



Agenda

Public Trust Board

Date: Thursday 29 May 2025

Time: 09.45 – 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
Ian Green OBE	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Mike McEnaney	Non-Executive Director
Ruth Williams	Non-Executive Director
Kate Hall	Interim Deputy Chief Executive
Mark Ainsworth	Executive Director of Operations
Dr John Black	Chief Medical Officer
Craig Ellis	Chief Digital Officer
Stuart Rees	Interim Director of Finance
Duncan Robertson	Chief Paramedic Officer
Becky Southall	Chief Governance Officer

In attendance:

Kofo Abayomi	Head of Corporate Governance & Compliance
David Ruiz-Celada	Joint Strategic Lead, SCAS, SECamb
Natasha Dymond	Interim Director of People
Sue Heyes	Deputy Chief Nurse
Gillian Hodgetts	Director of Communications, Marketing and Engagement
Kate Hall	Intensive Support Director, NHSE/I
Ann Utley	Associate of NHS Providers
Maria Langler	Director of Planning & Performance Forecasting

Apologies:

Paul Kempster	Chief Transformation Officer
Helen Young	Chief Nurse Officer
Mark Ainsworth	Executive Director of Operations



<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
OPENING BUSINESS			
1	-	Verbal For Noting	09.45
2	-	Verbal For Noting	
3	-	For Approval	
4	-	For Approval	09.50
5	-	For Noting	09.55
6	-	For Noting/ Information	10.05
7	-	For Noting	-
8	SR7 12	For Information	10.15
9	-	For Assurance	10.35
High quality care and patient experience - We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.			
10	SR1 9	For Assurance	10.50
11	SR1 9	For Noting	-
12	-	For Noting	10.55
13	SR11 6	For Approval	11.00
Finance & Sustainability – We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the			

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
financial envelope and meeting the financial sustainability challenges agreed with our system partner.			
14	Finance Report Month 1 Update Stuart Rees	SR5 16	For Assurance 11.25
15	Hampshire and Isle of Wight ICB Month 1 Finance Report Stuart Rees	SR5 16	To follow For Noting 11.35
16	Buckinghamshire, Oxfordshire and Berkshire West ICB M12 Finance Report Stuart Rees	SR5 16	For Noting -
17	Assurance Upward Report Finance and Performance Committee, 22 May 2025 Les Broude	-	For Noting/ Assurance 11.40
18	Assurance Upward Report Audit Committee, 23 April 2025 Mike McEnaney	-	For Noting/ Assurance 11.45
19	Assurance Upward Report Charitable Funds Committee, 27 April 2025 Professor Sir Keith Willett CBE	-	For Noting/ Assurance 11.50
20	Questions submitted by Board Members on agenda items: 11-12 & 17-19	-	- 11.55
COMFORT BREAK (5MINS)			
People & Organisation – We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.			
21	Assurance Upward Report People and Culture Committee, 14 April and 23 May 2025 Ian Green	-	Verbal For Noting 12.00
Partnership & Stakeholder Engagement- We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans.			
22	Communications, Marketing and Engagement Update Gillian Hodgetts	-	For Noting -
Technology transformation – We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.			
23	Questions submitted by Board Members on agenda items: 21-22	-	- 12.05
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.			
24	Chief Governance Officer Report • Fit and Proper Person Test Assurance Report	-	For Noting/ Approval 12.10

Our Values



Caring:

Compassion for our patients, ourselves and our partners



Professionalism

Setting high standards and delivering what we promise



Innovation

Continuously striving to create improved outcomes for all



Teamwork

Delivering high performance through an inclusive and collaborative approach



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: 13 March 2025

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
4. Patron of IMPS (Injury Minimization Programme for Schools). An NHS charity under Oxford University Hospital NHS Foundation Trust
5. Patron of Primary Trauma Care Foundation

Current 'Other' Interests

6. Honorary Air Commodore to 4626 Squadron, RAuxAF

Interests that ended in the last six months

7. 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

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. Director of South Central Fleet Services Ltd.
2. Member of NHS Providers Finance & General Purposes Committee
3. Chair of FTN Limited (Trading subsidiary of NHS Providers charity)

Current 'Other' Interests

4. Governor at Newbury Academy Trust (primary and secondary education)

Interests that ended in the last six months

5. Member of Oxford Brookes University Audit Committee
6. Non-executive director and chair of Audit & Risk Committee – Royal Berkshire NHS Foundation Trust

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 KAPERAROS, 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)

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

Interests that ended in the last six months

3. None

MARK AINSWORTH, DIRECTOR OF OPERATIONS

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

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

NATASHA DYMOND, INTERIM DIRECTOR OF PEOPLE

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

1. None

Current 'Other' Interests

2. Ad hoc HR advice (unpaid) to Rushmoor Royals Swimming Club: competitive swimming club affiliated to Swim England based in NE Hampshire.

Interests that ended in the last six months

3. None

DUNCAN ROBERTSON, CHIEF PARAMEDIC

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

BECKY SOUTHALL, CHIEF GOVERNANCE OFFICER

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

1. Co-presenter on NHS England Making Data Count Programme (not paid)

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

END



Minutes Public Trust Board Meeting

Date: 27 March 2025

Time: 9.45am – 12.25pm

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

Members Present:

Professor Sir Keith Willett CBE	Chair
Les Broude	Non-Executive Director
Ian Green	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Mike McEnaney	Non-Executive Director
Dhammika Perera	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
Natasha Dymond	Interim Director of People
Stuart Rees	Interim Director of Finance
Duncan Robertson	Chief Paramedic Officer

In Attendance:

Kate Hall	Intensive Support Director, NHSE
Ann Utley	Associate of NHS Providers
Kofo Abayomi	Head of Corporate Governance & Compliance
Susan Wall	Corporate Governance & Compliance Officer
Tom Stevenson	Deputy Director of Communications, Marketing and Engagement

Apologies:

Paul Kempster	Chief Transformation Officer
Gillian Hodgetts	Director of Communications, Marketing & Engagement

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	There was no additional declaration at this meeting.
3	Minutes from the meeting held on 30 January 2025
3.1	The minutes were agreed as an accurate record of the meeting subject to minor amendments (change 28 November to 30 January 2025).
4	Matters Arising and Action Log
4.1	The action log was reviewed, and the following action was agreed to be closed: Action 001 (30.01.25) - Attendance table to be amended to correctly reflect attendance and apologies. Action 003 (30.1.25) - Accreditation Programme visit dates to be circulated to the NEDs. Action 004 (30.01.25) - Feedback to be given to Anthony Morris, Community First Responder in relation to the suggested areas for improvement he highlighted. Action 005 (30.1.25) - Explanation to be provided in the IPR in relation to the divergence between the number of patients transported and the number of journeys.
4.2	The Board NOTED the updates to the matters arising and action log.
5	Chairs Report
5.1	The Chair highlighted recent changes to the NHS i.e. the Secretary of State and changes to NHS England being merged into the Department of Health and Social Care and impact on other parts of the NHS in terms of efficiencies and reduction in workforce. This provided SCAS with the opportunity to review how we do things and alignment with the Fit for the Future programme.
5.2	The Chair thanked every member of staff for their contributions to the current financial year ending 31 March 2025. It has been a very challenging year with a lot of work done to improve operational and financial performance. As we move to the next financial year, work continued to build the modernisation programme and next level efficiency improvements, patient safety, experience and outcome. The Chair also thanked the NHS England improvement team for all their support in the current financial year.
5.3	The Chair asked the Board to note his site and engagement visits since the last Board meeting.
5.4	The Board NOTED the Chairs Report.
6	Chief Executive Officer's Report
6.1	David Eltringham (DE), Chief Executive Officer, referred to his report and presented some additional information verbally, as follows: a) Operational performance delivery particularly CAT 2 performance standard and revision made to the Trust's plan halfway through the year. DE recorded his personal thanks to the leadership team and colleagues across the organisation for their incredible hard work to get the Trust to achieve the required performance.



6.2	<p>b) In the next few weeks, many PTS colleagues will be leaving the organisation to move to the private provider company and thanked them for their hard work and contribution to the service.</p> <p>c) DE highlighted that the Trust is on track to deliver a slightly improved financial position at year end due to technical adjustments and non-recurrent income not previously expected which covered costs related to corporate costs thereby improving the in-year position and significantly improving the Trust's financial challenge.</p> <p>d) The Trust's focus now moves to the next financial year and the requirement to submit an operational and financial plan at the start of the new year to the Integrated Care Board. This was signed off at an extraordinary meeting of the SCAS Board on 20 March 2025. The plan is for the Trust to achieve operational and financial balance at the end of 2025/26. DE highlighted that there were still gaps but these would be firmed up ahead of 1 April 2025. He informed the Board that the signed off plan is without risks, but these were carefully considered by the Board prior to sign off with relevant assurances and mitigations provided.</p> <p>e) Work is ongoing to continue to shape the fit for the future programme with a clear message being developed for communication to all Trust staff.</p> <p>f) DE talked about changes to the leadership structure of NHS England and overall impacts on NHS organisation, particularly SCAS.</p> <p>g) Executive restructure was now completed with five directorates. The interview for the post of Chief Finance Officer had taken place with those of the Executive Director of Operations and Chief People Officer scheduled for later in the week. Plans are also in progress for the post of Deputy Chief Executive.</p> <p>The Board NOTED the Chief Executive Officer Report.</p>
7	<p>Update to the Public Board on the previous Private Board meeting</p> <p>7.1 The Board NOTED the updates from the Private Board meeting held on 30 January and Extraordinary Private Board meeting held on 20 March 2025.</p>
8.	<p>Feedback from Chair of the Patient Panel</p> <p>8.1 Helen Young (HY) introduced the item, noting that this was a combination of patient and staff story. The Board was asked to note that the Patient Panel had now been in existence for a year and the Chair, Roger Batterbury had key information to deliver to the Board. HY encouraged board members to attend future patient panel meetings.</p> <p>8.2 The Board heard from Roger Batterbury (RB), Volunteer Patient Panel Chair. RB summarised the following key areas:</p> <ul style="list-style-type: none"> • Structure of the panel • launch on 21 February 2024 • feedback on CFR ride-along • key areas of focus for the panel • work done with the Learning Disability Group including coproducing a SCAS learning disability strategy • Coproduction of mental health training • End of life care with further work to be done in this area • Patient panel expansion



8.3	Mike McEnaney (MM), Non-Executive asked for feedback on the sources of information received from the Trust, as knowledge and insight in the Trust is key for this area of work. It was noted that information required and received could be timelier. HY added that the Patient Panel reports into the Patient Experience Group therefore it is a two-way approach into receiving and providing feedback for triangulation.
8.4	The Board thanked RB and his colleagues for all their work with the Patient Panel. RB confirmed that there is good engagement and feedback from the Trust Governors.
8.5	The Board NOTED the feedback from the Patient Panel Chair.
9	<p>Integrated Performance Report (IPR)</p> <p>9.1 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 February 2025, the tenth month of the financial and operational year.</p> <p>9.3 The Board received the following sections of the IPR for discussion:</p> <p><u>Operations</u> Mark Ainsworth (MA), Executive Director of Operations provided the key highlights of the operations performance for the reporting period, noting:</p> <ul style="list-style-type: none"> • Category 1 Response Times: National target of 7 minutes remains unachievable without process redesign, however, there has been three months of improved performance. • Category 2 Response Times: Improved for the fifth consecutive month, aligning with increased clinical hours available to respond, achieved in part, by reduced hospital handover times. • Patient Outcomes: Efforts focus on increasing "Hear & Treat" rates, whilst our "See & Treat" rates, where we do not convey the patient, are consistently achieving above the target • 111 Services: Sustained improvement in clinical validation callbacks within 20 minutes, however the national target of 95% remains unachievable • Vehicles Off Road (VOR): Remains a concern for the Trust and continues to impact on our clinical availability • Patient Transport Service (PTS): Activity has significantly declined since April 2024 due to the loss of the Surrey NEPTS contract and demand management protocols. <p>9.5 Stuart Rees (SR) added an update on improvement work relating to VOR in response to a question raised by a member of the public, it was noted that a clear plan is now in place to address this through December 2026. There are two aspects to the plan i.e. making as many vehicles as possible available on the road, new ramps and workshops and replacement of the old fleet. The Finance and Performance Committee will have oversight and track improvements.</p>



9.6	Sumit Biswas (SB), Non-Executive Director noted that PTS activity levels were declining, which was not a surprise with the recent changes, he then sought assurance that quality of the service was maintained through the transition and that it remained a focus for the team. SR provided relevant assurance by summarising all quality assurance processes in place to ensure positive patient experience.
9.7	Les Broude (LB), Non-Executive Director noted that hear and treat performance in the reporting month had declined, the forecast was for this to increase with plans put in place and sought assurance. MA summarised work ongoing to increase hear and treat and assured the Board that there will be a gradual increase over the next six months.
9.8	In response to MM's query about plans in place to achieve 111 targets, MA explained that clinical call backs are currently not achievable, the level of investments required for this was not sustainable. MA summarised plans in place for call answer with focus on recruitment, efficiencies and new systems to free up staff time. The was also focus on the re-procurement in the summer, with conversations with the ICB on what the specifications would look like. DE connected this to the piece of work done by Carnell Farrar, commissioned by NHS England and the South East region, this piece of work provided a clear direction and to capture what MA described in an action. Action: DE to discuss Commissioning Model re: 111 following the Carnell Farrer review with commissioners.
9.9	<p><u>Quality and Safety</u></p> <p>The Board received the Quality and Safety performance for the reporting period and noted the following key highlights:</p> <ul style="list-style-type: none"> • Clinical AQI's for Stroke, STEMI and ROSC patients continue to perform as expected. • Safeguarding: Both Level 1 (all Staff) and Level 3 (patient facing staff) continue to deliver in line with target • Patient Safety: The Trust continues to monitor its response to Patient Safety via the PSIRF, however there remained insufficient data points to provide a view on assurance.
9.10	LB queried why there was no target associated with the PSIRF measurements. Helen Young (HY) explained that PSIRF are a way of measuring the number of incidents, which are then sub-categorised into investigations, learning events or plotted into a thematic review, and therefore had no targets, but there are benchmarking data and peer reviews to show us where we are against similar ambulance trusts. Further to this point DE advised that this would be taken away for development. Action: Benchmarking or other statistical measure to be added as a target.
9.11	<p><u>People</u></p> <p>The Board received the People performance for the reporting period and noted the following key highlights</p> <ul style="list-style-type: none"> • WTE continues to be below target by 262.2 WTE due to holding vacancies within corporate teams and the impact of PTS contractual uncertainties which had also impacted vacancy rates which finished February at 11.5%.



<p>9.12</p>	<ul style="list-style-type: none"> • Turnover saw a slow reduction ending at 17.5% however, this will be negatively impacted in Q1 due to corporate role exits and PTS transfers. • Absence levels for February were 7.5% with long term absence rate at 4.1% against a target of 3.4%, again these rates are being negatively impacted by organisational change. • DBS rates are currently above target at 96.2% and reflect accurate recording of posts requiring DBS checks. • 88.3% of the Trust staff have had a PDR within the last 12 months, against a target of 95%. Improvement work continues in this area and leaders training will be developed in Q1 when the new structure is implemented in the People team. • FTSU rates are at expected levels with 18 cases, most connected with the corporate review. <p>Further to the Board discussion on the People section of the IPR, the following were requested:</p> <p>Action: Exception report to be presented explaining what the target comprises and performance against each module/level of risk.</p> <p>Action: What actions to be taken to increase/improve this across the bandings.</p>
<p>9.13</p>	<p>The Board noted the Integrated Performance Report.</p>
<p>10</p>	<p>Quality and Patient Safety Report</p>
<p>10.1</p>	<p>The Board received the Quality and Safety Report which contained data for the period of January to February 2025.</p>
<p>10.2</p>	<p>Helen Young (HY), CNO, introduced the report and asked the Board to note content of the report. HY also explained that this would be the last of the report as the quality and safety section of the IPR was now developed and there was therefore no need for a separate report.</p>
<p>10.3</p>	<p>Further to the Board discussion around patient safety review and thematic action plans, it was requested that Action: Mechanism to be developed for updating the board on themes and trends and what is being done to address these.</p>
<p>10.4</p>	<p>The Board NOTED the Quality and Patient Safety Report.</p>
<p>11</p>	<p>Chief Medical Officer’s Report</p>
<p>11.1</p>	<p>The Board noted the Chief Medical Officer’s Report.</p>
<p>12</p>	<p>Assurance Report</p>
<p>12.1</p>	<p>Quality and Safety Assurance Upward report dated 19 March 2025.</p>
<p>12.2</p>	<p>The Board NOTED the report.</p>
<p>13</p>	<p>Finance Report Month 11 Update</p>



<p>13.1</p> <p>13.2</p> <p>13.3</p> <p>13.4</p> <p>13.5</p> <p>13.6</p>	<p>Stuart Rees (SR) presented the report. The Board noted that in Month 11, the Trust recorded an in-month surplus of £0.7m, £49k better than planned. The Trust now expects to achieve a forecast outturn of £9.0m, which is £1.1m better than the planned year-end deficit of £10.1m. Additional measures have been implemented to support an improvement in the system-wide financial forecast.</p> <p>For the overall reportable position, the Trust is now forecasting a net surplus of £4.6m for the financial year. This includes £6.0m of deficit funding and £7.5m in brokerage funding.</p> <p>Further to SB seeking clarity on the conditions attached to the ICB brokerage funding, SR confirmed the condition related to only timescales.</p> <p>The Board discussed the Trust capital program in detail and requested the following:</p> <p>The following actions were agreed from the Board discussions:</p> <ul style="list-style-type: none"> i. Estates Plan to be presented to FPC in May. ii Rolling plan to be submitted to EMC/FPC/Board. <p>The Board noted the Finance Month 11 Update.</p>
<p>14</p> <p>14.1</p> <p>14.2</p> <p>14.3</p>	<p>Hampshire and Isle of Wight ICB Month 11 Finance Report</p> <p>The Board received the Hampshire and Isle of Wight ICS Month 11 finance report, The purpose of the Month 11 (M11) Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) was to provide details of the financial position and system recovery plan for the ICS as at the end of February 2025.</p> <p>The Board noted that the final agreed system plan for 2024/25 was a £70.0m 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 £70.0m of non-recurrent deficit support funding, enabling the plan to reduce to £0 (breakeven).</p> <p>The Board noted the Hampshire and Isle of Wight ICB Month 11 Finance Report.</p>
<p>15</p> <p>15.1</p> <p>15.2</p> <p>15.3</p>	<p>Assurance Report</p> <p>Finance and Performance Committee 18 and 21 March 2025.</p> <p>The Chair thanked the Finance and Performance Committee for their work during the financial year.</p> <p>The Board NOTED the Finance and Performance Committee Assurance Reports.</p>
<p>16</p> <p>16.1</p>	<p>Assurance Report</p> <p>Audit Committee 19 March 2025.</p>



16.2	The Board NOTED the Audit Committee Assurance Report and the Internal and External Audit Plans.
17	Charitable Funds Committee 12 March 2025
17.1	The Board NOTED the Charitable Funds Committee Assurance Report.
18	Questions submitted by Board Members on agenda items: 11-12,15-17
18.1	No questions received.
19	Freedom to Speak Up Policy
19.1	The Board received the updated Freedom to Speak up Policy.
19.2	MM advised that section 1, paragraph 4 was the only part of the section that was not a question, he advised that for this to be rephrased for consistency and for it to be more powerful.
19.3	The Board NOTED the policy.
20	Freedom to Speak Up Reflection and Planning Tool: Self-Assessment: Annual Review 2025
20.1	Ian Green (IG), Non-Executive Director and Chair of the People and Culture Committee highlighted that the item had no prior review or consideration at Committee level and felt that the Committee should have had sight of it before the Board.
20.2	Dharmika Perera (DP), Non-Executive Director, noted that the template was more relevant to acute trusts with little consideration for ambulance trusts and he had shared this view with the Freedom to Speak up Guardian, advising that the template is amended and summarised into a format more applicable to an ambulance trust. He also expected the next iteration to be shorter and more in line with the activities and staff of an ambulance organisation.
20.3	DE informed the Board that there is an agreed governance pathway, it appeared that this was not followed due to the People and Culture Committee March meeting being stood down.
20.4	MM highlighted that the Audit Committee had a role to ensure that the trust's freedom to speak up arrangements are effective, and this would need to feed into the Audit Committee, but it is important that this is not duplicated. ND noted the points but highlighted that there is a national requirement for this to be presented to the Board.
20.5	Further to Board discussion, it was agreed Action: BS/IG/MM to discuss responsibilities of PCC and Audit Committee.
20.6	The Board NOTED the Freedom to Speak Up Self-Assessment.
21	National Staff Survey



