medium-term financial plan (5 year) – ~~October 2024~~ Baseline financial model – completed. Rest of plan to be finalised in line with the annual planning cycle (March 2025)
		Process for cost improvement plan linked to system transformation programme to be defined and operationalised	Stuart Rees / ~~In line with ICS timeline~~ Plans now in place, reporting to individual organisations starting in September Complete
		Non-recurrent measures will be utilised to offset slippage experienced against recurrent schemes	Stuart Rees / On-going
		Performance Management and Accountability Framework (PMAF) Developed, now to be for agreement at various committees and recommendations to the Board of Directors	Stuart Rees / EMC / FPC / Audit – Complete Board - Complete
		Core and Performance ~~Financial~~ Data to be incorporated into the Integrated Performance Report (IPR)	Stuart Rees / ~~Oct Nov 2024~~ – Jan 2025
		NEPTS loss/reduction to be modelled	Stuart Rees / Complete

		Recovery plan for NEPTS in year and future operation model being developed	Phil Browne / Jan 2025
		Trust currently working with ICB for support with recovery programme along with actions from FRG to mitigate slippage	Stuart Rees / Complete

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Finance and Performance Committee • Audit Committee • Executive Management Team meeting • Finance reports / Financial position monitored at each meeting of Finance & Performance Committee, including CIP delivery. • Integrated Performance Report • Financial Recovery Group	**Third line (external) assurances** • External audit • Internal audit • Counter fraud • Commissioners • System Recovery Group (ICB level group) • Recovery Support Programme meetings (System) • Monthly financial provider return to NHS England			

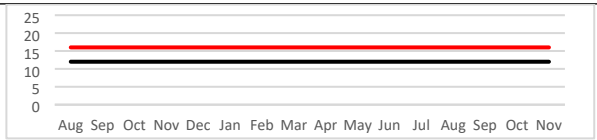
Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
086	PTS Contracts Contact Centre Risk	IF these contracts are not awarded to SCAS, or extended or SCAS are not able to submit a tender as the incumbent provider THEN there is a risk of not being able to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

NHS South Central Ambulance Service NHS Foundation Trust

Objective 4: People & Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.		Risk score **16**
Strategic Risk No.6: Sufficient skills and resources	Update: November 2024	

If we fail to implement resilient and sustainable workforce plans	***Then*** we will have insufficient skills and resources to deliver our services	***Leading to*** ineffective and unsafe patient care and exhausted workforce.

	Impact	Likelihood	Score
Inherent	5	4	20
Current	**4**	**4**	**16**
Target	4	3	12



Accountable Owner	Assurance Committee
Melanie Saunders, Chief People Officer	People and Culture Committee

Controls	Gaps in Controls	Actions	Due Date
• Integrated Workforce Plans for the Trust, including the delivery of a 5-year workforce plan • Recruitment & attraction plan and retention plan health and wellbeing plan and flexible working • Apprenticeship programmes • International recruitment programmes • Return to practice programme • Use of private providers to help deliver services, private provider workforce strategy • Quality Impact Assessments • Culture and Staff Wellbeing Workstream • Delivery of education and training programmes • People & Culture Committee • People & Culture Development Group • Integrated Workforce Planning Groups	• Integrated Talent management programme	NHS England People Promise Exemplar Programme. 12-month programme	Natasha Dymond / Q4 2024/25
		5-year Workforce Plan	Natasha Dymond / Stuart Rees / ~~Q2~~ 3 2024/25 EMC – November 2024 Board – Provisionally January
		Evaluate initial talent management and succession progamme pilot.	Natasha Dymond / Q3 2024/25
		Corporate Restructures	David Eltringham / April 25
		TUPE of private provider front line staff when contracts are not renewed.	Natasha Dymond / First contract - Feb 2025 2 additional contracts without confirmed dates at present.

Assurances		Gaps in Assurances	Actions	Due Date
First and second line (internal) assurances • Integrated Performance Report • Workforce reporting (e.g., sickness absence, staff survey, turnover)	**Third line (external) assurances** • Commissioner reporting (to ICBs) • Internal audit (BDO) • OFSTED • NHSE/HEE quality assurance visits	• Staff wellbeing metrics via IPR	Embed IPR into Trust Board and Sub-Committees	Stuart Rees / Ongoing

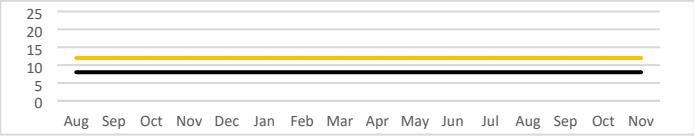
Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
142	Pharmacy Operational Staffing and Resilience Risk	IF the Pharmacy workforce is not expanded to meet the demand of the Trust; THEN there is a risk that medicines will not be supplied for clinical use; RESULTING in harm to patients.	20
321	Student Paramedic Placement Capacity Risk	IF there is a continued reduction of CTEs & suitable Clinicians to support students THEN the placement capacity will be insufficient to meet the obligations of the trust as a placement provider for Student Paramedics RESULTING in effecting future workforce numbers, contractual agreements with the Universities, compliance with the National Education contract and the wider NHS workforce plan and impacting the increase of our Clinical workforce.	20
11	Leadership Capacity Risk	IF there is insufficient leadership capacity (at SLT, directorate and divisional level), THEN there is a risk that staff and/or projects will not be sufficiently well supported; RESULTING in attrition and inability to meet service/ project needs	16
331	Lack of Pharmacist Capacity	IF there is not an adequate number of Pharmacists working for the Trust THEN there is a risk that services will be impacted RESULTING the potential cessation of frontline services / research requiring medicine.	15

NHS South Central Ambulance Service NHS Foundation Trust

Objective 4: People & Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.		Risk score **12**
Strategic Risk No. 7: Safe, valued, and supported staff	Update: November 2024	

If we fail to foster an inclusive and compassionate culture	***Then*** our staff may feel unsafe, undervalued, and unsupported	***Leading to*** poor staff morale, disengagement, low retention and impacts on patient safety and care.

	Impact	Likelihood	Score
Inherent	4	4	16
Current	**4**	**3**	**12**
Target	4	2	8



Accountable Owner	Assurance Committee
Melanie Saunders, Chief People Officer	People and Culture Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
• People strategy, EDI strategy and associated enabling plans • Freedom to Speak Up (FTSU) guardian and supporting programme in place • 'Supporting our people' website, including EAP and Occupational Health • SCAS leader and ESPM leadership training • Sexual safety charter • Allegations management process and associated Employment policies. • Staff forums and TLL relationships • Appraisal process • Communications strategy • Culture and Staff Wellbeing Workstream • JNCC • People & Culture Committee • People & Culture Development Group • Equality, Diversity and Steering Group	• Support for staff, including those with protected characteristics. • Understanding of culture	Culture Reset to the SCAS way programme	Executive Team / Q4 2025-26
		Sexual Safety Leaders Training	Sarah Turtle / Launch Q3 2024-25
		Executive oversight and engagement in ED&I, including staff networks.	Executive Team / Q1 2025-26
		People Portal (online employee resource hub)	Rachel Newell / Phase 1 – December 24
		NHSE Sexual Safety Assurance Framework alignment	Sarah Turtle / Q4 204-25

Assurance		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Staff networks • People Voice feedback • Student placement feedback • WDES / WRES publication	**Third line (external) assurances** • Workforce Race Equality Standard & Workforce Disability Equality Standard results • NHS National Staff Survey and Quarterly Pulse Survey • CQC inspections & reports • Internal audits (BDO) • Peer reviews	•		

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

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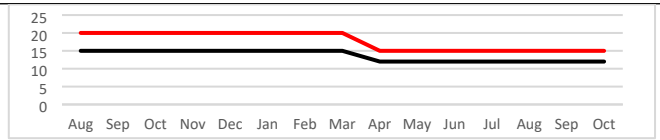
Objective 5: Technology transformation: We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.		Risk score **15**
Strategic Risk No. 8: Digital Capacity	Update: October 2024	

If we are unable to resource required digital opportunities	***Then*** we will have insufficient capacity and capability to deliver the digital strategy	***Leading to*** system failures, patient harm and increased cost.