21.2	The Board received the national staff survey results which was published on 13 March 2025. The report provided an overview of SCAS's results outlining key strengths and areas requiring focus and improvement. SCAS's response rate for 2024 (50%) was the lowest it had been for 8 years and lower than the average response rate for other Ambulance Trusts participating in the Picker Staff Survey (55% response rate).
21.3	The Board discussed the survey results in detail with focus on the positive and less positive aspects of the survey.
21.4	The Board NOTED the National Staff Survey report.
22	Gender Pay Analysis report 2024-2025
22.1	The Board received the gender pay analysis report of 2024/25 and approval was sought for the report to be published on the Trust's website by end of March 2024.
22.2	The Board APPROVED the report to be published on the Trust website.
23	Communications Update
23.1	The Board NOTED the Communications Update.
24	Questions submitted by Board Members on agenda item 23
24.1	No questions were received.
25	Standing Orders and Scheme of Reservation and Delegation
25.1	Becky Southall (BS) presented the report and drew the attention of the Board to the Scheme of reservation and delegations and summarised the key sections.
25.2	The Board were informed of the relevant policies subject to Board approval, BS explained that further work will be done to streamline the number of policies requiring board approval.
25.3	The approval of the Board was sought for the Chief Governance Officer and Chief Finance Officer to make minor changes to the document as required.
25.4	SB queried the list of policies, he noted that most of the policies had not previously been approved by the Board. BS explained that this was the definite list as stipulated in the current Standing Financial Instructions. She also assured the Board that the list will be revised.
25.5	The Board APPROVED the Standing Orders and Scheme of Reservation and Delegation and delegated authority to the Chief Governance Officer and Chief Finance Officer to make minor changes when required.
26	Code of Governance Self-Assessment



26.1	BS presented the report and informed the Board that the code of governance self-assessment had been scrutinised by the Audit Committee. BS explained that it was good practice to carry out the self-assessment periodically which informs the annual governance statement.
26.2	The Board noted that the Trust is largely compliant, and areas of non-compliance are explained. BS summarised the areas of non-compliance and actions in place to address these areas, which would also form part of the transition criteria.
26.3	SB highlighted the issue of governors and visibility of their term of office, he stated that this was previously on the Trust website, this had also been raised by Governors and advised that this is refreshed and uploaded on the website as soon as possible.
26.4	The Board APPROVED the code of Governance Self-Assessment.
27	Board Assurance Framework (BAF)
27.1	The Board received a report setting out proposed changes to the BAF which had been previously considered by relevant Board Committees.
27.2	MM referred to SR 7 safe, valued and supportive staff and advised that this risk is reviewed considering the staff survey result. Further to MM and KK's observation of SR 10, there was a discussion around the probability of the risk. Craig Ellis (CE), Chief Digital Officer, explained that there had been four outages in the last six months and stated that we are entering into a time of cyber hostility due to AI, based on this he agreed that the risks needed to be addressed, and the digital team are currently working this through.
27.3	The Board APPROVED the amended Board Assurance Framework
28	Board Site Visits
28.1	The Board NOTED the Board Site Visits Report.
29.	Any other business
29.1	There was no other business at this meeting.
30	Questions from observers
30.1	In response to the question asked by a Governor relating to the delay of the fleet delivery and the electric vehicles, SR explained that there is an agreement and rectification in place.
31	Executive Director Review of the meeting:
31.1	BS summarised actions from the meeting and these were noted by the Board.
31.2	Ian Green, Non-Executive Director, reflected that: <ul style="list-style-type: none"> • There were a lot of data and information in the reports • Need for collective accountability



31.3	<ul style="list-style-type: none"> • Good response from Chief Executive in areas that were challenged <p>Stuart Rees, Executive Director of Operations, reflected that:</p> <ul style="list-style-type: none"> • Recognised that there were long papers, but given the nature of some of the reports, the length was unavoidable • Good papers • IPR generated the right discussions • Good discussion on regional issues <p>The Chair commented on the length of the papers and within the papers there were embedded documents. He recommended that use of reading room which was previously done.</p>
32	<p>Date, Time and Venue of Next Meeting in Public</p> <p>32.1 The next public meeting of the SCAS Board would take place at 9.45am on 29 May 2025 at the Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN</p>



South Central Ambulance Service NHS Foundation Trust

TRUST BOARD ACTION LOG							Status
Minute Ref:	Agenda Item	Action	Owner	Due Date	Update		
Meeting Date: 27 March 2025							
TB/25/001	IPR	DE to discuss Commissioning Model re: 111 following the Carnell Farrer review with commissioners	DE	29.05.25	David R-C has picked this up on behalf of both SCAS and SECamb. Commissioning Project Board established to implement recommendations of CF report. First cut of information and development of a single commissioning specification underway. Discussed at EMC 08/04/25. Action complete and propose to close.		Propose to close
TB/25/002	IPR - PSIRF metrics	Benchmarking or other statistical measure to be added as a target	HY/SR	29.05.25	Added to IPR. IPR is on the agenda for the May meeting.		Propose to close
TB/25/003	IPR	DE to discuss Commissioning Model re: 111 following the Carnell Farrer review with commissioners	DE	29.05.25	David R-C has picked this up on behalf of both SCAS and SECamb. Commissioning Project Board established to implement recommendations of CF report. First cut of information and development of a single commissioning spec underway. Discussed at EMC 08/04/25. Action complete and propose to close.		Propose to close
TB/25/004	IPR - Statutory & Mandatory Training	Exception report to be presented explaining what the target comprises and performance against each training module/level of risk.	ND	29.05.25	EMC oversight. Minor concerns over data accuracy which are currently being reviewed. EMC to continue to receive progress and update reports. Upwards report to be provided to the PACC in July 2025 meeting,		Open
TB/25/005	IPR - BAME staff representation	Clarity to be provided in relation to what actions we are intending to take to increase BAME representation across the bandings	ND	29.05.25	Being reviewed as part of Trust EDI action plan. Upwards report to PACC in July 2025 meeting		Open
TB/25/006	Quality & Safety Report	Mechanism to be developed for updating the board on incident themes and trends and what is being done to address these	HY	29.05.25	Narrative in the IPR on the May agenda setting out themes and trends. Propose to close		Propose to Close
TB/25/007	Finance Report	Estates Plan to be presented to FPC in May	SR	29.05.25	On the agenda for May FPC. Also aligns to FFF and new reporting and oversight.		Propose to close



South Central Ambulance Service NHS Foundation Trust

TB/25/008	Capital Plan	Rolling plan to be submitted to EMC/FPC/Board	SR	29.05.25	The capital plan (3-year) will be integrated into the Trust's Medium Term Plan. Consequently, it will be included in the overall plan and monitored by the Finance and Performance Committee (F&PC).	Propose to close
TB/25/009	Freedom to Speak Up	BS/IG/MMc to discuss responsibilities of PCC and Audit Committee	BS	29.05.25	Discussion has taken place. Agreed that F2SU will report directly to board with delegation to the PACC where necessary and that PAAC will receive themes and trends as part of a wider report with People intelligence. Audit Committee will receive an annual report to ensure that the process is effective.	Propose to close
Meeting Date: 30th January 2025						
TB/25/002	CEO Report	Data relating to inappropriate ambulance dispatch to be provided to understand opportunities for efficiency and care efficacy	MA	29.05.25	We do not have data to identify inappropriate dispatch as we are required to respond to all calls that we cannot deal with through Hear & Treat or a different provider. There is currently a category 3/4 review underway which will identify which categories of calls could be sent to other providers. This is due to conclude at the end of March and the findings will be reported back to FPC. Propose to close.	Propose to Close
TB/25/006	Integrated Performance Report	Commentary to be provided in relation to action being taken in response to a number of KPIs with no target that are hit and miss in terms of performance. <u>March action</u> KPIs linked to the operational plan to be set out in the IPR with targets set out for each.	SR	29.05.25	Agreed that targets will be added where possible to do so (Making Data Count principles accept that not all measures will have a target). Will feature in the next iteration of the IPR.	Propose to Close
TB/25/007	Board Assurance Framework	Board session on refresh of the Board Assurance Framework for 2025/26. Session to be arranged before July 2025.	BS	29.05.25	Fit for the Future Board Assurance Framework on the agenda for the May 2025 meeting for approval.	Propose to Close
Meeting Date: 28 November 2024						



South Central Ambulance Service NHS Foundation Trust

Meeting Date: 27 th May 2025						
TB/24/001	Patient Story	Deep Dive commissioned by People and Culture Committee on supporting staff with disabilities to include out of sector reasonable adjustments particularly the fire service	ND	March 25	<p>Reasonable Adjustment Working Group has now been set up, chaired by a clinical operations manager and the ToRs are being developed. The Group will be tasked with the deep dive to be reported to the PACC. Action to remain open until the next meeting.</p> <p><i>March update: Working Group has not met since previous update in January. Deep dive still outstanding</i></p> <p>May 2025 update: Steering group been tasked with deep dive via the chair and report will be provided to PACC for July meeting. Propose to close for board and transfer to PAAC action log.</p>	Propose to close
TB/24/012	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.	SR	May 25	Verbal Update.	Open



**Trust Board of Directors Meeting in Public
29 May 2025**

Report title	Chair's Report
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Agenda item	5
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Report executive owner	N/A
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Report author	Jayne Waller, Senior Executive Assistant (Chair)
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Governance Pathway: Previous consideration	Not Applicable
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Governance Pathway: Next steps	None
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Executive Summary

The purpose of the Chair's report is to keep the Board updated of stakeholder engagement and site visits since the Board meeting held in March 2025.

Alignment with Strategic Objectives

The Chair's report aligns with the Partnership and Stakeholder Engagement objective.

Relevant Board Assurance Framework (BAF) Risk

The Chair's report relates to BAF risk SR4 - Engagement with Stakeholders

Financial Validation	Not Applicable
Recommendation(s)	
The Board is asked to note the stakeholder engagements and site visits update.	

For Assurance		For decision		For discussion		To note	✓
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1. Purpose

The purpose of this Chair Report is to inform the Board of stakeholder engagement and site visits since the Board held in March 2025.

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

April 2025

- NHS Providers Chairs and Chief Executives Network
- Joint Strategic Collaborative Committee (JSCC)
- SCAS Charitable Funds Committee
- Well Led Conversation
- Visit to Fleet Services, Abingdon
- SASC Chairs Conversation

May 2025

- Visit to Reading Pakistani Community Centre for Defib Launch
- The Health Foundation work can help our work
- Talk for Thames Valley Trauma and Emergency Care Research Group
- Speaker for Schools – Willinks School, Reading
- Combined Armed Services Orthopaedic Society 2025, Warwick
- CQC Feedback session
- Meeting with new Chair of Hampshire and IoW Healthcare NHS Trust
- BLMK Leaders and Chairs meeting
- Joint Strategic Collaborative Committee (JSCC)
- SCAS EPRR Delivery Group
- 2-day Governance Conference
- SCAS Council of Governors
- BLMK Chair for Research and Innovation Network Group Meeting
- SCAS Quality & Safety Committee
- CQUIN/BPT Focus Group
- SCAS Remuneration Committee
- MHRV Observational Shift
- 2025 Emergency Services Day, Southampton
- SECAMB/SCAS Board-to-Board

Other

- Monthly: SE Senior Leaders Briefings (Anne Eden, NHSE SE Regional Director)
- SCAS Team Brief Lives

Recommendation

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



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Chief Executive Officer's Report
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Agenda item	6
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Report executive owner	David Eltringham, Chief Executive Officer
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Report author	David Eltringham, Chief Executive Officer
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Governance Pathway: Previous consideration	Not Applicable
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Governance Pathway: Next steps	Not Applicable
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Executive Summary	
The CEO report provides an update on internal trust matters, including organisational performance and seeks to bring to the attention of the board areas to note relating to system-wide and national developments.	

Alignment with Strategic Objectives	
The CEO report aligns with the Well Led objective but underpins delivery of all of the trust objectives.	

Relevant Board Assurance Framework (BAF) Risk	
As the CEO report relates to all objectives it is also pertinent to all BAF risks.	

Financial Validation	Not Applicable
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Recommendation(s)

The Board is asked to **NOTE** the report and to **RAISE** any questions.

For Assurance		For decision		For discussion		To note	✓
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Chief Executive Officer's update

29th May 2025

Since my last report to the board, the 2024/25 financial year has drawn to a close and I wanted to reflect on what has been both a busy year, and a year of change for SCAS and for all our partners across the NHS.

- **Performance**

Whilst we did not achieve the 30-minute category 2 mean performance for the year, during quarter 4, we exceeded the target through a combination of strong partnership working with colleagues at the Queen Alexandra Hospital and an increase in initiatives such as hear and treat. Not only has this resulted in productivity gains, it means that more of our patients are treated in the most appropriate setting, which provides them with a better experience. We will continue to build on this in 2025/26 and have plans in place to sustainably meet the sub-30-minute target.

- **Finance update**

We met and in fact exceeded our 2024/25 control target and delivered £29m CIP, of which 93% was on a recurrent basis. Whilst we have received deficit funding and brokerage from the system to achieve our control total, and we know that the financial position will continue to be a challenge as we move into 2025/26, having done so means that we are compliant with year 2 of our financial recovery plan. This gives us a solid foundation to move into year 3 and to achieve financial sustainability.

- **Quality & Safety**

We have made a number of improvements during the year to quality and safety, including improving our Safeguarding processes. These improvements have resulted in a number of our enforcement undertakings being lifted, with certificates of compliance being issued by NHS England. We have also introduced a system of Accreditation during the year, which helps us to ensure that we are meeting CQC essential standards and to identify areas for improvement and additional support. We will continue to focus on this important area during 2024/25.

- **People**

As I have reported throughout the year, we have been through a wholesale organisational change process, to ensure that we are Fit for the Future, which has involved a restructure of the executive team and of our corporate teams and departments. Again, I acknowledge that this has been

difficult for our staff and teams, and this has been reflected in our Staff Survey results, which were disappointing.

We are however mindful that there are other areas of concern highlighted within our staff survey and via other internal mechanisms and that we need to make improvements in relation to Sexual Safety and our training and development offer. We also need to continue to improve our Speaking Up arrangements to ensure that our staff are comfortable to raise concerns, whether this is via the Freedom to Speak up Guardians or via our line management and other reporting routes.

We know that we have much more to do to improve our culture as an organisation and will continue to focus on this as we move into 2025/26. Having a shared narrative and setting clear expectations in relation to behaviours are key to culture change and as a first step, we will be developing a values-based behaviours framework, through a process of engagement and co-production with our staff.

- **Executive Team Restructure**

The revised executive structure went live on 1st April 2025, and I am pleased to advise that since the last public board meeting, whilst we were not able to appoint to the Chief People Officer role, we have made substantial appointments into the following:

- Chief Finance Officer
- Executive Director of Operations

Congratulations to Stuart Rees and Mark Ainsworth who were appointed into these roles following a nationwide search and rigorous recruitment process and I welcome the wealth of experience and organisational knowledge that they bring to the executive team and the board.

- **Partnership Working**

I have already referenced working with partners across the system but would also like to reflect on the collaboration work with our Ambulance Trust colleagues, which aims to help us learn from one another and embed best practice. We are part of the Southern Ambulance Services Collaboration and also have a formal agreement in place with South East Coast Ambulance Service NHS Foundation Trust. We are committed to building on the work that we have done this year and see collaborative working as a means to not only share good practice but to focus on how we

consistently provide safe, high-quality services to the populations that we serve at the same time as delivering financial and operational performance in an increasingly challenging environment.

- **CQC Inspection**

CQC colleagues undertook an unannounced inspection between 6-8th May. The inspection took place across our Emergency Operations Centre, Urgent and Emergency Care and Pharmacy services and the inspectors visited many of our premises and talked to many staff. We have yet to receive any written formal feedback, but initial feedback from the inspection team reflected the welcome they received from staff and the pride that our staff and teams demonstrated in relation to the work that they do. I would like to place on record my thanks to all staff who were involved, both in our operations and corporate teams for their hard work and responsiveness during the inspection period.

Summary

Now that we have reached year end, it is important to reflect on our achievements, some of which I have referenced above and many of which I have not. It has been a challenging year, but also a year in which we have much to celebrate and to take pride in. We focused on stabilising our position and building solid foundations and we are now moving our focus towards progressing Fit For the Future as our organisational strategy and being clear on our priorities for 2025/26. This means that we can move our focus from addressing regulatory concerns to continuously improving the services that we offer to our patients and the working lives of our staff.

I will conclude by thanking all of our staff for their pride, professionalism and hard work during the year and I feel both positive and proud as Chief Executive Officer as we enter into 2025/26.

David Eltringham

Chief Executive



**Trust Board of Directors Meeting in Public
29 May 2025**

Report title	Update to the previous Private Board meeting held since the last Public Meeting on 27 March 2025
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Agenda item	7
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Report executive owner	Becky Southhall, Chief Governance Officer
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Report author	Kofo Abayomi, Head of Corporate Governance
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Governance Pathway: Previous consideration	Not Applicable
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Governance Pathway: Next steps	Not Applicable
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Executive Summary
The report details agenda items that were received by the Private Trust Board, decisions made, and items noted at the meetings held on 27 March and 24 April 2025.

Alignment with Strategic Objectives
This reports relates to the Well Led objective.

Relevant Board Assurance Framework (BAF) Risk
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This report relates to all BAF Risks.

Financial Validation	Not Applicable
Recommendation(s)	
The Board is asked to note the update.	

For Assurance		For decision		For discussion		To note	✓
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Private Trust Board 27 March

1. Confidential Report from the Chair

The Board received an update from the Chair with key points:

- a. Non-Executive Director Appointments
- b. NHS England Transition Leadership Team
- c. Board Committee Membership and Structure

2. Confidential Report from the Chief Executive Officer

The Board received an update from the Chief Executive Officer with key points:

- a. NHS England Leadership Team
- b. System Level Plan and SCAS Financial Plan
- c. SCAS Self-Assessment Undertaking feedback
- d.

3. Risks Associated with Station Supply of Controlled Drugs following Home Office Licence Approval

The Board discussed risks associated with station supply of controlled drugs following Home Office License Approval.

4. Finance Month 11 Confidential Update

The Board noted the confidential update on the month 11 financial position.

5. Confidential HIOW ICS Finance Report – Month 11

The Board noted the HIOW ICS Month 11 Finance Report

6. Financial Recovery Plan

The Board **NOTED** the report and progress against the plan.

7. CFR Fleet Replacement Recommendation

The Board considered and approved the recommendation

8. HSH IUC Head Contract and Sub-Contract Variations - 24/25 Finance

The Board **APPROVED** the HSH IUC Head Contract and Sub-Contract Variations 2024/25 finance

9. Digital Update

The Board received the digital update for the reporting period.

10. Employee Relations Case Report – Quarter 3 2024/25

The Board noted the report.

11. Any Other Business

1. The Board discussed Board objectives.

Private Trust Board 24 April

1. Confidential Report from the Chief Executive Officer

The Board received an update from the Chief Executive Officer with key points:

- a. SCAS Operational and System performance

- b. Update on Recovery Support Programme
- c. SCAS financial position
- d. Update on Executive Director recruitment
- e. NHS England leadership change

2. SCAS - Response to self-assessment on Enforcement Undertakings

The Board noted the SCAS response to self-assessment on enforcement undertakings.

3. Integrated Performance Report

The Board received the integrated Performance Report for the period covering February 2025.

4. Finance Report – Month 12

The Board received the finance month 12 update.

5. Financial Recovery Plan

The Board received the financial recovery plan for month 12.

6. Confidential HIOW ICS Finance Report – Month 12

The Board received the HIOW ICS finance report month 12.

7. Ambulance Contract 2024 / 25 HIOW and TV ICB Funding Allocations: Variations CV12 through to CV14

The Board approved the contracts.

8. Joint Strategic Collaboration Committee Terms of Reference

The Board approved the terms of reference.

9. Digital Update

The Board received the digital update report.

10. Anonymous Concern

The Board noted anonymous concerns received.



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Staff Story
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Agenda item	8
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Report executive owner	Natasha Dymond
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Report author	Rebecca Webb, FTSU Guardian
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Governance Pathway: Previous consideration	NA
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Governance Pathway: Next steps	NA
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Executive Summary

Purpose of the Story

This story is being shared with the Board to highlight the human impact of leadership attitudes and communication around flexible working requests. It provides insight into how long-standing cultural norms can create barriers for staff and how Freedom to Speak Up (FTSU) plays a critical role in enabling voices to be heard.

Overview of the Staff Member

Henry is a long-serving and highly experienced paramedic. Recently, he raised concerns through FTSU after a distressing experience requesting flexible working arrangements due to the impact of night shifts on his physical and mental wellbeing.

The Story

Henry sought flexible working because he was struggling with recovery from night shifts, which he feared could lead to compromised patient safety. Despite support from his immediate team leader, his request was denied by senior leadership without direct communication or dialogue. He was only informed via email, and the lack of engagement left him feeling undervalued. He was offered the option to have his request granted if he downgraded from a Paramedic to a Technician, which further contributed to his distress. The lack of direct conversation, explanation of the decision, and reliance on indirect communication channels led Henry to feel dismissed and unsupported. He seriously

considered resigning from his role. Through the FTSU process, he was eventually heard, and the situation brought to light wider cultural and leadership issues.