	Impact	Likelihood	Score
Inherent	5	4	20
Current	**5**	**3**	**15**
Target	4	3	12



Accountable Owner	Assurance Committee
Craig Ellis, Chief Digital Officer	Finance & Performance Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
• Base Digital Strategy in place across SCAS • Regular Digital Programme Portfolio reporting, and project prioritisation through the Executive Transformation board • IT Project Management governance controls are in place • Financial reporting up to the Executive Management Team (Fixed assets/capital/revenue) • Compliancy with required NHS Cyber Security Standards (DSPT) • Digital Steering Group in place • Technical Design Authority • Control Advisory Board • Digital Annual planning cycle currently in place	• Limited IT Business Continuity capability and a lack of formal testing across SCAS. • No formal Information Technology Infrastructure Library (ITIL) processes in place, with weak internal controls currently in place. • Limited maturity in our BI platform and processes • Limited control around new project initiation or shadow-IT initiatives across SCAS • No resource management process in place across the Digital department • Digital organisational Structure currently inappropriate for Technology Transformation with a number of gaps, and limited definition of roles/responsibilities • Limited maturity in our IT contract management, and a number of contracts at-risk or low governance compliance • IT Risk-management at a low-maturity with regular review not currently in place	Identify the relevant business continuity owners related to IT services and establish a testing regime for the coming year.	Craig Ellis / In Progress / ~~Sep~~ 24 – Nov 24 (delayed but progressing)
		Deliver core ITIL processes into IT including Change Management, Incident Management and Problem Management,	Craig Ellis / In Progress / Dec 24
		To develop a BI strategy and delivery plan to bring about a long-term maturity in the function.	Craig Ellis / In Progress / March-25
		To ensure the Digital organisation is able to deliver the Technology Transformation needs in the long-term aligned to relevant budgets.	Craig Ellis / In-Progress / ~~Dec 24~~ March 25
		To bring resource management into the Digital Function to enable clearer financial and operational IT management.	Craig Ellis / Pending / Dec 24
		To mature Digital Risk-management in the organisation, with a focus on Residual and Target Score progress and tracking.	Craig Ellis / In Progress / March 25

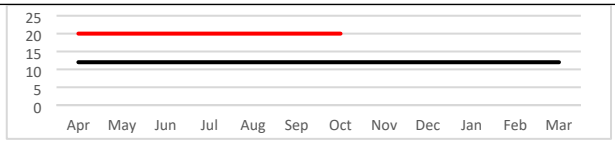
Assurances		Gaps in Assurances	Actions	Owner /Due Date
First and second line (internal) assurances • Reports to Finance and Performance Committee • Annual report on digital strategy to Trust board • Quality assurance process in PMO	**Third line (external) assurances** • Internal audit • External audit • DSP toolkit • Digital maturity assessments	• No KPIs in place • Regular reporting on digital strategy at board level • Fixed Asset Management Steering Group reporting • Limited assurance around digital projects	Undertake review of digital project assurance	Craig Ellis / In Progress / Dec 24

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
229	Asset Ownership Risk	IF Information Asset owners do not take responsibility for their asset, THEN there is a risk that the assets become a Information Governance risk RESULTING in potential breaches of security	20
281	DCB0160 Digital Clinical Safety Compliance	IF more resource is not available within the Digital Directorate and the scale of the work continues to increase. THEN compliance with DCB0160 cannot be achieved. RESULTING in lack of compliance with the Health and Social Care act, regulatory consequences, harm to patients (clinical risk not identified and mitigated), reputational damage.	20

Objective 5: Technology transformation: We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.		Risk score **20**
Strategic Risk No. 10: Cyber risk	Update: October 2024	

If technology, IT applications & services are insufficiently robust and secure	***Then*** there is a risk that the Trust will not be able to operate effectively	***Leading to*** reduced ability to provide a safe service

	Impact	Likelihood	Score
Inherent	5	5	25
Current	**5**	**4**	**20**
Target	4	3	12



Accountable Owner	Assurance Committee
Craig Ellis, Chief Digital Officer	Finance and Performance Committee

Controls	Gaps in Controls	Actions	Owner / Due Date
• Anti-virus software • Standardised Window Builds • Penetration Testing • Privileged Access Management • Patching • Information Security training. • Yearly DSPT Cyber Security Assurance Testing	• No Cyber Security Strategy or Programme Plan to date. • No external auditing/benchmarking of our overall Cyber Security maturity levels. • Limited/No investment in appropriate Cyber Security Platform. • Limited communications to employees on a regular basis. • Lack of understanding at a board/executive/senior-manager level on the function or associated high-level Cyber Security risks. • Limited investment assigned to maturity. • Cyber Security organisational Structure currently inappropriate for the associated risks with limited resource and overall maturity as a function. • Limited maturity in our Cyber Security contract management, and a number of contracts at-risk or low governance compliance. • CS Risk-management at a low-maturity with regular review not currently in place. • Limited assurance in our overall Information Security assurance training. • Limited Multi-Factor Authentication across the IT Estate	To establish a Cyber Security Strategy and Programme Plan	Craig Ellis / In Progress / Dec-24 (Request to extend to March due to maturity assessment ongoing)
		To undertake an external audit of our Cyber Security capability to date, and a remediation plan	Craig Ellis / Complete / July-24 – Oct-24
		To drive overall compliancy in our Information Security training, and to ensure clear & concise regular communications	Craig Ellis / In-Progress / Dec-24
		To deploy Multi-Factor Authentication onto all our applicable systems and application aligned on the NHS MFA assurance programme	Craig Ellis / In-Progress / ~~July~~ Dec-24

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Information Security & Governance Steering Group • Digital Steering Group • Finance & Performance Committee	**Third line (external) assurances** • Internal Audit of DSPT • DSPT Submission • External Audit of Cyber Security Function	• Limited board oversight • Limited board challenge • Limited scenario planning • Lack of external best practice	CDO to provide continuous training and briefings to both the execs and board around Cyber Security	Craig Ellis / In-Progress / 2024
			NHSE Cyber Assurance Assessment of all UK Ambulance Trusts	Craig Ellis / In Progress / Oct 24

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
349	Cyber Maturity Risk	IF SCAS has a low cyber security maturity, THEN we will be more vulnerable to cyber-attacks and data breaches, RESULTING in compromised patient data, disruption of our emergency services, and significant reputational and financial damage	20
352	IT Business Continuity Risk	IF SCAS lacks mature IT Business Continuity THEN we face an increased risk of extended IT downtime affecting critical operations RESULTING in delays in patient care, compromised patient safety, and significant reputational and governance risk	15

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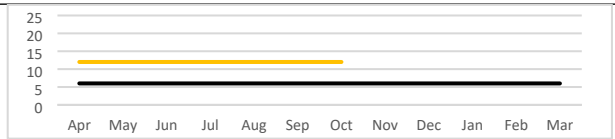
Objective 3: Finance & Sustainability: We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partners.		Risk score **12**
Strategic Risk No. 11: Modernisation / Fit for the Future	Update: October 2024	

If the Trust does not modernise its structures, systems and support services over the next five years	***Then*** the Trust may not deliver its strategy for a modern sustainable ambulance service that meets the needs of the public, and adoption of relevant government policies	***Leading to*** outdated and inadequate care delivered to patients.

	Impact	Likelihood	Score
Inherent	4	3	12
Current	**4**	**3**	**12**
Target	2	3	6



Accountable Owner	Assurance Committee
Paul Kempster, Chief Transformation Officer	Trust Board

Controls	Gaps in Controls	Actions	Owner / Due Date
• Dedicated team and resource in place • Revised programme governance in place • External SMEs programme support through AACE • Engagement with other ambulance Trusts and collaboration work with SECAmb and the Southern Ambulance Services Collaborative • Incorporation into the five year and annual planning process • Ongoing engagement programme with staff and unions • Modelling of hub locations complete • Detailed proof of concept plans generated, in conjunction with AACE, to improve current operational processes across the virtual EOC • Communication resources in place • CCC improvement programme underway • CCC activity modelling commissioned • 5- year plan being developed	• Skills/experience gap within SCAS, particularly in relation to longer-term activity modelling • Funding gap to support long term change. • Clear scope and plan (feasibility, ERF, finance) • Benefits realisation thesis for Proof of Concept • Public / Political support • Revised Workforce Strategy • Short to medium term Executive leadership inconsistent • Insufficient BI capacity to support data requirements of programme • UEC Proof of Concept at North Harbour not yet commenced	Decision on approach to hubs and sectors required	EMC / October 2024
		Alignment to the development of the wider Trust 5-year strategic plan	Caroline Morris / ~~October 2024~~ Q4 2024/25
		Proof of Concept for a Hub in the South-East sector in development and scheduled for go live in October 2024	Michaela Morris / Q3 – 2024/25
		AACE call off contract in place and supporting the Trust to develop scenarios for a new Operational Model	Caroline Morris / ongoing until May 2025
		Negotiate BI support to provide data to inform the operational model redesign	Caroline Morris / October 2024
		Align of SE Ambulance Collaboration and Southern Ambulance Collaboration activities with the Ops Modernisation Programme	Caroline Morris / December 2024
		Additional Executive leadership in place to support programme in short to medium term	Phil Browne / Complete
		Embedding executive leadership to ensure effectiveness	Phil Browne / Ongoing