Organizational Impact and Learning

This case revealed several key themes:

- A need for **more compassionate and person-centred leadership**, especially in decision-making affecting staff wellbeing.
- The importance of **direct, respectful communication**, including explaining the rationale behind decisions.
- The risk of **unintentional harm to staff morale and retention** when long-standing norms go unchallenged.
- The power of FTSU in enabling psychological safety and positive change.

Key Takeaways

- Leadership mindset matters: “This is how we’ve always done it” “you work for an ambulance service you need to do the shifts given” “If I do it for you, I must do it for everyone” can no longer be a defensible stance.
- There is a need to review how flexible working requests are managed and communicated
- Supporting staff wellbeing is essential for maintaining patient safety, workforce sustainability, and trust in leadership.

Next Steps / Recommendations

- Ensure leaders receive training in **empathetic leadership and effective communication**.
- Review and potentially revise the **flexible working policy and process**, ensuring fairness and transparency including the understanding and awareness of line managers.
- Encourage senior leaders to engage more **personally and proactively** in staff matters raised through FTSU or other feedback channels.
- Continue to share real staff stories to **challenge unhelpful cultural norms** and foster a more inclusive and responsive environment.

Alignment with Strategic Objectives

With which strategic theme(s) does the subject matter align? (If more than one, please write manually)

People & Organisational

Relevant Board Assurance Framework (BAF) Risk

To which BAF risk(s) is the subject matter relevant? (If more than one, please write manually)

SR7 - Staff Feeling Unsafe, Undervalued and Unsupported

Financial Validation

Capital and/or revenue implications? If so:
Checked by the appropriate finance lead? (for all reports)

	Considered by Financial Recovery Group (for reports where the financial impact is not covered within existing budgets)
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Recommendation(s)

What is the Committee/Board asked to do:
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- | |
|---|
| <ul style="list-style-type: none">• Discuss and note the staff experience shared and what if any actions can be taken from this |
|---|

For Assurance		For decision		For discussion	✓	To note	✓
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1. Background / Introduction

Bringing Staff story to Board to provide the lived experience of a person relating to flexible working.

2. Detail

Recorded conversation with staff member and executive summary above.

3. Quality Impact

The decision not to act could have impacted patient safety/experience and clinical effectiveness.

4. Financial Impact

The decision not to act would have cost the trust in retention of staff.

5. Risk and compliance impact

The wellbeing, safety and retention of our people together with the safety of our patients.

6. Equality, diversity and inclusion impact

Groups that may be affected are parents, carers, pre-retirement, people with disabilities for example.

7. Next steps

FTSU will continue to listen to lived experiences, use this example as a 'you said, we did' within the newsletter, receive assurance from the local leaders on how they will share themes and learning from this case.

8. Recommendation(s)

8.1 The Group / Committee / Board is asked to:

8.1.1 Discuss a report/paper and establish what further action is required

- Ensure leaders receive training in **empathetic leadership and effective communication**.
- Review and potentially revise the **flexible working policy and process**, ensuring fairness and transparency including the understanding and awareness of line managers.
- Encourage senior leaders to engage more **personally and proactively** in staff matters raised through FTSU or other feedback channels.
- Continue to share real staff stories to **challenge unhelpful cultural norms** and foster a more inclusive and responsive environment.

9. Appendices

9.1 N/A



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Integrated Performance Report (IPR)
Agenda item	9
Report executive owner	Stuart Rees, Chief Finance Officer
Report author	Tina Lewis, Senior Transformation Programme Manager
Governance Pathway: Previous consideration	Executive Management Committee; Finance & Performance Committee
Governance Pathway: Next steps	N/A

Executive Summary	
Summary of the Integrated Performance Report (IPR) – April 2025	
<p>Purpose and Scope The Integrated Performance Report (IPR) provides a comprehensive overview of the Trust's performance across key areas, including Operational Performance, Quality & Safety, and People. This report covers April 2025, the first month of the new financial and operational year.</p> <p>The IPR provides valuable insights on where the Trust is delivering as expected and highlights areas requiring process redesign and resource adjustments to meet targets and improve performance.</p> <p>Key Highlights</p> <ol style="list-style-type: none"> Assurance and Variation Levels: <ul style="list-style-type: none"> Assurance Levels: <ul style="list-style-type: none"> <i>Pass:</i> 6 metrics consistently meet targets. <i>Fail:</i> 12 metrics consistently fail to meet targets without process changes. <i>Hit or Miss:</i> 42 metrics fluctuate within control limits. Variation Levels: 	

- *Special Cause*: 11 metrics show consistent improvement; 3 show decline.
- *Expected/Common Cause*: 39 metrics show typical variations.

There is only one metric, relating to “Freedom to Speak up” (FTSU), that we are awaiting a target or benchmark to be set for the 2025/26 financial year and as a result no “Pass”, “Fail” or “Random” assurance level can be provided.

2. Operational Performance:

- **Category 1 Response Times**: National target of 7 minutes remains unachievable without process redesign, however, there has been five months of improved performance.
- **Category 2 Response Times**: Both the mean and 90th percentile response times are showing special cause variation, with the national target of 30 mins being achieved for the fourth consecutive month, this aligns with the reduction in average time to handover patients, both of which are stabilising
- **Patient Outcomes**: Hear & Treat (HT%) and See, Treat & Convey to ED (STC-ED%) continue to deliver as expected, however, it will not be possible to deliver our See & Treat (ST%) target without a process redesign
- **111 Services**: There are no areas of significance to note, our national 111 call back target remains unachievable without a process redesign
- **Vehicles Off Road (VOR)**: Remains a concern for the Trust and continues to impact on our clinical availability
- **Patient Transport Service (PTS)**: At the end of March 2025, SCAS exited from Thames Valley and Sussex PTS service delivery. All PTS metrics and targets have been rebased to reflect the remaining services.

3. Quality & Safety:

- **Clinical AQI's**: For Stroke and ROSC patients we continue to perform as expected. There has been a special cause exception for our STEMI 90th performance, but it should be noted that data for Stroke is up to September and for remaining AQI's only to December 2025.
- **Safeguarding**: Both Level 1 (all Staff) and Level 3 (patient facing staff) continue to deliver in line with target
- **Hand hygiene & Vehicle Cleaning**: Each of these infection control metrics continue to perform as expected and over the last four months has seen a reduction in variation
- **Patient Safety**: The Trust continues to monitor its response to Patient Safety via PSIRF, however, there remain insufficient data points to provide a view on assurance.

4. People:

- There is a continuation of the positive trends in the percentage of **BAME staff** and **staff with disabilities**.
- **Whole Time Equivalent (WTE)** have seen a sharp but expected decline, following the TUPE of NEPTS staff; **Vacancy rates** are indicating that the Trust is over plan
- **Sickness**: Both in-month and long term sickness continue to deliver as expected but remain above target
- **Statutory & Mandatory training** remains unachievable and a review of how this is measured compared to the target is required. It is noted that our “End of Life” training for clinical staff, which would improve the metric by 13%, is not currently included.

- **Meal break and End of Shift compliance** are continuing to improve which is in line with our improved response times.

Upcoming Changes, Developments

- New Financial year IPR has now been locked down, with targets or benchmark positions approved and automation established
- Reporting of trajectories and action plan assurance are in the process of being validated and our outlined in **Appendix 1**.
- A champions network with representation from across the organisation is now in place to support quality assurance and improve the effectiveness of our commentary to enable data driven decision making
- Work will commence on version 2 of the Board IPR and sub-committee papers, in terms of metrics during the remainder of QTR1 and into QTR 2, for issue in October 2025.

Alignment with Strategic Objectives

With which strategic theme(s) does the subject matter align?

Well Led

Relevant Business Assurance Framework (BAF) Risk

To which BAF risk is the subject matter relevant?

SR9 - Delivery of the Trust Improvement Programme

Financial Validation

N/A

Recommendation(s)

What is the Board asked to do:

- Note this paper and associated IPR document

For Assurance

✓

For decision

✓

For discussion

✓

To note

✓

Appendix 1 – Annual Action Plan Tracker – Version 1

Note this represents a draft, noting not all trajectory details confirmed, which is in progress for the May 2025 reporting period.

The action tracker that follows is designed to provide assurance to the Trust Board of the following for each of the metrics included with the Integrated Performance Report (IPR):

- 1) A plan exists to either move from current to the improved target position or to maintain existing compliance
- 2) Details of the relevant Trust Sub-Committee that is providing oversight on the progress of delivery against target / trajectory and where mitigating plans are discussed and approved.

The details contained within this tracker have been based on the following:

- a) Approved national, contractual or locally agreed year end position targets. These are the targets that are included within the IPR.
- b) Trajectories as per approved either:
 - a. As part of the 25/26 Trust Annual plan
 - b. As per detailed Tier 1 (Strategic) or Tier 2 (Tactical) programme deliverables.

It is expected that once approved this document remains unchanged for the duration of the 2025/26 Financial year.

If circumstances arise that do require the Trust to make a change to either the Targets or the Trajectories, these will be subject to a Change Control approval process and details of any updates including rationale will be documented as part of a revised version.

Abbreviations:

FPC Finance and Performance Committee

Q&S Quality and Safety Committee

PACC People and Culture Committee

Internal References:

1. Strategic Framework Annual Plan – Board April 2025
2. IPR Target & Trajectory documentation

Operations Performance – 999 Response Times / Utilisation

Metric	Target	Trajectory	Sub-Committee																																										
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Operations Performance – Clinical Co-ordination Centre / Patient Transport Service – Calls & Volume

Metric	Target	Trajectory	Sub-Committee												
999 Call answer ¹	0:00:10	Flat trajectory =< 10 seconds (0:10:00)	FPC												
999 Abstraction Rate	2.0%	TBC - IWP	FPC												
% Hear & Treat ¹	14.5%	2025/26					FPC								
		QTR 1	QTR 2	QTR 3	QTR 4										
		14.5%	16.0%	18.0%	18.0%										
111 Call answer ¹	95%	2025/26												FPC	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			Mar
		67.9%	61.0%	88.1%	97.9%	98.5%	95.2%	94.1%	95.4%	97.2%	83.9%	93.2%			97.9%
111 Abstraction Rate	3.0%	TBC -on IWP	FPC												
111 Call backs	95%	Flat trajectory	FPC												
Calls answered (PTS)	90%	TBC	FPC												
Number of calls (PTS)	6,672	TBC	FPC												
% Patients arrived in time	87%	TBC	FPC												
% Patients collected in time	87%	TBC	FPC												
PTS volume – no. of journeys	23,414	TBC	FPC												
No. of patients transported	5,332	TBC	FPC												

Quality & Safety – Core measures

Metric	Target	Trajectory	Sub-Committee
PSI Low / no harm incidents	450	Flat Trajectory – Benchmark	Q&S
Monthly PSII	3	Flat Trajectory - Benchmark	Q&S
Monthly PSILR	9	Flat Trajectory - Benchmark	Q&S
PSII Cases > 6 months	0	Flat Trajectory – Benchmark	Q&S
Datix incidents	15	Flat Trajectory - Benchmark	Q&S
CD Unaccounted for losses	2	TBC	Q&S
Level 1 Safeguarding	95%	TBC	Q&S
Level 3 Safeguarding	90%	TBC	Q&S
Complaints	37	Flat Trajectory - Benchmark	Q&S
Complaints in time	95%	TBC	Q&S
No. Hand hygiene audits	261	TBC	Q&S
Hand hygiene %	95%	TBC	Q&S
No. Vehicle audits	167	TBC	Q&S
Vehicle audit %	90%	TBC	Q&S

People – WTE, Availability, Staff Compliance, Staff Welfare

Metric	Target	Trajectory	Sub-Committee
Number of WTE	3,753	TBC – on IWP?	PACC
% Turnover	17.7%	TBC – on IWP?	PACC
% Vacancy	0.2%	TBC – on IWP?	PACC
Time to hire - days	84	TBC	PACC
% Trust staff who are BAME	8.86%	Flat Trajectory - Benchmark	PACC
% Trust staff declared disabled	9.54%	Flat Trajectory - Benchmark	PACC
% Sickness in month	6.2%	TBC	PACC
% Long term sickness	3.5%	TBC	PACC
% DBS	95%	Flat Trajectory - TBC	PACC
Appraisals - Trust	95%	Flat Trajectory - TBC	PACC
% Stat & Mand training	95%	Flat Trajectory - TBC	PACC
FTSU cases	TBC	Flat Trajectory - TBC	PACC
Meal Break compliance - SCAS	85%	TBC	FPC
Over-runs> 30 mins - SCAS	15%	TBC	FPC

Integrated Performance Report: Apr-25



Executive Summary

Operational Performance

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

Safety and Quality

People

Executive Commentary :

Operational Performance :

999 call volumes were below forecasted levels and we delivered a mean call answer of 7 seconds (OP7) against target of 10 seconds. We still exported 404 calls via IRP in the month with this level of performance. The EOC teams are continuing to focus reducing average handling times to reduce the volume of calls passing to other Trusts via the Integrated routing platform (IRP) which is due to be switched off at the end of June. This poses a risk to SCAS as a net exporter of calls, however will affect all Trusts during times of increased demand. AACE have written to NHSE with a request to review this decision. H&T performance improved to the highest level delivered at 15.8% (OP7) against the target of 14% and again driven by increased clinical hours in CSD and the team validating more category 3 calls. This is the 4th highest performance across all Trusts. We have strengthened the clinical leadership in CSD which is delivering improved focus and delivery.

S&T (OP10) fell to the lowest level at 31.3% which was caused by the much higher than planned H&T levels. (3rd highest Trust) This is a failing measure as we have set a target of a 1% increase on S&T against 24/25, however with higher H&T this target will be very challenging. Teams continue to focus on delivery and use of the clinical pathways available for S&T and for non ED conveyance. Meal Break compliance (P13) has improved for the 5th consecutive month and is now at the highest level reported at 71.5%. This is following the changes to the meal break policy in March and teams will continue to monitor the delivery of this measure. Average hospital handover time (OP12) continues to improve

111 call answer (OP16) improved to 89% with a reciprocal decrease on call abandonment (OP17). This improvement is from improved logged in hours from health advisors along with a reduction in average handling time. There is on going recruitment into vacancies to further improve these measures with 23 new starters in April and May.

Operational Performance :

The national reporting on Ambulance response times for April shows SCAS as 7th for cat 1, 3rd for cat 2 mean, 2nd for cat 2 90th, 6th for cat 3 90th and 7th for cat 4 90th. Response demand was within 0.5% of forecasted demand. Category 1 performance (OP1) was 8 minutes 01 seconds and we have achieved cat 1 90th (OP3) for the second month at 14:42. Category 2 performance (OP2) was 22:43 against the month target of 26:19. The better performance was delivered through higher H&T at 15.8% (1.8% above plan), lower average turnaround times and higher than planned operational hours. Improved turnaround time reduced cat 2 by 39 seconds through improved handover in the north and better clear up times across the trust. Operational hours were 959 hours above plan, which further improved cat 2 by a further 19 seconds. We have seen a significant drop in private provider (PP) hours in April following companies being served notice and our PP hours were 3928 below plan for the month, however this has recovered in May with the 3 remaining companies delivering 100% of their hours. The over delivery of operational hours is driven by higher than planned establishment levels from improved recruitment and lower attrition. The main focus for the planning teams is to continue to reduce operational hours in line with the plan submitted for 25/26.



Executive Commentary :**Quality & Safety:**

Patient Safety:

QS slide 1&2 show we are continuing to see the majority of reported patient safety incidents sitting in the no and low harm category, which is positive.

We have 1 Patient Safety Incident investigation this month where there is learning for us and our staff around working with patients with a Lasting Power of Attorney (LPA).

Of the 5 patient safety incidents which had an indication of potential high harm, 4 were identified as re contacts with SCAS and one was in relation to the standard of care during resus. These are all now under active review.

IPC

QS slides 7, 8, 9 & 10 show compliance with target against the numbers of hand hygiene audits and standard of the audit. We also were compliant with the number of vehicle audits required due to database improvements in the way we track vehicles requiring audit and although we did not meet the target of 90% for the standard of the vehicle audits, 88.3% is an improved position from last month.

An IPC quality improvement project is ongoing involving packing items on the ambulances into pouches, to reduce cleaning and checking time, if these items are not used. This will result in more time available to clean essential parts of the ambulance.

Safeguarding Training

L3 face to face training continues to meet target of 90%. We are monitoring the other elements of SG training required through SG Committee and EMC.

Medicines and ACQI

QS6 Indicates that the controls in place to account for Controlled Drugs losses are working, but require constant scrutiny.

QS11&12 for STEMI show common cause variation. Trust clinicians have been engaged to identify areas to improve and reduce on scene times. QS11 is below the upper target for performance.

QS13, 14 & 15 for Stroke have not received latest data due to technical issues with the SSNAP data feed.

QS16, 17, 18 and 19 for the cardiac arrest metrics show common cause variation and with the exception of QS19 hit and miss the target. QS19 trends above the target which is positive. The data is static and an improvement plan is in the early stages of development.

People:

P1 - WTE rates have reduced in month 1, reflective of phased exits due to the corporate restructure and as an impact of the transfer of PTS staff on 31st March. However, we are currently 146.65 above plan at this point. This will even out over quarter 1 as workforce plans are realigned to take into consideration the transfer of private provider staff into the Trust.

P2 - Vacancy rates have been impacted by being over plan within operations due to the TUPE implications of the private provider staff. However, this will be aligned by the end of quarter 1.

P4 - Time to hire has reduced considerably from previous months to 50 days, which is under the target of 84 days, due to the changing from a mean measure to a median measure. Adjustments will be made to historical data to reflect the new measure during quarter 1.

P7&8 - Sickness remains above the new targets, although not unexpected, 7.3% for all sickness and we are not showing the expected improvements in long term sickness we expected to see after the PTS transfer. A focus on support for long term sickness in particular is underway.

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:

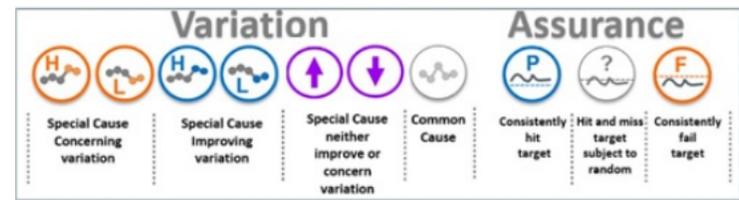
- 1) Any single point outside the process limits.**
- 2) Two out of three points within 1 sigma of the upper or lower control limit.**
- 3) A run of 6 points above or below the mean (a shift) .**
- 4) A run of 6 consecutive ascending or descending values (a trend).**

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



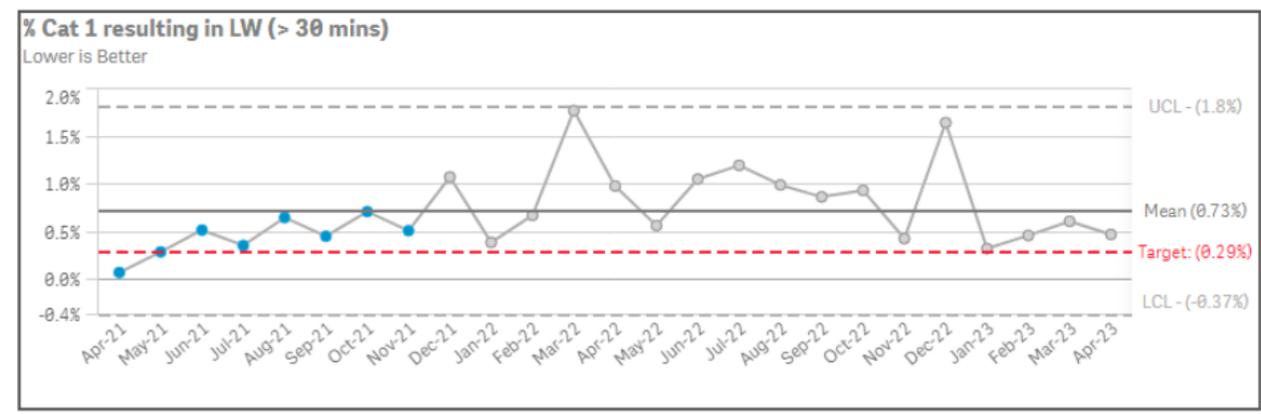


	Pass	Hit and Miss	Fail	No Target
 H	Special cause of an improving nature where the measure is significantly HIGHER.This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER.This process will not consistently HIT OR MISS 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.
 L	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.
 H	Special cause of a concerning nature where the measure is significantly HIGHER.The process is capable and will consistently PASS the target.	Special cause of a concerning 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 a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly HIGHER.Assurance cannot be given as a target has not been provided.
 L	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 given as there are insufficient number of points. Assurance cannot be given as a target has not been provided.

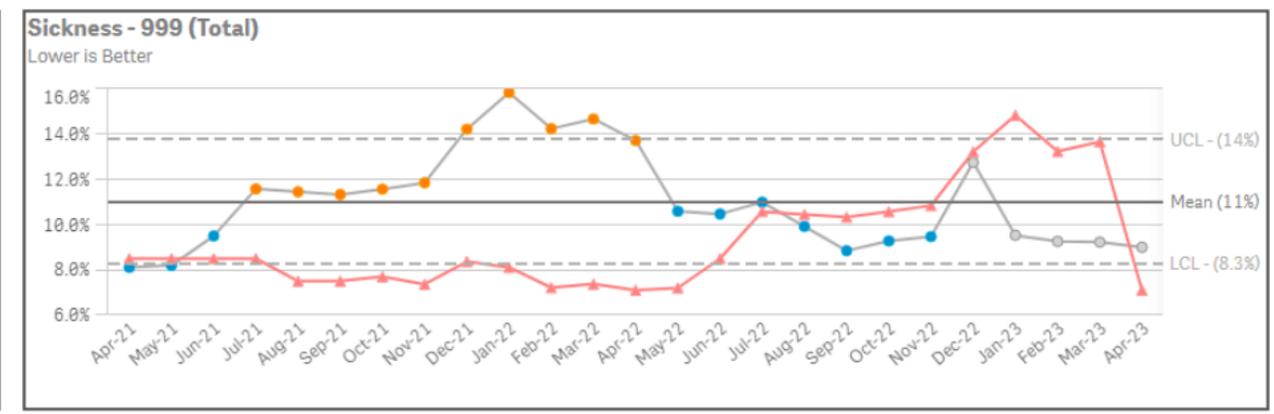
Assumptions:

- 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 variation) all the points will fall above or below the 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

April-25 Summary

Metrics:

Assurance →



Variance
↑
↓

	Fail	Hit and Miss	Pass	No Target
		PTS Volume - No. of Journeys S&T - SCAS	Number of WTE	
	111 Call back < 20 min Appraisals - Trust Cat 3 90th %ile SCAS ST&C (ED 1&2) - SCAS	31	Clear up Delays - SCAS Safeguarding Adults Level 1	FTSU Cases
	% Vacancy Average Hospital Handover Time - SCAS Cat 1 Mean SCAS	999 Calls abandoned % Cat 1 90th %ile SCAS Cat 2 90th %ile SCAS Cat 2 Mean SCAS Number of reported CD incidents - unaccounted for losses		
	% Trust staff who are BAME Meal Break Compliance - SCAS PTS - Calls answered in 60 seconds	Patients Arrived within time		

Hit and Miss Common Cause Metrics:

% Arrival at hospital to handover > 15mins ; % Long term sickness ; % Sickness in month ; % Trust staff who are declared disabled ; % Turnover ; 111 Calls abandoned after 30 secs % ; 111 call answer in 120 Secs % ; 999 Mean Call Answer Time ; Cardiac Arrest Survival at 30 Days - All Patients ; Cardiac Arrest Survival, Utstein ; Cat 4 90th %ile SCAS ; Complaint Responses in time ; H&T - SCAS ; Hand Hygiene audit ; Number of Complaints ; Over-runs > 30 mins - SCAS ; PTS Call Volume ; PTS Volume - No. of Patients Transported ; Patients Collected within time ; Percentage of compliant Hand Hygiene audits ; Percentage of compliant Vehicle cleanliness audits ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - All Patients ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - Utstein Cohort ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Safeguarding Level 3 ; Stroke - Call to Hospital arrival 90th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; VOR - Total ; Vehicle cleanliness completed audits



Operational Performance

Assurance →



Variance
↑
↓

	Fail	Hit and Miss	Pass	No Target
		PTS Volume - No. of Journeys S&T - SCAS		
	111 Call back < 20 min Cat 3 90th %ile SCAS ST&C (ED 1&2) - SCAS	% Arrival at hospital to handover > 15mins 111 Calls abandoned after 30 secs % 111 call answer in 120 Secs % 999 Mean Call Answer Time Cat 4 90th %ile SCAS H&T - SCAS PTS Call Volume PTS Volume - No. of Patients Transported Patients Collected within time VOR - Total	Clear up Delays - SCAS	
	Average Hospital Handover Time - SCAS Cat 1 Mean SCAS	999 Calls abandoned % Cat 1 90th %ile SCAS Cat 2 90th %ile SCAS Cat 2 Mean SCAS		
	PTS - Calls answered in 60 seconds	Patients Arrived within time		

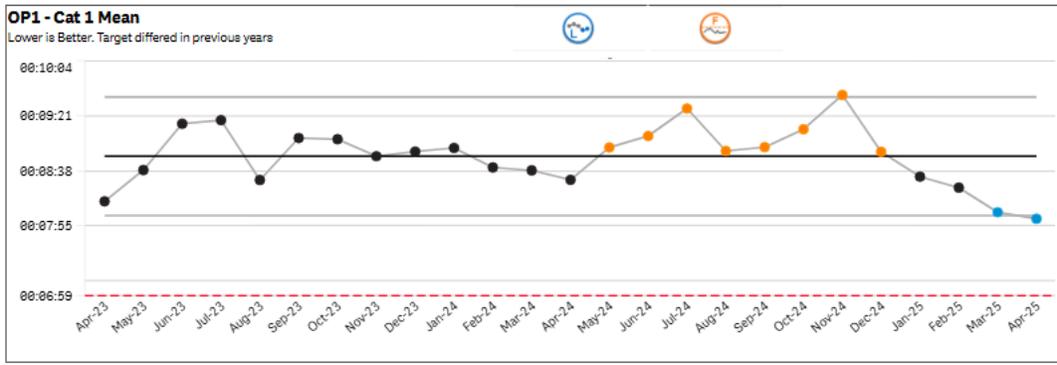
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Cat 1 Mean		Apr-25	00:08:01	00:07:00			00:08:50	00:08:03	00:09:36
Cat 1 90th %ile		Apr-25	00:14:42	00:15:00			00:16:00	00:14:39	00:17:21
Cat 2 Mean		Apr-25	00:22:43	00:30:00			00:29:07	00:21:13	00:37:02
Cat 2 90th %ile		Apr-25	00:44:03	00:40:00			00:56:40	00:39:54	01:13:26
Cat 3 90th %ile		Apr-25	03:33:05	02:00:00			05:35:23	02:15:45	08:55:01
Cat 4 90th %ile		Apr-25	04:54:35	03:00:00			06:55:38	02:20:26	11:30:49
% Vehicles off the road		Apr-25	36%	23.0%			39.8%	33.1%	46.5%
Ave Handover		Apr-25	00:18:23	00:15:00			00:22:11	00:17:29	00:26:53
Handover > 15mins		Apr-25	48%	40.0%			45.0%	38.2%	51.8%
Clear up Delays		Apr-25	00:13:54	00:15:00			00:14:01	00:13:39	00:14:22
% See and treat		Apr-25	31%	32.7%			32.4%	31.3%	33.4%
% ST&C to ED		Apr-25	49%	47.0%			50.0%	48.4%	51.5%
999 Call Answer		Apr-25	00:00:07	00:00:10			00:00:11	00:00:04	00:00:18
999 Ab. Rate		Apr-25	1.9%	2.0%			2.6%	1.7%	3.6%
% Hear and treat		Apr-25	16%	14.5%			14.2%	12.3%	16.1%
111 Call Answer		Apr-25	89%	95.0%			76.6%	56.0%	97.3%
111 Ab. Rate		Apr-25	1.5%	3.0%			3.7%	-0.5%	7.9%
111 Call backs		Apr-25	45%	95.0%			40.4%	26.9%	53.9%

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

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Calls Answered (PTS)		Apr-25	96%	90%			54.8%	22.1%	87.5%
Number of calls (PTS)		Apr-25	7,021	6,672			6,679.17	4,313.49	9,044.85
% Patients arrived in time		Apr-25	92%	87%			87.6%	83.2%	92.0%
% Patients collected in time		Apr-25	87%	87%			86.0%	84.1%	87.9%
PTS Volume - No. of Journeys		Apr-25	21,234	23,414			24,159.4	20,679.9	27,638.9
Number of Patients Transported		Apr-25	5,189	5,332			5,125	4,410.52	5,839.48

Operations - Response Times



Variation

Improving

Assurance

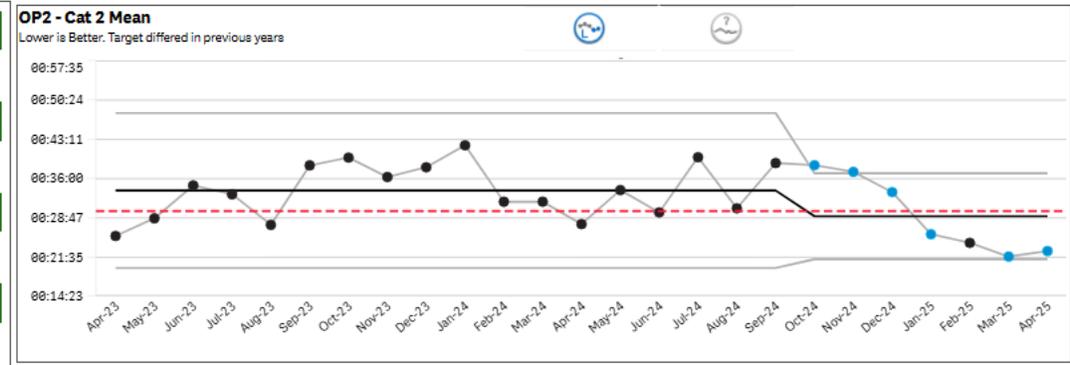
Fail

Target

00:07:00

Latest

00:08:01



Variation

Improving

Assurance

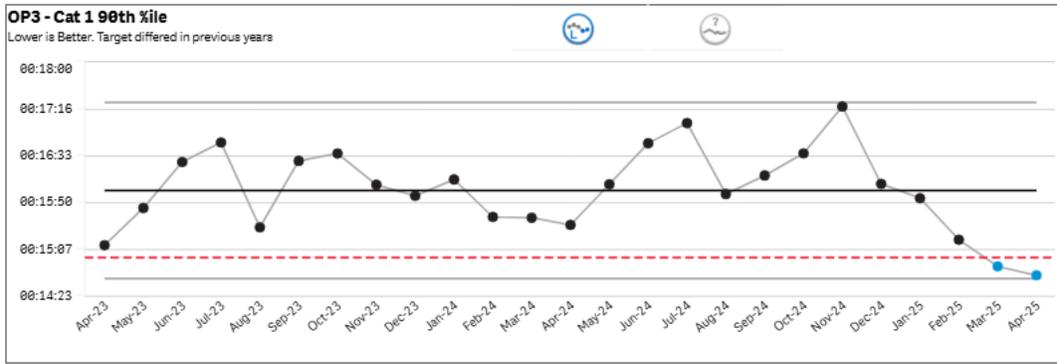
Random

Target

00:30:00

Latest

00:22:43



Variation

Improving

Assurance

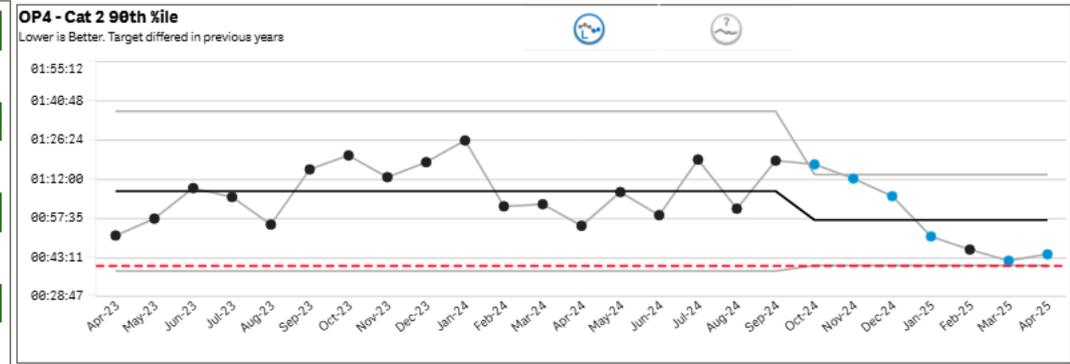
Random

Target

00:15:00

Latest

00:14:42



Variation

Improving

Assurance

Random

Target

00:40:00

Latest

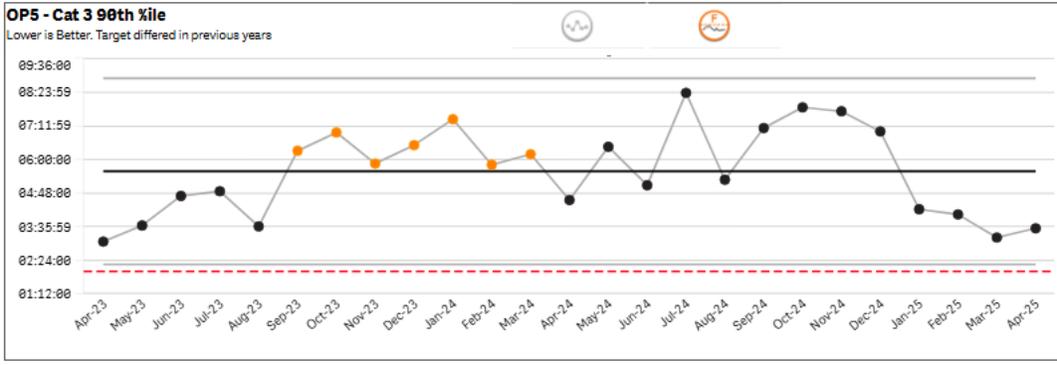
00:44:03

Understanding the Performance:
 Cat one continues to improve, remaining within the expected variation but failing to meet target. Whilst Cat 2 has increased it is still below target. Demand was 0.5% above plan and staff hours 0.46% below plan. Performance was positively impacted by turnaround times, lost unit hours and on scene/clear up elements of task time.

Actions (SMART):
 Focus on maintaining financial controls against new budget
 Delivery of CIPs
 Continued support of R2R
 Focus on Clinical recruitment into CSD to support H&T
 Progress the TUPE of PP staff to ensure timely induction to SCAS and move to work effective.
 Review workforce plan to account for TUPE and alignment to budget accounting for TUPE and better than planned attrition.

Risks:
 NHSE Sign off of annual plan
 Continued delivery of R2R
 Delivery of CIPs to ensure delivery of annual plan.

Operations - Response Times



Variation

Expected

Assurance

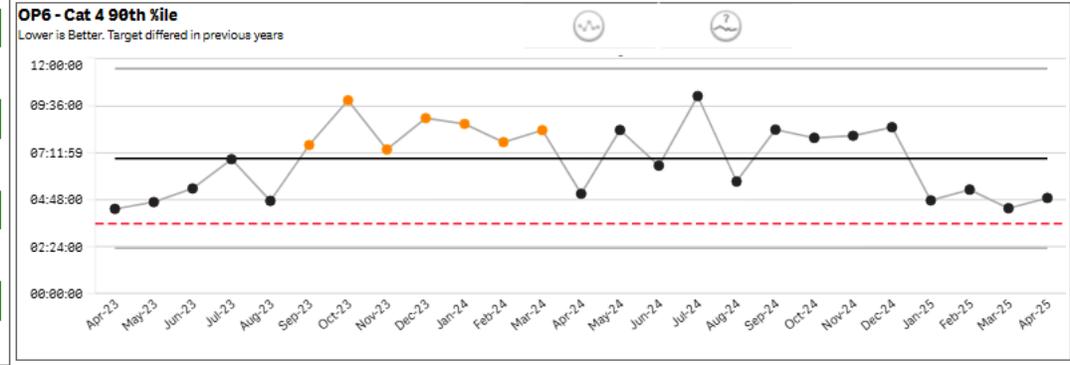
Fail

Target

02:00:00

Latest

03:33:05



Variation

Expected

Assurance

Random

Target

03:00:00

Latest

04:54:35

Understanding the Performance:
 There was a slight increase in both Cat 3&4. Both remained within the expected variance but failed to meet the target.

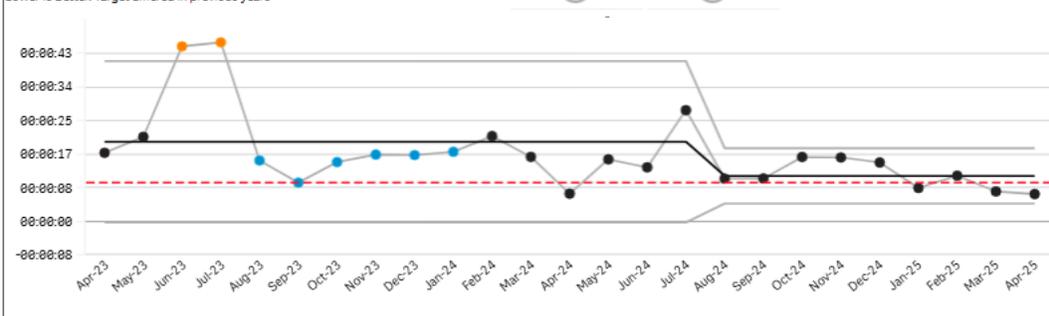
Actions (SMART):
 SP Model focused on Cat 3&4
 Recruitment of staff into CSD to support increased H&T
 Development of clinically led dispatch model
 Delivery of HIOW SPOA to provide alternative response to sending and ambulance to Cat 3&4

Risks:
 Ability to recruit and train sufficient clinical staff to CSD to support improved H&T
 NHSE sign off of annual plan

Operations - Operations Centre

OP7 - 999 Call Answer

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

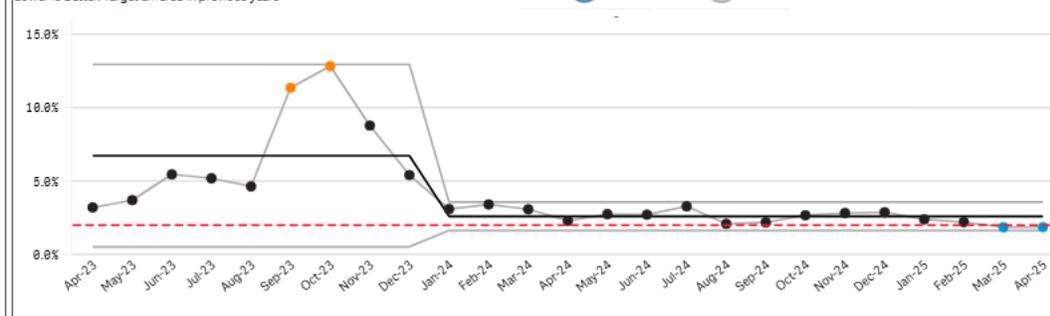
00:00:10

Latest

00:00:07

OP8 - 999 Call Abandonment Rate

Lower is Better. Target differed in previous years



Variation

Improving

Assurance

Random

Target

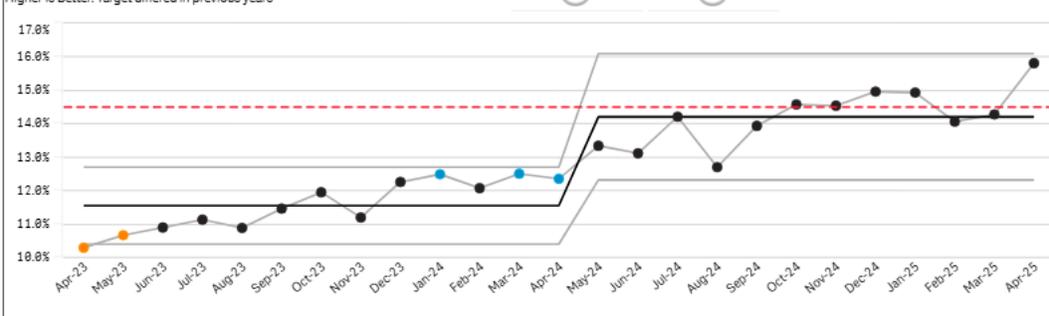
2.0%

Latest

1.9%

OP9 - % Hear and Treat

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

14.5%

Latest

15.8%

Understanding the Performance:

Both OP7 and OP8 remained below the mean, achieving target, marking another strong month for call answer performance. Demand was 1.77% below plan (though 4% higher than April 24) aided by better category 2 performance which led to a 4% reduction in duplicate calls compared to April 24. Logged-in hours were robust, supported by a decrease in absences, particularly leave.

OP9 showed an improvement above the mean, achieving target. This represented the highest level of hear and treat recorded since 2017. This has been driven by the month-on-month increase in clinical hours logged in and a decrease in available incidents.

Actions (SMART):

Continuation of the CCC improvement programme workstreams covering call taking, clinical and deployment elements, with monthly steering group oversight. Key activities this month include:

Focusing on category 1 and the early predict process.