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Programme Board • Transformation Oversight Group • EMC • COG Engagement • Board	**Third line (external) assurances** • Recovery Support Programme Oversight meetings (monthly)	• Board sign-off of proof of concept and expected benefit realisation.	Terms of Reference for Operational Modernisation Programme Board and TOG being reviewed to ensure clear escalation and schedule of authority flows	Caroline Morris / October 2024

Associated Risks on the Programme Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
OMP risks: 01023; 01027	Subject Matter Expert Staffing Risk	IF departments are not able to release Subject Matter Experts THEN we may not be able to access the expertise, data and insights to enable modelling to be completed, plans defined and resourced for Proof of Concepts and communications and engagement effectively undertaken RESULTING in the delay or non-delivery of key elements of the Strategic Roadmap	16
OMP Risk: 01011	Leadership Capacity Risk	IF there is insufficient leadership capacity (at SLT, directorate and divisional level), THEN there is a risk that staff and/or projects will not be sufficiently well supported; RESULTING in attrition and inability to meet service/ project needs	16
	ISSUE	We have an “issue” on our log relating to the corporate restructure – which is 3-fold – two are immediate – poor staff motivation during change period, capacity constraint of leadership team. The final part is that elements of the redesign may not work (for e.g. Business partners co-located at Hubs) as proposed structures have removed the posts that would require this to work.	

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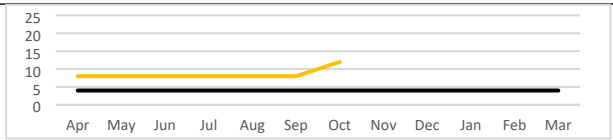
Objective 2: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in systems strategies and plans.		Risk score **12**
Strategic Risk No. 14: Partnership Working	Update: October 2024	

If we don't work collaboratively and have effective relationships with a wide range of stakeholders	***Then*** we will fail to deliver our strategy of being an effective partner and care navigator on behalf of our systems	***Leading to*** poor patient experience and suboptimal outcomes

	Impact	Likelihood	Score
Inherent	4	4	16
Current	**4**	**~~2~~ 3**	**~~8~~ 12**
Target	4	1	4



Accountable Owner	Assurance Committee
David Eltringham, Chief Executive Officer	Trust Board

Controls	Gaps in Controls	Actions	Owner / Due Date
• Formal Memorandum of Understanding; SLAs and other written agreements • Formal Contracts • Meeting infrastructure • Existing professional relationships • Chairs Network • Chief Exec/ICS Exec Leadership forum • AACE • Southern Ambulance Service Collaborative • Regular 1:1s with SECAmb • 2:2 with ICS CEOs regarding SECAmb Partnership • Legal duty to collaborate. • Development activities with partners • Internal governance processes • Exec leadership of specific workshops • Commissioner led Co-ordination meeting • Nominated executive lead for each ICB	• Relationships with voluntary sector • Relatively immature system relationships and working arrangements (maturing)	Focus on relationships with HIOW as co-ordinating commissioner. Include HIOW Monthly Report in SCAS Board Papers	David Eltringham - Ongoing
		SCAS to participate in the ICS planning work for 2025-26	David Eltringham – Ongoing
		Attendance at meetings as part of ICS and leadership of UEC Transformation Programme	David Eltringham - Ongoing
		Exec and Board meetings with SECAmb Exec and Board	David Eltringham – 29/11/25
		Prepare common briefing for stakeholders, Exec Teams and Boards ahead of 29/11	David Eltringham – 29/11/25

Assurances		Gaps in Assurances	Actions	Owner / Due Date
First and second line (internal) assurances • Board maturity matrix • Report out from meetings / encounters (Chair / CEO reports into board) •	**Third line (external) assurances** • Report out from ICB from provider representatives • Soft intelligence / emotional intelligence • Regulatory reviews (TPAM / NHSE / RSP) • Feedback from RSP and TPAM meetings	• Harder measures (data / intelligence) • Independent scrutiny / assessment and formally report into committee/board • Appraisal processes – external feedback on degree of engagement (Chair / CEO / Officers) • Routine reporting of system interventions into Trust Board.	Continue to develop relationships with HIOW as co-ordinating commissioner	David Eltringham – ongoing
			Develop stronger relationships with non-HIOW systems	David Eltringham – Sept 2024
			Establish a systematic and regular report of progress against the ICS Transformation. Chief Governance Officer to build into regular reporting cycle. ICS to provide report to Boards so that this is consistent. CEO to brief on this at Board and against ICS report	Dec 2024

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score