Continuation of the review of standard operating procedures, benchmarking against SECAMB.

Delivery of the call taking performance wallboards improvement

Reviewing rosters to ensure comprehensive coverage conscious of the removal of IRP.

Conducting high-quality daily calls between the Clinical Lead and Tactical performance lead to optimise hear and treat resource and drive a more virtualised approach.

Business case for CAD changes to be submitted by Critical Systems for approval.

Risks:

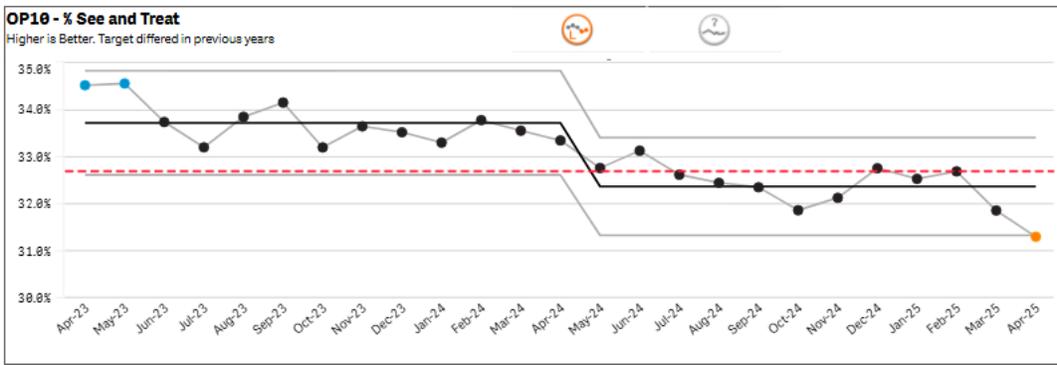
Technical Limitations: Our current CAD and financial position may restrict our ability to implement necessary technical changes, hindering improvements in average handling time and clinical queue management.

Resource Fluctuations: Variations in demand or reductions in staffing levels could prevent us from maintaining KPIs at targeted levels.

Category 2 Performance: A decrease in category 2 performance may lead to an increase in duplicate calls beyond planned demand, impacting our ability to sustain call answer performance at target levels.

IRP Removal: The removal of IRP in June 2025, without mitigation, may compromise patient safety due to delays in call answer times.

Operations - Utilisation

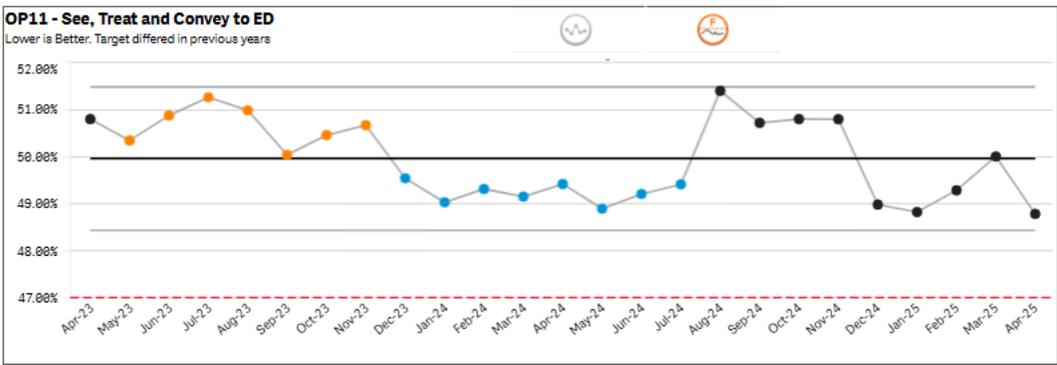


Variation
Declined

Assurance
Random

Target
32.7%

Latest
31.3%



Variation
Expected

Assurance
Fail

Target
47%

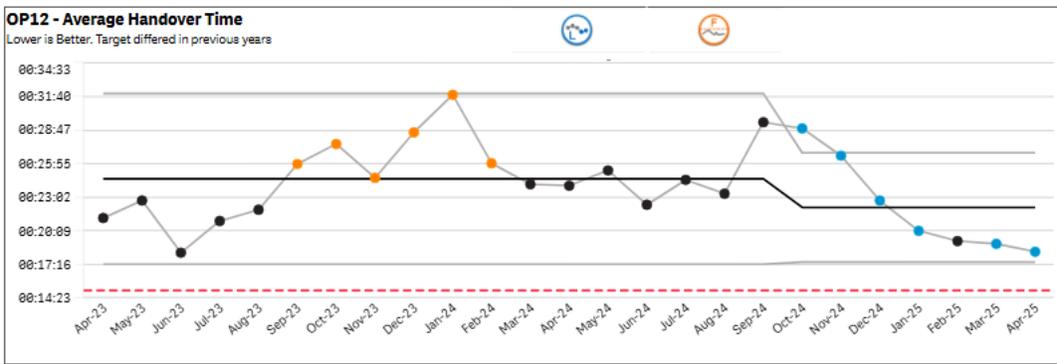
Latest
48.8%

Understanding the Performance:
S&T and ST&C ED are both showing common cause variation with S&T now failing although only a 0.5% drop in month. This will be directly linked to the significant increase in H&T. Both measures are significant as with the 25/26 planning return with an increase in S&T planned of 1% whilst also increasing H&T by 3.5%.

Actions (SMART):
Work continues with the local teams to ensure the pathways available are used where appropriate. This is reported on through the Ops CG meetings and through the PMAF. The Pathways team continue to develop new pathways and the governance to support there use.

Risks:
By not looking at S&T and H&T as coexisting pair we could loose focus on the respective targets and benefits realised from achieving them.

Operations - Utilisation



Variation

Improving

Assurance

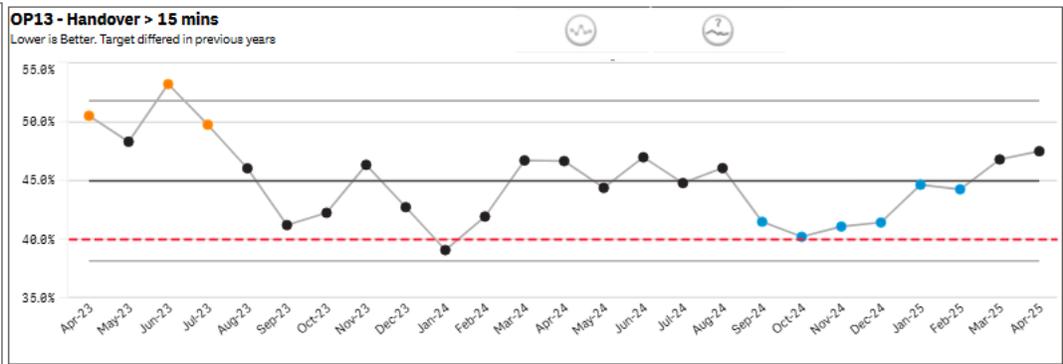
Fail

Target

00:15:00

Latest

00:18:23



Variation

Expected

Assurance

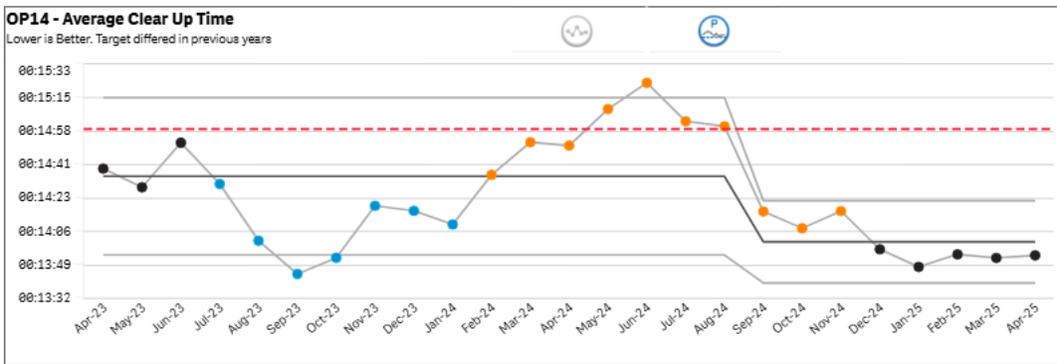
Random

Target

40%

Latest

47.5%



Variation

Expected

Assurance

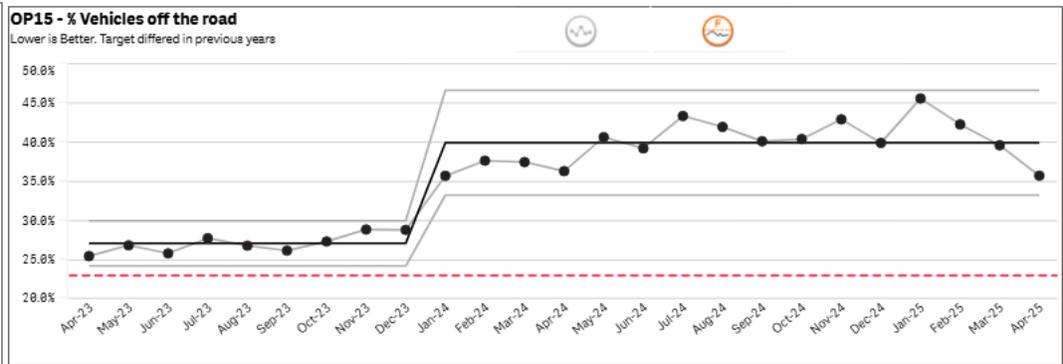
Pass

Target

00:15:00

Latest

00:13:54



Variation

Expected

Assurance

Fail

Target

23%

Latest

35.6%

Understanding the Performance:
 % Arrival at hospital to handover in > 15 mins is showing common cause variation since Sept 23 and but has met the 95% target meet the target for the first time since Jul 23 - improvement seen in 7 of the last 8 points. Average hospital handover time is within common cause variation with improvements for the last 7 points. Clear up times remain positive with the last 8 points being below the mean.

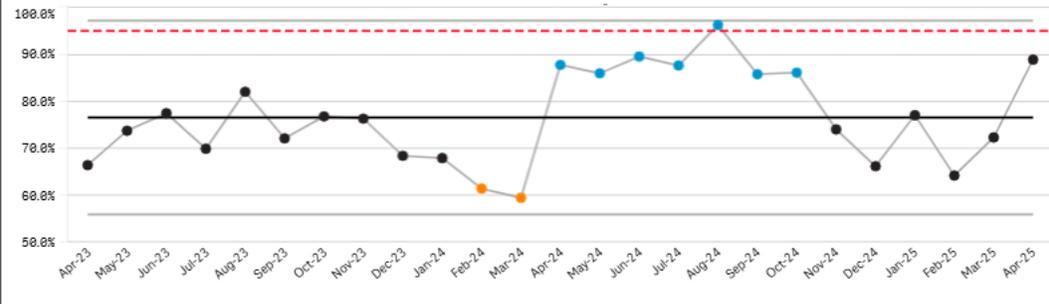
Actions (SMART):
 Continuous actions are to embed the R2R process into a sustained BAU position and withdraw the interim support that is in place at some sites - the SOP is under review with the next phase to propose withdrawal from a SCAS run cohort (where required) at 45 mins. This will be monitored through the local delivery units, Ops DPR and CIP workstreams. Continued focus on maintaining and sustaining the positive clear up position in line with 25/26 CIP targets through local monitoring and accountability.. The Ops team are focused on maintaining improvements seen in clear up delays as that part of the turnaround process is in our control.

Risks:
 If the continued performance at QAH returns to previous delays then we will see a significant worsening in overall performance

Operations - Operations Centre

OP16 - 111 Call Answer

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

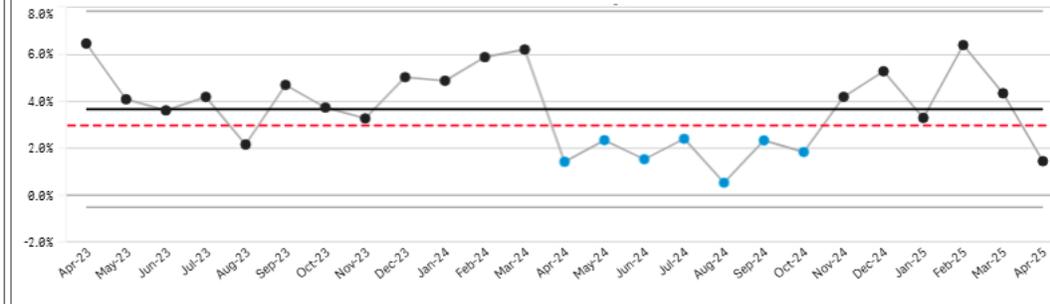
95%

Latest

89.0%

OP17 - 111 Call Abandonment Rate

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

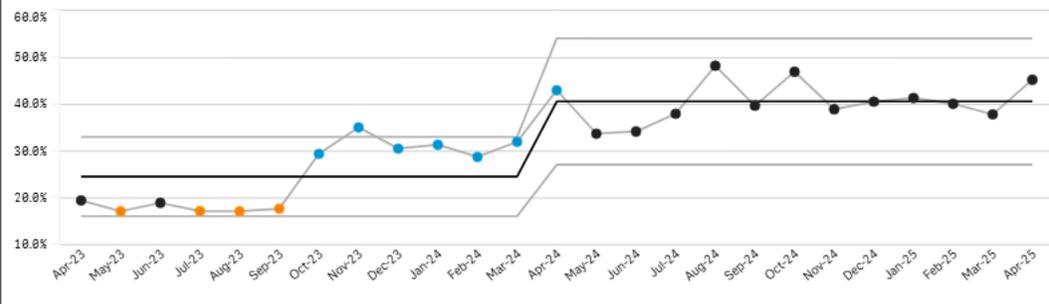
3%

Latest

1.5%

OP18 - 111 Call Back Percentage

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Fail

Target

95%

Latest

45.0%

Understanding the Performance:

OP16 improved above the mean in April, achieving 88.97%, but did not meet the target. Conversely, OP17 fell below the mean as delays to answer decreased, successfully achieving the target of less than 3%. Demand was 4.48% below planned levels, with stronger logged-in hours than seen in recent months, driven by new recruits completing training and a reduction in absences, particularly annual leave.

OP18 continues to show normal variation, sitting above the mean at 45%, not achieving target for the reasons mentioned in previous updates.

Actions (SMART):

Key actions for the month are focused on increasing call handler logged in hours and reducing average handling time.

Monthly IWP meeting to review staff against plan – currently 234.65 WTE Health Advisors in post (circa 30 WTE in training) against plan of 260 WTE.

Continued close working with recruitment to ensure course fill.

QIA and business case signed off and project to be started in May to introduce text messaging for interim care advice. This will enable a reduction in average handling time for both health advisors and clinical advisors.

Engagement plan being developed taking into consideration staff survey results and stay interview work, to drive improvement in retention, monitored via monthly IWP.

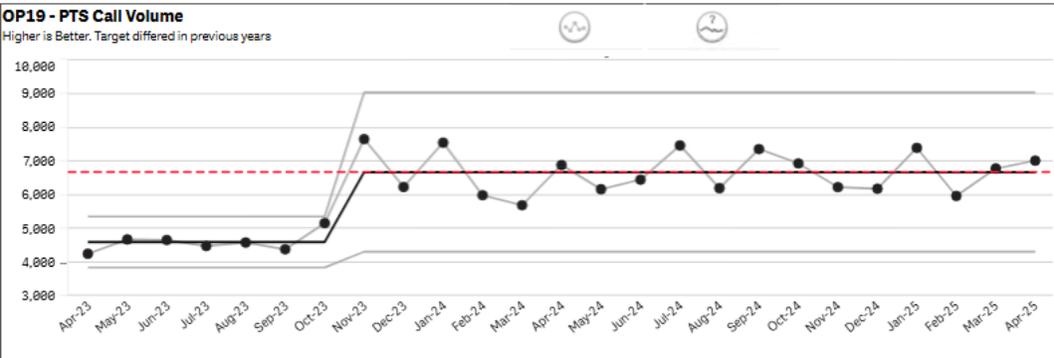
Risks:

Risk of compromised service delivery and performance due to challenges in recruiting and retaining staff.

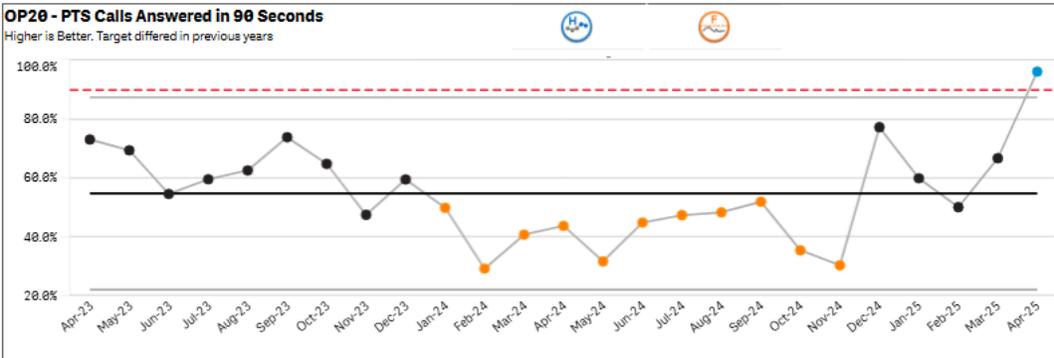
Risk of unmet performance targets and compromised service quality stemming from unfunded cost pressures and budget constraints.

Risk of inability to meet performance targets due to unexpected or higher than planned demand, which outstrips call taking capacity.

Operations - PTS - Calls and Outcomes



Variation
Expected
Assurance
Random
Target
6,672
Latest
7,021



Variation
Improving
Assurance
Fail
Target
90%
Latest
96.2%

Understanding the Performance:

- Significant increase in Call Answer performance in month with April's outturn achieving 94.52% aggregated.
- Capacity Management tool process changed enabling Call Handlers sight of capacity quota preventing the need to go through entire call prior to establishing that we are at capacity, however request for activity over capacity has reduced significantly to 49 week commencing 28th April.
- Call volumes decreased in the month as expected in comparison prior month due to the loss of both the BOB and Sussex Contracts.

Actions (SMART):

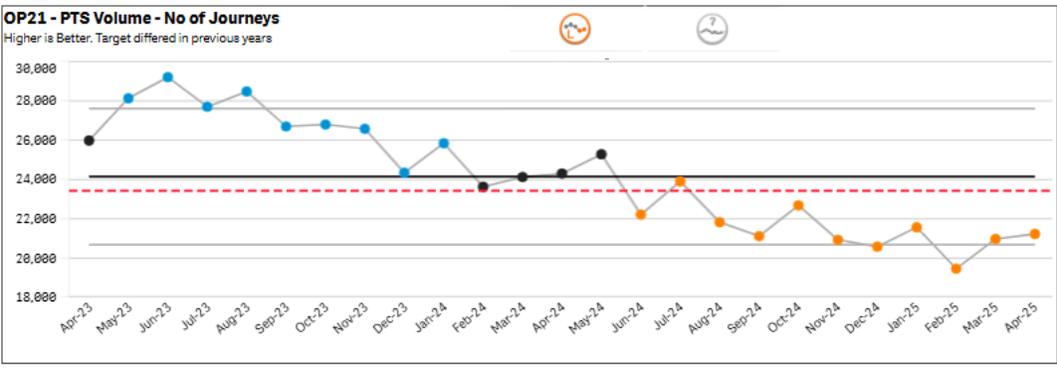
Contact Centre operating hours adjusted in line with contract obligations to 0800-2000 Monday - Sunday. New Call Handler rota launched 14th April 2025. Two members of staff remain in the consultation process and launch of their rotas currently postponed with expected go live 19th May 2025.

-Journey Confirmations have begun to capture any patients that are not travelling that have failed to inform us therefore reducing abortive journeys on the day.

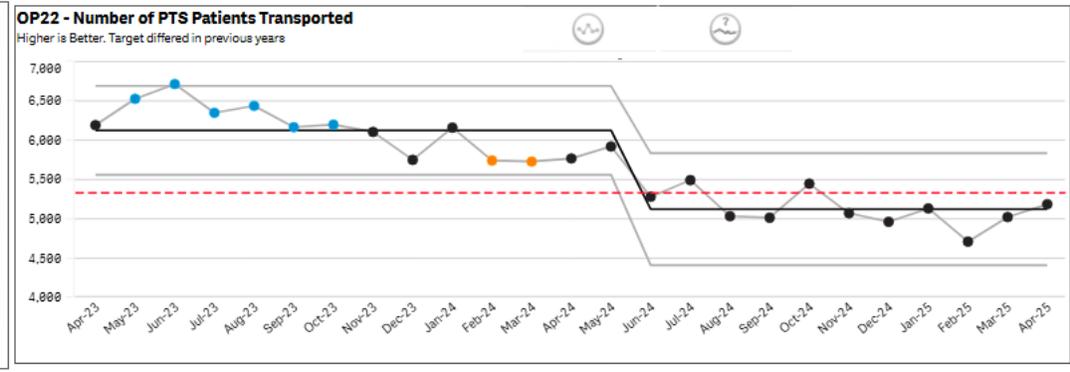
Risks:

- Above WTE headcount for Call Handling by 5.5 WTE, 1 operational re-deploy with the contact centre until end of June, further re-deploy until end of July (only conducting Journey Confirmations). August WTE expected 3.5 above WTE.

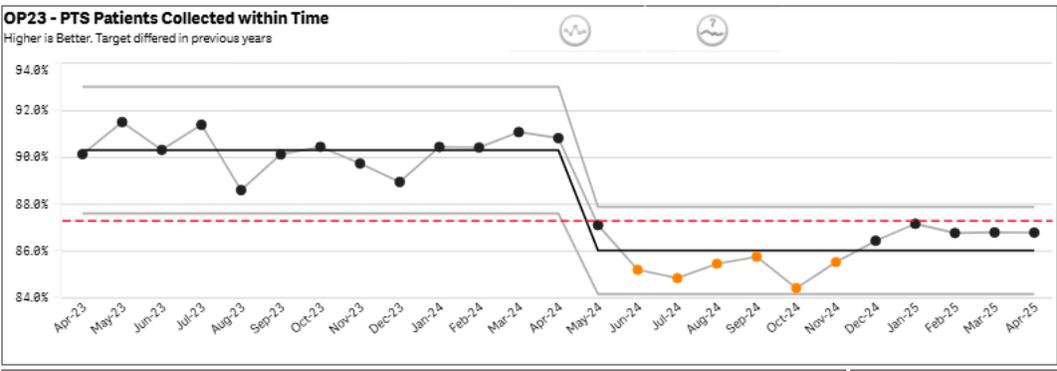
Operations - PTS - Calls and Outcomes



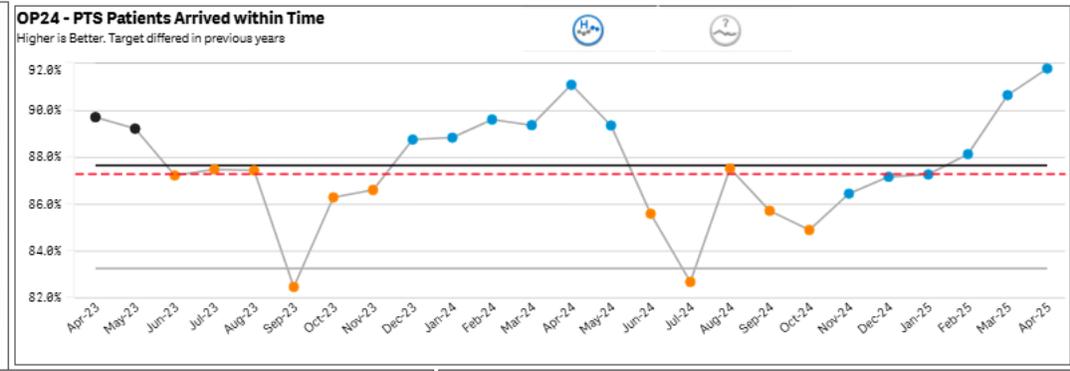
Variation	Declined
Assurance	Random
Target	23,414
Latest	21,234



Variation	Expected
Assurance	Random
Target	5,332
Latest	5,189



Variation	Expected
Assurance	Random
Target	87%
Latest	86.8%



Variation	Improving
Assurance	Random
Target	87.3%
Latest	91.7%

Understanding the Performance:

- The activity cap has been increased in cleric to take into account short notice cancellations so that Hampshire gets close to the contracted IAP.
- The forecasted hours continue to be reviewed weekly, we seen a positive increase in performance for both inbound and outbound journeys nearing target.

Actions (SMART):

- Continue to monitor daily demand, hours, resource utilisation and performance because of the continuation of the demand management tool being in place.
- Monitoring and reporting of hours, demand against costs continue through daily review call. Weekly external reporting continues with ICBs.
- Focus remains on increasing of cohorting and utilisation of resource as per the finance recovery action plan.
- Confirmation needed on what is included in the HIOW cap if all activity (in contract and ECR activity) this is so we are reporting on correct figures to the ICB.

Risks:

- Contract Performance Notice received for Milton Keynes, so there is a risk to the IAP currently placed in cleric and whether this will be required to be adjusted through commissioner discussions consequently SCAS incurring additional costs.
- Although we have increased the cap in cleric there is still a risk that we will not meet the IAP and this will need to be monitored and action taken. If needed to remove any form of cap in cleric if we continue to show below IAP in Hampshire.



Quality and Safety

Quality & Safety – Core Measures Matrix

April-25 Summary

Assurance →						
		Fail	Hit and Miss	Pass	No Target	
Variance ↓	↑					
						
				16	Safeguarding Adults Level 1	
				Number of reported CD incidents – unaccounted for losses		
						
						
						

Metrics:

Hit and Miss Common Cause Metrics:
 Cardiac Arrest Survival at 30 Days - All Patients ; Cardiac Arrest Survival, Utstein ; Complaint Responses in time ; Hand Hygiene audit ; Number of Complaints ; Percentage of compliant Hand Hygiene audits ; Percentage of compliant Vehicle cleanliness audits ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - All Patients ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - Utstein Cohort ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Safeguarding Level 3 ; Stroke - Call to Hospital arrival 90th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; Vehicle cleanliness completed audits

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

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
PSI Low/no harm inc.		Apr-25	409	450	-		444	337	550
Monthly PSII		Apr-25	1	3	-		2.69	-3.29	8.68
Monthly PSILR		Apr-25	11	9	-		8.92	-5.71	23.6
PSII Cases > 6 mths		Apr-25	0	0	-		0.308	-1.47	2.08
Datix incidents		Apr-25	9	15	-		39.4	-24.2	103
CD unaccounted for losses		Apr-25	0	2			4.16	0.168	8.15
Level 1 Safeguarding		Apr-25	96.4%	95%			96.7%	96.1%	97.3%
Level 3 Safeguarding		Apr-25	91.9%	90%			90.9%	89.1%	92.7%
Complaints		Apr-25	20	37			33.9	8.76	59.1
Complaints in time		Apr-25	100.0%	95%			0.954	0.839	1.07
Number of hand hygiene audit		Apr-25	347	261			219	-15	452
Hand Hygiene %		Apr-25	97.7%	95%			94.1%	73.2%	114.9%
Vehicle Audits		Apr-25	227	167			138	14.1	262
Vehicle Audits %		Apr-25	86.3%	90%			89.4%	68.4%	110.4%

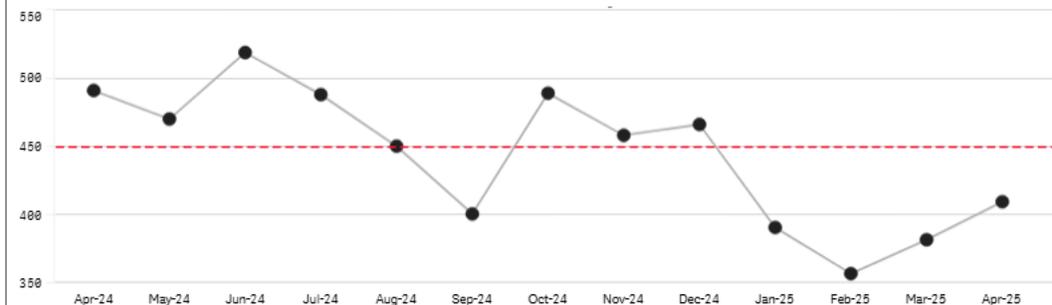
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
STEMI Mean		Dec-24	02:31:00	02:30:00			02:19:22	01:56:30	02:42:15
STEMI 90th		Dec-24	05:00:00	03:20:00			03:27:02	02:16:41	04:37:24
Stroke Mean		Dec-24		01:30:00			01:36:43	01:16:04	01:57:22
Stroke Median		Dec-24		01:20:00			01:22:40	01:11:05	01:34:14
Stroke 90th		Dec-24		02:30:00			02:26:25	01:48:55	03:03:55
ROSC All		Dec-24	21.9%	25.8%			25.6%	12.7%	38.5%
ROSC Utstein		Dec-24	48.8%	48.4%			50.5%	21.5%	79.4%
CA Survival All		Dec-24	5.1%	8.9%			9.0%	0.4%	17.5%
CA Survival Utstein		Dec-24	14.6%	20.6%			30.3%	10.4%	50.2%

Quality & Safety – PSIRF

QS1 - PSI Low/no Harm Incidents

Higher is Better. Target differed in previous years



Variation

-

Assurance

Random

Target

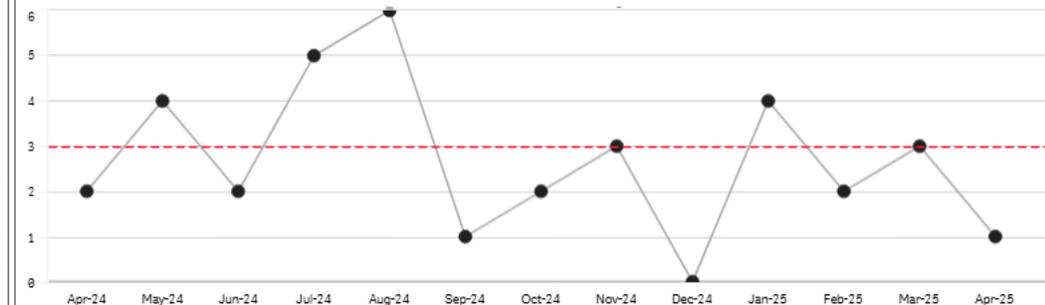
450

Latest

409

QS2 - Monthly PSII

N/A. Target differed in previous years



Variation

-

Assurance

Random

Target

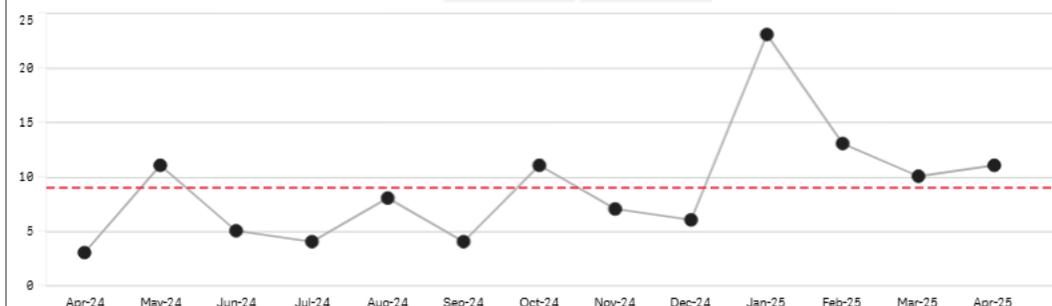
3

Latest

1

QS3 - Monthly PSILR

N/A. Target differed in previous years



Variation

-

Assurance

Random

Target

9

Latest

11

QS4 - PSII Cases > 6 months

Target differed in previous years



Variation

-

Assurance

Random

Target

0

Latest

0

Understanding the Performance:

Please note that PSIs are live incidents, which are constantly under review and therefore subject to change.

QS1, 2 & 3 - Targets have been set as the mean value of the data points over the last twelve months.

QS1 - The majority of PSI reported remain low/no harm; there were 5 PSI reported as high harm (5 of 211 = 2.3%):

- Standard of care in relation to a resuscitation.
- Four re-contacts within 24 hours following discharge on scene.

Categories for declared PSII:

- Lack of understanding regarding Lasting Power of Attorney (LPA) for Health & Wellbeing with subsequent withholding of treatment. No harm to patient but potential for organisational learning.

Actions (SMART):

QS1, 2 & 3 - New metrics are being developed to align PSIRF metrics with activity levels, these are expected to be added in October 2025.

QS1 - The standard of care PSI has been allocated a swarm huddle learning response which will be reviewed at SRP in May 2025.

Two of the re-contacts will be reviewed at SRP in May 2025 and assigned a learning response, where appropriate; one will be re-reviewed at DCR once further information is available.

The last re-contact has been reviewed at SRP and assigned a Patient Safety Incident Review (PSIR).

Risks:

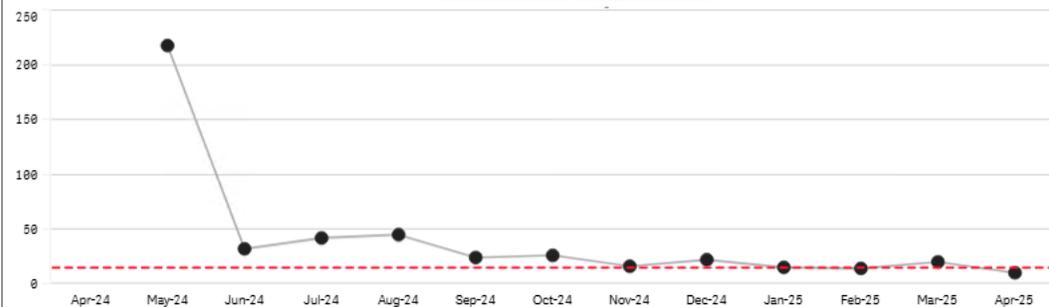
QS1 - If the reasons behind failed discharges are not well understood then the patient safety risk will not be addressed, and patient harm could occur.

If the scope of LPA authority is not understood then treatment may be withheld inappropriately from patients which could cause avoidable harm.

Quality & Safety – PSIRF

QS5 - Overdue Datix Incidents

Lower is Better. Target differed in previous years



Variation

-

Assurance

-

Target

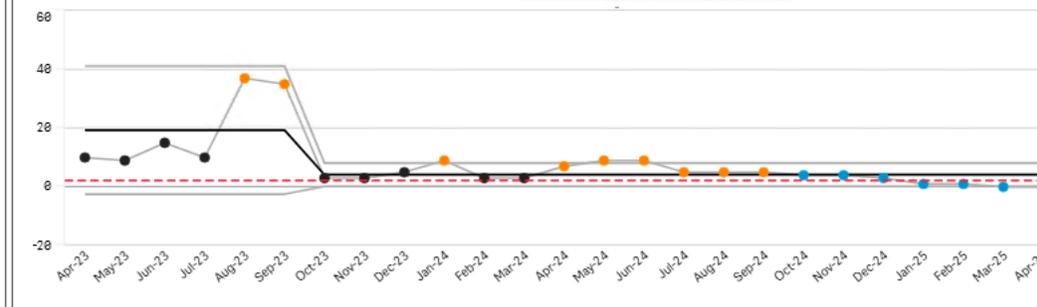
15

Latest

9

QS6 - CD unaccounted for losses

Lower is Better. Target differed in previous years



Variation

Improving

Assurance

Random

Target

2

Latest

0

Understanding the Performance:

QS6 illustrates the monthly volume of unaccounted losses of Controlled Drugs (CDs) as reported through the DATIX/CDLIN system. The established target is less than 2 unaccounted losses per reporting cycle. Analysis of the data indicates the target has been consistently met, reflecting effective control measures. Notably, since the transition to REAP2, reported CD losses have reduced to zero, showcasing effective governance and accountability within SCAS operations.

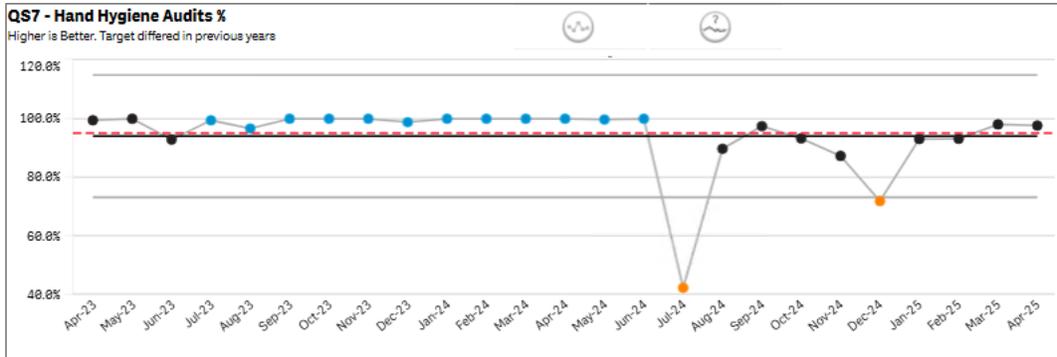
Actions (SMART):

- QS6
- Ensure all SCAS staff are fully trained on CD handling and reporting procedures by Q3 2025.
- Conduct mandatory refresher courses every six months to reinforce correct documentation and reporting processes.
- Implement daily stock checks at all SCAS facilities to validate CD quantities against recorded documentation by Q3 2025.
- Any discrepancies identified during stock checks are to be investigated within 48 hours.
- Improve DATIX report detail to allow for timely and comprehensive investigation of losses and CD Lin reporting by Q4 2025.
- Implementation of electronic CD registers to improve oversight by Q1 26/27.
- Conduct quarterly thematic analysis to identify patterns or recurring issues contributing to unaccounted losses.

Risks:

QS6 If SCAS experiences unaccounted losses of controlled drugs this could impact on the Trust CD Home Office licence, the availability of essential medicines for patient care is compromised, potentially leading to avoidable patient harm. Furthermore, repeated losses may indicate lapses in CD handling or documentation that could trigger regulatory scrutiny.

Quality & Safety - Audits



Variation

Expected

Assurance

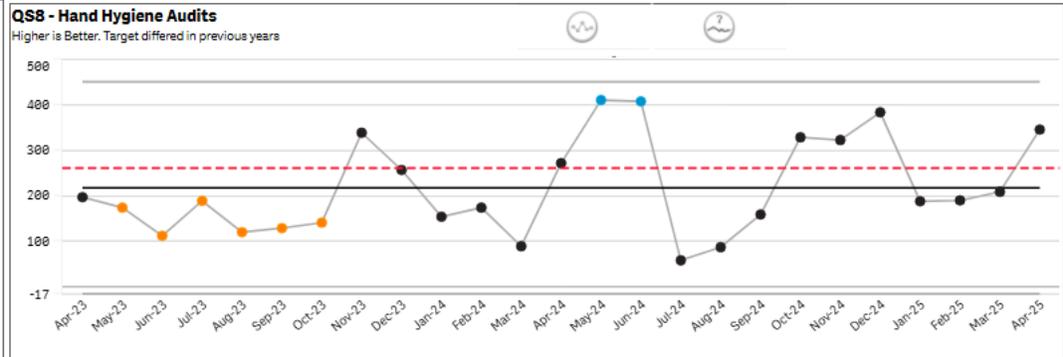
Random

Target

95%

Latest

97.7%



Variation

Expected

Assurance

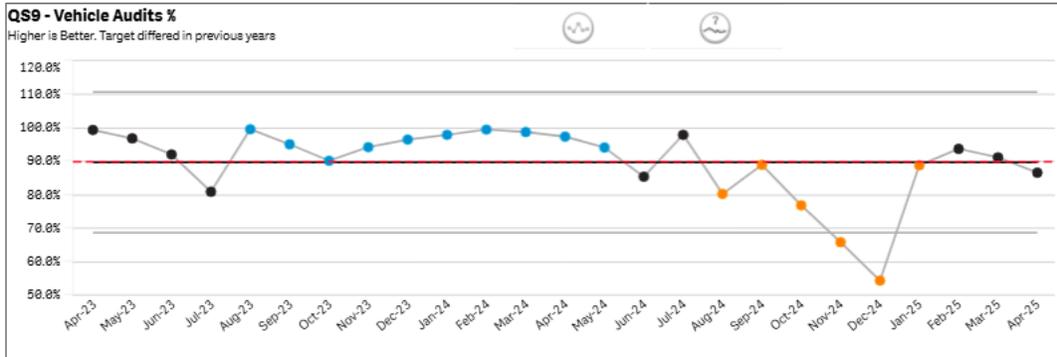
Random

Target

261

Latest

347



Variation

Expected

Assurance

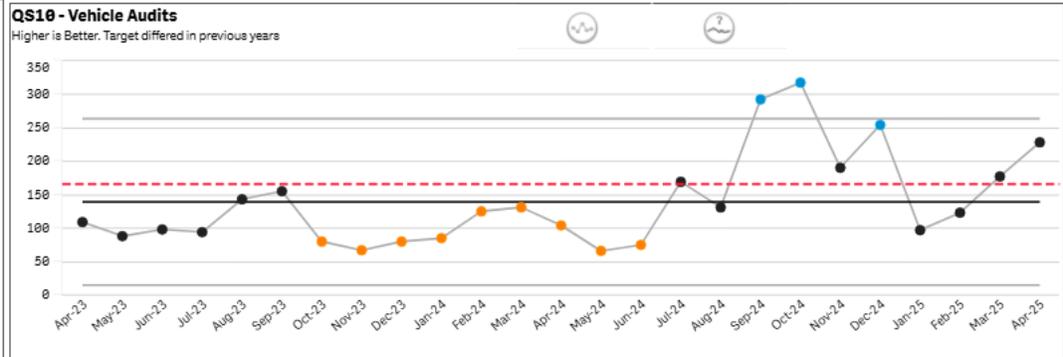
Random

Target

90%

Latest

86.3%



Variation

Expected

Assurance

Random

Target

167

Latest

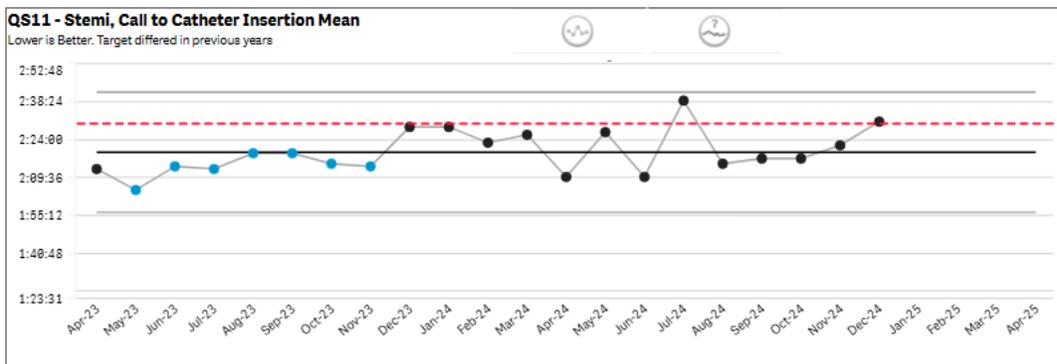
227

Understanding the Performance:
 Hand hygiene - planned actions have had desired affect in both audit numbers and compliance.
 vehicle audits - adherence to the co produced audit planner ensuring audits completed in line with plan

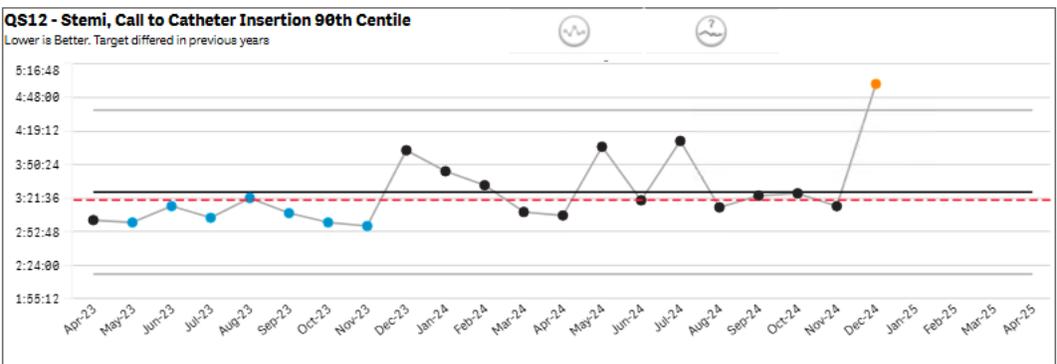
Actions (SMART):
 Quality improvement project commenced which encompasses stock list review and consideration of stock pouches. Aim to reduce time to restock and increase time for cleaning.
 Make ready KPIs and improvement actions monitored in monthly meetings

Risks:
 cleaning below standards and poor hand hygiene has the potential to affect patient care and patient safety

Quality & Safety – AQIs – STEMI (Heart Attack) - Chief Paramedic Officer



Variation
Expected
Assurance
Random
Target
02:30:00
Latest
02:31:00



Variation
Expected
Assurance
Random
Target
03:20:00
Latest
05:00:00

Understanding the Performance:

QS 11 shows common cause variation and places SCAS 2nd of 11 services. QS12 shows special cause variation for December 2024 data which places performance at 11th of 11 services.

Each of the charts is a system based performance measure that reflects the whole cycle from point of call to time to insertion of the intervention. This includes hospital delivered timings.

QS11 shows performance deteriorating towards the target line for the last four months.

QS 12 has been hitting and missing the target.

Actions (SMART):

Clinicians have been requested to feedback improvement ideas to reduce on-scene times and highlight areas of best practice via an online poll.

QS12 data will be examined to determine if there is a reason for the special cause.

Continue to maximise vehicle availability to respond by reducing handover delays at emergency departments and focus on Category 2 response times (OP2)

Risks:

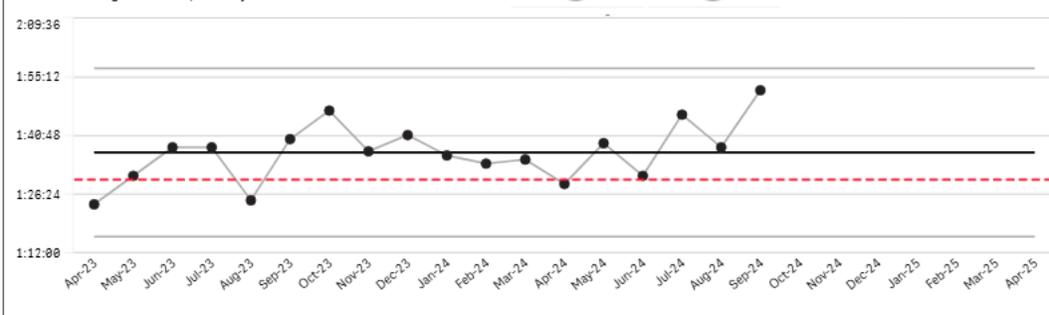
If timely care is not provided to patients with a STEMI then patients are at risk of poorer outcomes and death resulting in avoidable harm.

If timely care is not provided to patients with STEMI then patients are at risk of increased health burden resulting in additional avoidable system pressures.

Quality & Safety – AQIs – Stroke - Chief Paramedic Officer

QS13 - Stroke Call to Hospital Arrival Time Mean

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

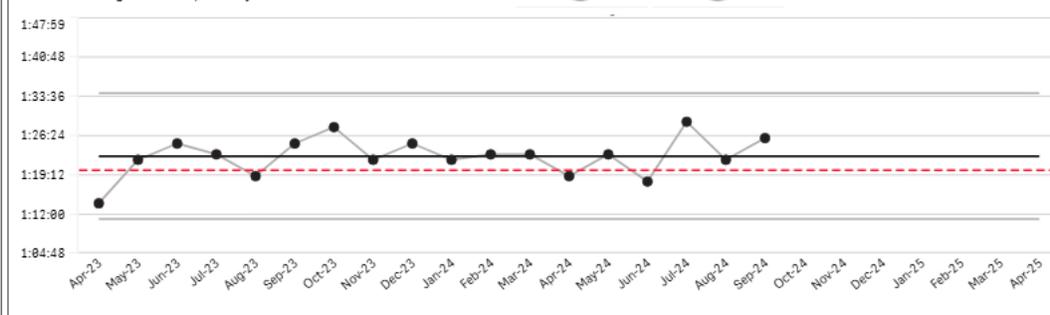
Target

01:30

Latest

QS14 - Stroke Call to Hospital Arrival Time Median

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

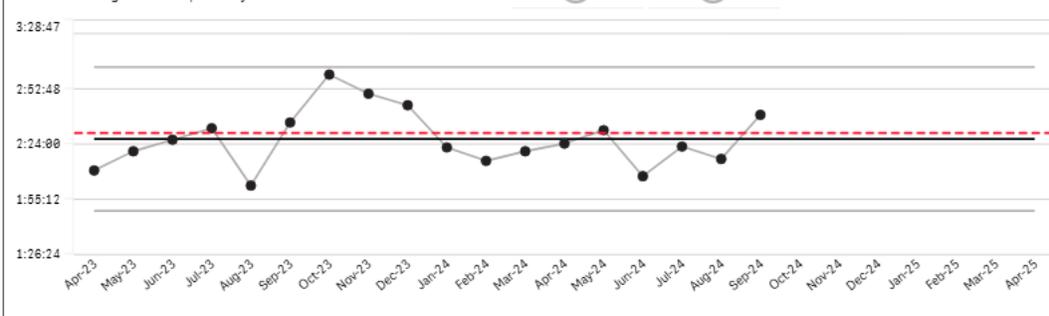
Target

01:20

Latest

QS15 - Stroke Call to Hospital Arrival Time 90th Centile

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

02:30

Latest

Understanding the Performance:

Due to technical issues national reporting via SSNAP has been paused and is due to recommence by the end of May 2025.

QS 13,14 and 15 all show common cause variation.

QS 13 does show an increase of the mean above the target but most recent data is missing.

QS 14 hits and misses the target.

QS 15 hits and misses the target.

Each of the charts is a performance based measure and as such is reliant on the Trust's ability to identify a suitable resource, the time taken to get to the scene and the ability of the Trust clinician to recognise a stroke and provide the required care. It also encompasses time spent on scene and time spent travelling to the hospital site.

Actions (SMART):

Clinician have been requested to feedback improvement ideas to reduce on-scene times and highlight areas of best practice via an online poll.

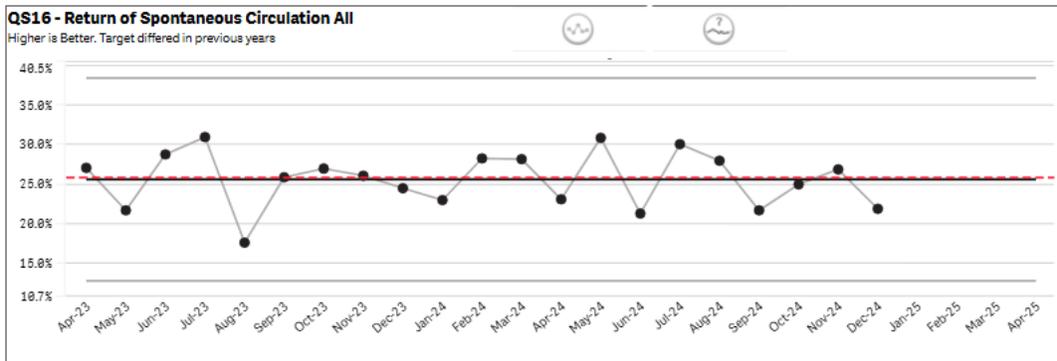
Continue to maximise vehicle availability to respond by reducing handover delays at Emergency Department and focus on Category 2 response times (OP2).

Risks:

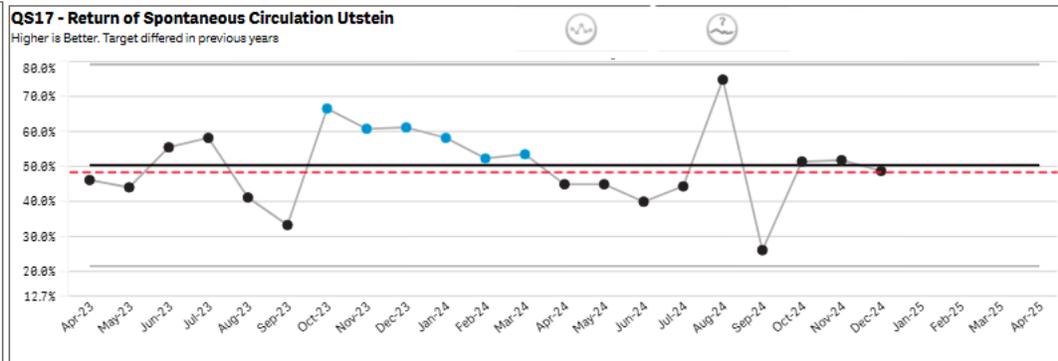
If timely care is not provided to patients with a stroke, then patients are at risk of poorer outcomes and death resulting in avoidable harm.

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.

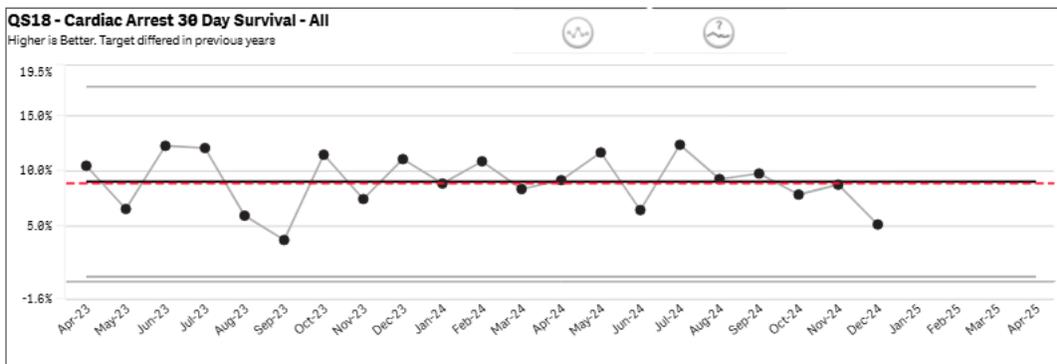
Quality & Safety – AQIs – Cardiac Arrest - Chief Paramedic Officer



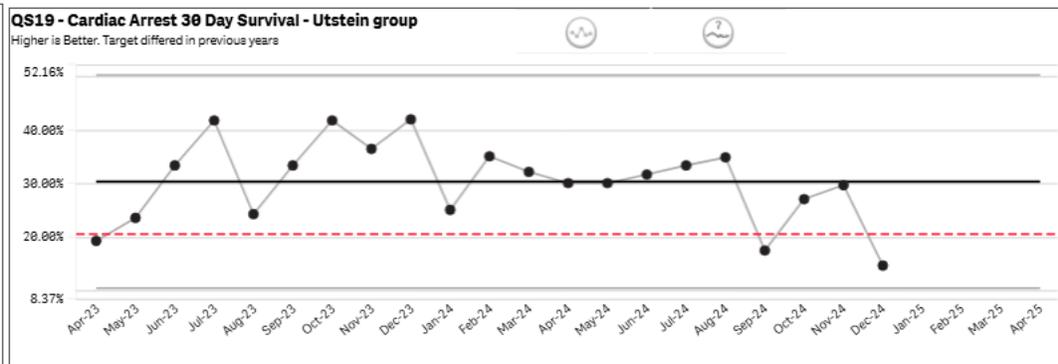
Variation
Expected
Assurance
Random
Target
25.8%
Latest
21.9%



Variation
Expected
Assurance
Random
Target
48.4%
Latest
48.8%



Variation
Expected
Assurance
Random
Target
8.9%
Latest
5.1%



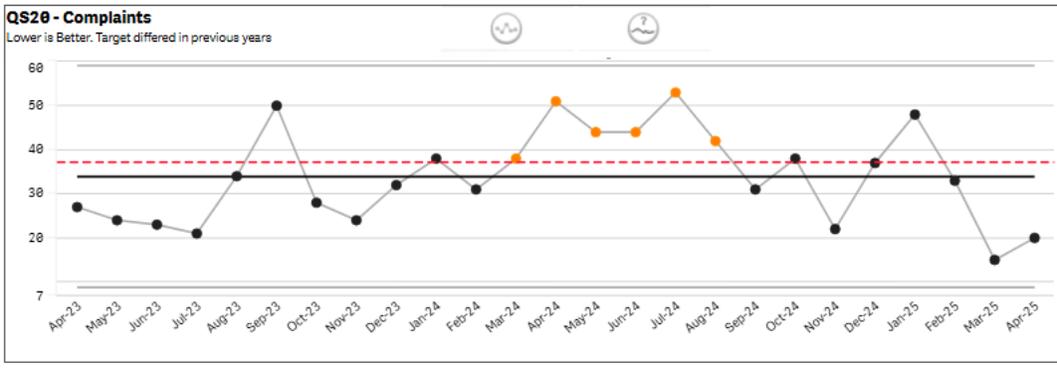
Variation
Expected
Assurance
Random
Target
20.6%
Latest
14.6%

Understanding the Performance:
 QS16, 17, and 19 all show common cause variation.
 QS19 performs above the target of 20%.
 QS16, 17, and 18 hit and miss the target.
 Cardiac arrest metrics are reliant on identification of cardiac arrest in the community, rapid call answering (OP7) and category 1 response times (OP1), the ability of our communities, volunteers and clinicians to enact the chain of survival through early CPR, defibrillation and resuscitative care.

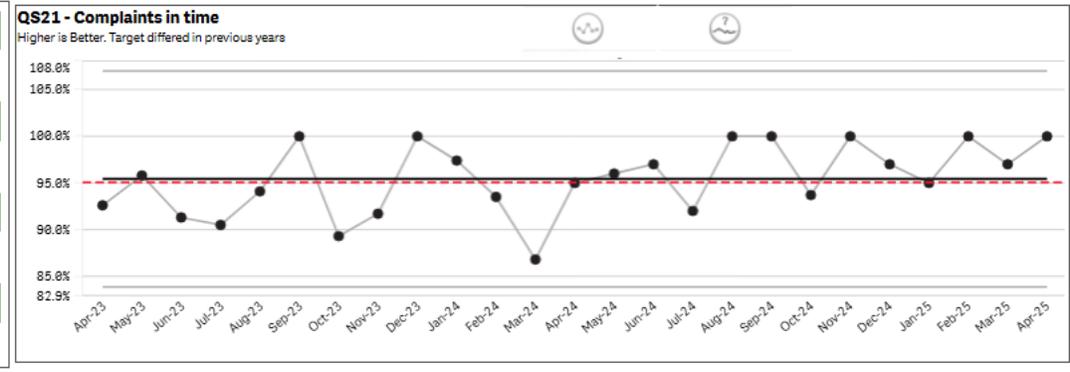
Actions (SMART):
 By the end of the financial year for 95% of clinical staff to have completed their annual resuscitation training.
 To develop by the end of September 2025 a comprehensive resuscitation outcomes improvement plan.
 To ensure that rapid call answering occurs (OP 7) and Category 1 response times are optimised (OP 1)

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

Quality & Safety – Safeguarding and Patient Experience



Variation
Expected
Assurance
Random
Target
37
Latest
20



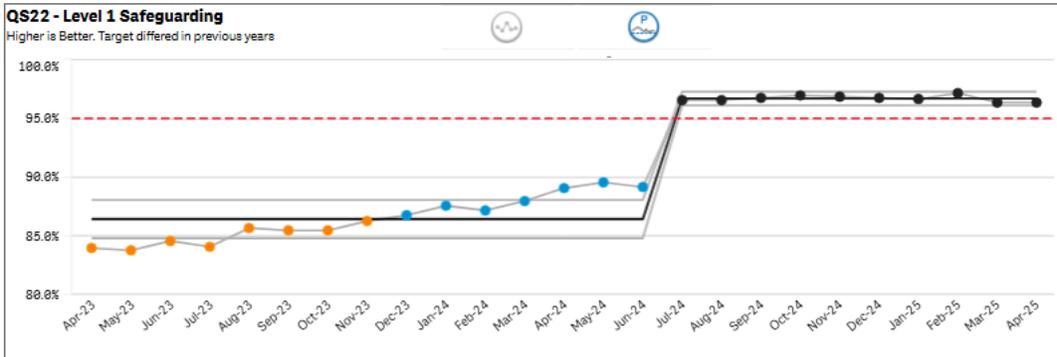
Variation
Expected
Assurance
Random
Target
95%
Latest
100.0%

Understanding the Performance:
 QS20 – Targets have been set as the mean value of the data points over the last twelve months.
 Concerns decreased from 67 to 55; 105 compliments were received for the same period. Themes for complaints and concerns remain delays in response and staff attitude/customer care.

Actions (SMART):
 QS20 - New metrics are being developed to align the number of complaints with activity levels, these are expected to be added in October 2025.

Risks:
 QS20 – Non-compliance with contractual timescales.

Quality & Safety – Safeguarding and Patient Experience



Variation

Expected

Assurance

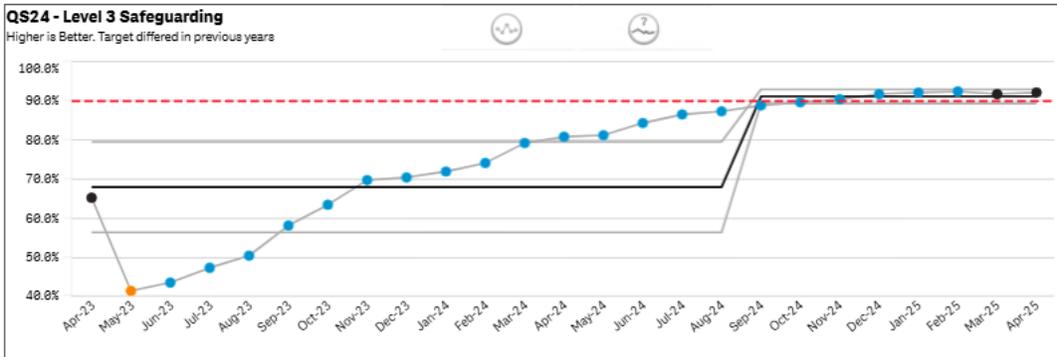
Pass

Target

95%

Latest

96.4%



Variation

Expected

Assurance

Random

Target

90%

Latest

91.9%

Understanding the Performance:

Safeguarding Adults L1 eLearning - 97%

Safeguarding Children L1 eLearning - 97%

Safeguarding Adults L3 - 93%

Safeguarding Children L3 - 92%

Actions (SMART):

A plan is in place to ensure safeguarding Level 3 compliance remains stable, preventing any decline, and to ensure all outstanding staff achieve compliance by the end of March 2026

Risks:

Staff may be unable to respond appropriately to concerns about abuse and neglect if they do not complete their safeguarding training.



People

April-25 Summary

Metrics:

Assurance →



Variance
↑
↓

	Fail	Hit and Miss	Pass	No Target
			Number of WTE	
	Appraisals - Trust	% Long term sickness % Sickness in month % Trust staff who are declared disabled % Turnover Over-runs > 30 mins - SCAS		FTSU Cases
	% Vacancy			
	% Trust staff who are BAME Meal Break Compliance - SCAS			

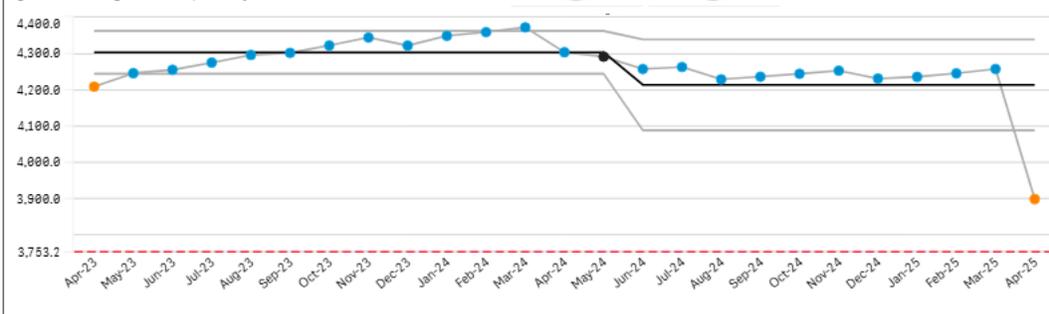
*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of WTE		Apr-25	3,900	3,753			4214.5	4089.5	4339.6
% Turnover		Apr-25	18.1%	17.70%			17.8%	17.2%	18.3%
% Vacancy		Apr-25	-3.9%	0.20%			10.1%	5.5%	14.8%
Time to hire		Apr-25	50	84	-		123.3	-	-
% Trust staff who are BAME		Apr-25	8.6%	8.86%			8.1%	7.9%	8.4%
% Trust staff who are declared disabled		Apr-25	10.2%	9.54%			9.9%	9.4%	10.3%
% Sickness in month		Apr-25	7.3%	6.20%			7.3%	5.8%	8.9%
% Long term sickness		Apr-25	4.1%	3.50%			4.2%	3.5%	4.9%
% DBS Compliance		Apr-25	94.7%	95.00%	-		97.3%	-	-
Appraisals - Trust		Apr-25	89.5%	95.00%			87.9%	84.5%	91.3%
% Stat and Mand Training		Apr-25	39.1%	95.00%	-		38.6%	-	-
FTSU Cases		Apr-25	10			n/a	14.2	0.6	27.9
Meal Break Compliance - SCAS		Apr-25	71.5%	85%			46.6%	33.6%	59.6%
Over-runs >30 mins - SCAS		Apr-25	14.7%	15%			18.4%	11.8%	25.0%

People - Workforce/WTE

P1 - Number of Whole Time Equivalents

Higher is Better. Target differed in previous years



Variation
Declined

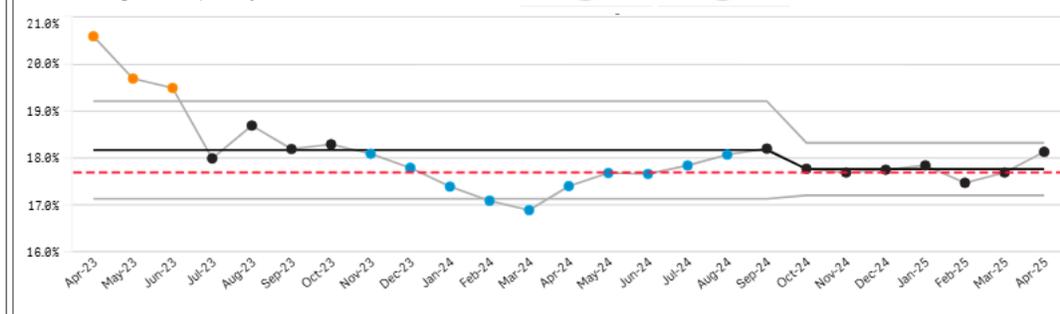
Assurance
Pass

Target
3,753.15

Latest
3899.8

P2 - Turnover Rate

Lower is Better. Target differed in previous years



Variation
Expected

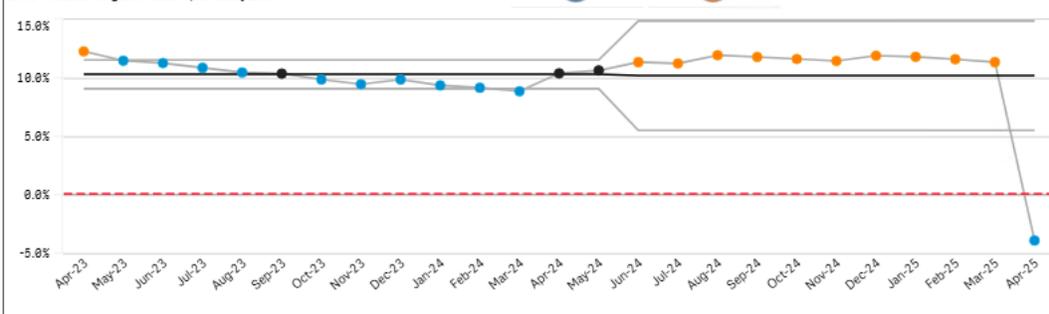
Assurance
Random

Target
17.70%

Latest
18.1%

P3 - Vacancy Rate

Lower is Better. Target differed in previous years



Variation
Improving

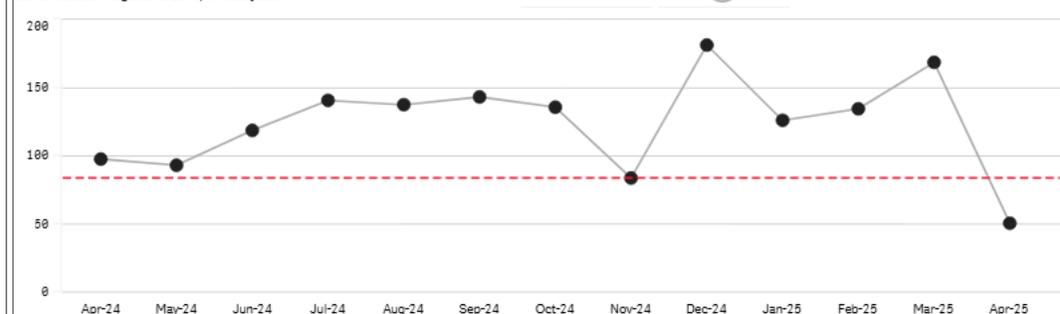
Assurance
Fail

Target
0.2%

Latest
-3.9%

P4 - Time to Hire Employees

Lower is Better. Target differed in previous years



Variation
Assurance

Assurance
Random

Target
84

Latest
50.0

Understanding the Performance:

P2 - 0 12m % T/O - Small increase to 18%. 999 (8%), 111 (26%) and PTS (20%) have improved. EOC (28%) and Corporate (15%) have increased due to restructure.
 P1 - No. WTE - PTS TUPE and small reductions in Corporate = 358 FTE less WTE.
 P3 - % VACANCY - EOC and 111 remain at plan. Corporate are above plan due to phasing issues of reductions. 999 is significantly over plan due - TUPE staff arriving, changes to Q1 delivery of plan, which will align during Q1, higher fill rates and improved attrition rates.
 P4 - Time to hire reduction due to move to median measurement.

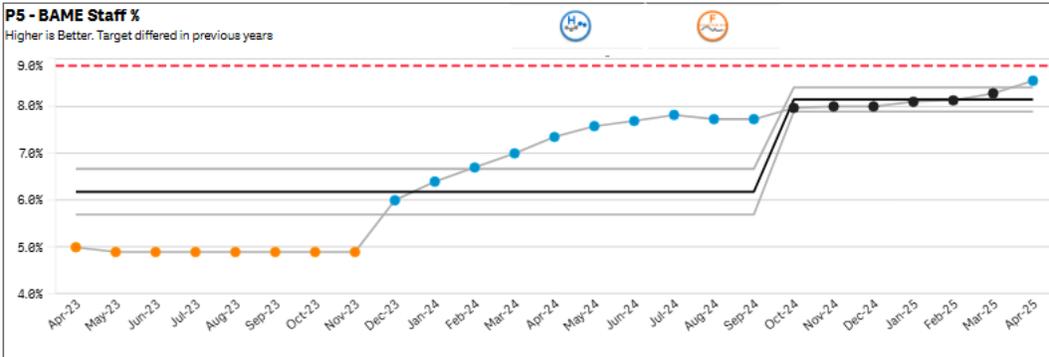
Actions (SMART):

P2&3 Vacancy rate and WTE will be closely monitored and the IWP Team will be investigating.
 P4 - Time to hire will continue to be reviewed under new measurement method, with adjustments made to historical figures to reflect this.

Risks:

Continuation of 999 being over plan with additional TUPE and stronger than normal pipeline.

People - Workforce/Availability



Variation

Improving

Assurance

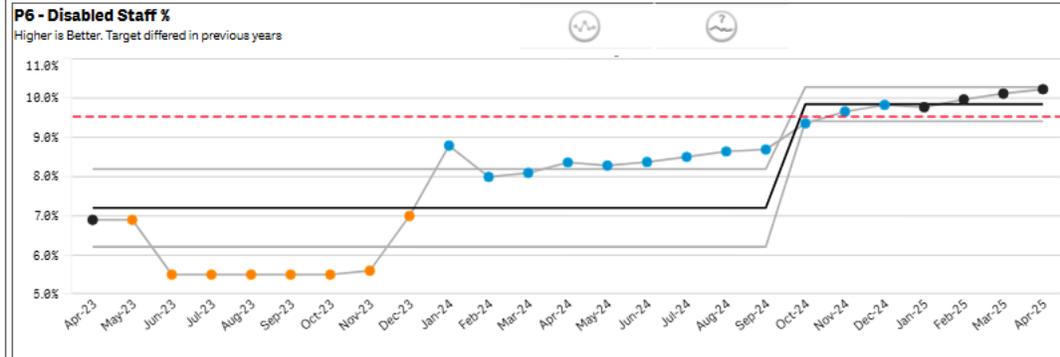
Fail

Target

8.9%

Latest

8.6%



Variation

Expected

Assurance

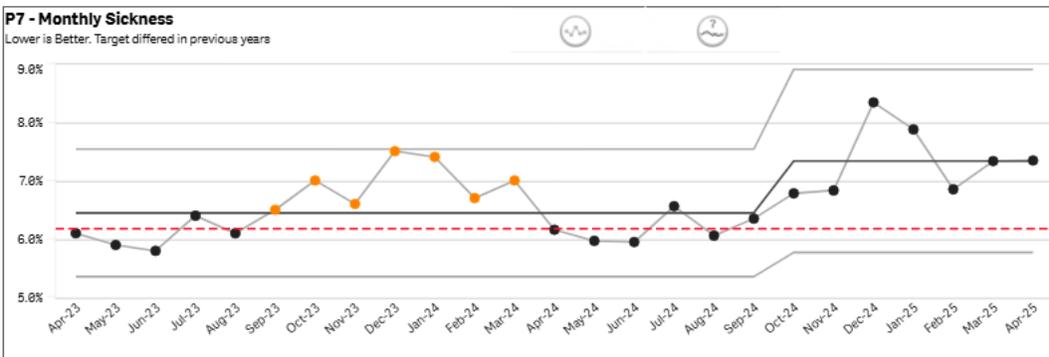
Random

Target

9.5%

Latest

10.2%



Variation

Expected

Assurance

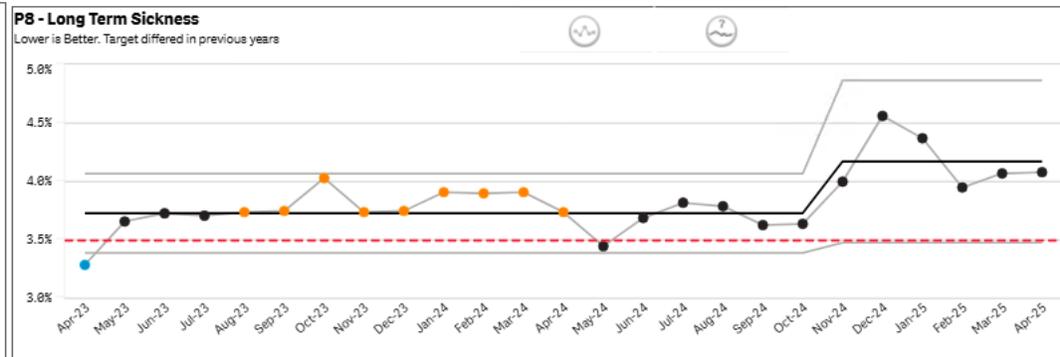
Random

Target

6.2%

Latest

7.3%



Variation

Expected

Assurance

Random

Target

3.5%

Latest

4.1%

Understanding the Performance:

P7&8 - SICKNESS = remained at 7.3%, of which 999 = 7.6%, EOC = 6.86%, 111 = 9.27, PTS = 9.43%, Corp = 4.0%

Overall sickness rates are not showing any significant change. LTS has not yet shown the expected improvement following the PTS TUPE but there has not been any increase.

P5&6 - % BAME/%DISABLED = No significant change in % rates

Actions (SMART):

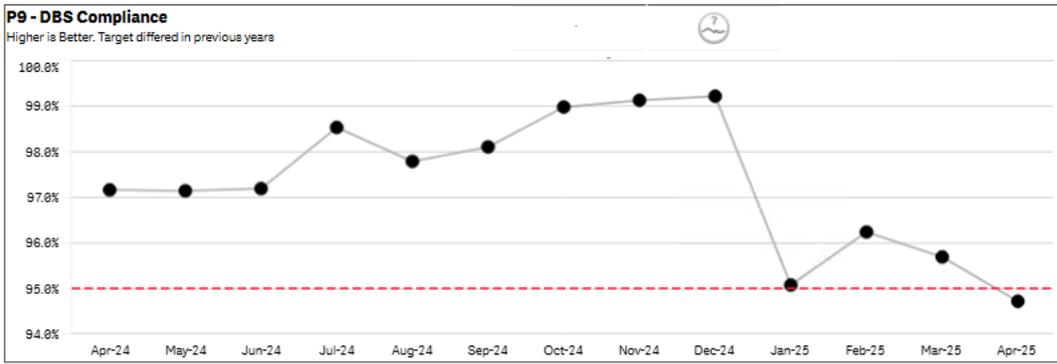
P7&8- People Partners will be in post within the next few weeks and can begin the deep dive into absence data and commence working with their designated areas to develop improvement plans.

P5&6 -BAME target is for Trust to be aligned to demographical profile of SCAs community (17%) over a period (yet to be agreed). As with disability, we changes will be gradual. Whilst data will be run each month, commentary will be added in October and April each year in line with WRES and WDES national reporting.

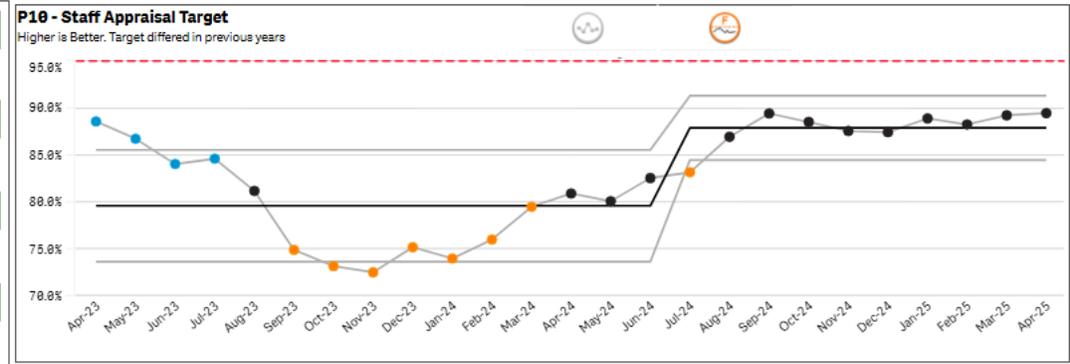
Risks:

High sickness risk higher burnout factors for working staff, put pressure on performance and has a significant financial impact.

People – Workforce/Staff Compliance



Variation
Assurance
Random
Target
95.0%
Latest
94.7%



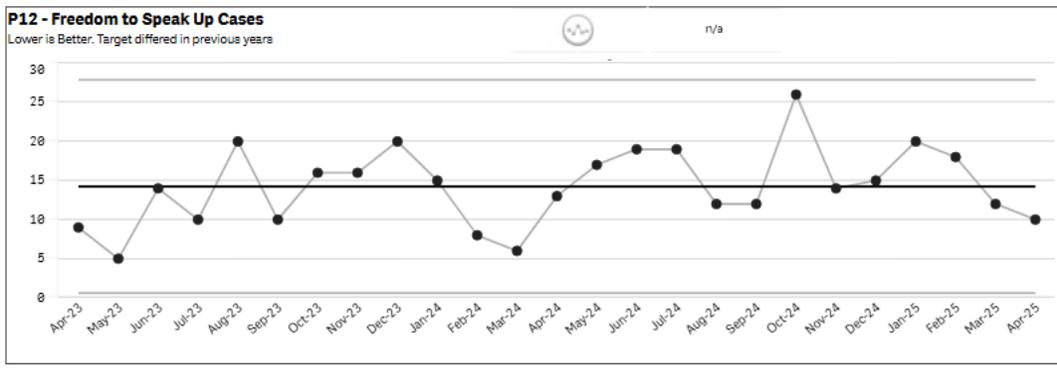
Variation
Expected
Assurance
Fail
Target
95.0%
Latest
89.5%

Understanding the Performance:
 P9 - DBS - Trust is below 95% target (94.7%). PTS is at 92% following reclassification of DBD requirements. EOC is at 94% and not meeting target.
 P10 - PDR - Trust is below 95% target (89.5%). 999 = 91% / EOC = 96% / 111 = 94% / PTS = 90%. Corporate is significantly behind on 78%, with some mitigation due to Corp restructure.

Actions (SMART):
 P 9 - All outstanding DBS renewals have been allocated within the Recruitment Team to action and are in progress. Review as to whether signing up to the update service can be mandated for all staff.
 P10 - A PDR task and finish group with the overall aim of improving the PDR experience for employees is being established to improve the quality of PDRs and digitalize the PDR process. Directorates have been asked to nominate 1 representative from each Directorate across the Trust to sit on this task and finish group, their role will be to support the roll out of the digital PDR, be the main point of contact and responsible lead for PDR and to support lines of communication, cascading key messages and championing roll out.

Risks:
 Staff within the organisation have DBS outside of the 5 years.
 Interface of ESR to digital application to reduce manual reporting requirements - solutions to this are being explored.

People - Workforce/Staff Welfare



Variation

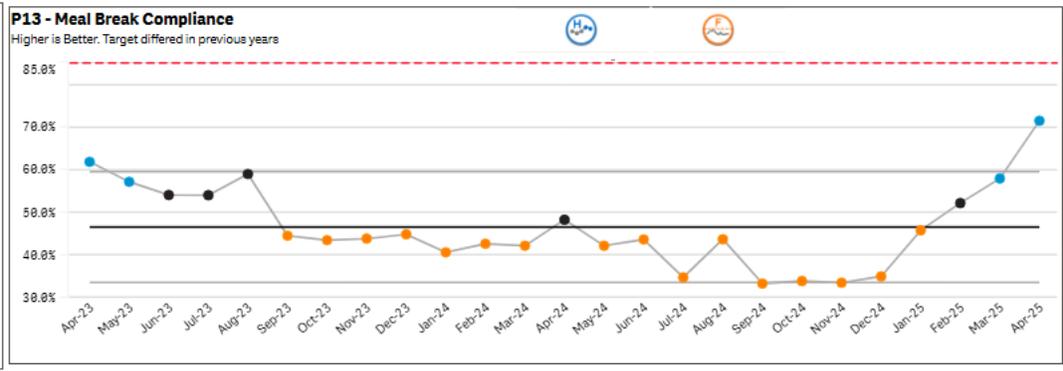
Expected

Assurance

Target

Latest

10



Variation

Improving

Assurance

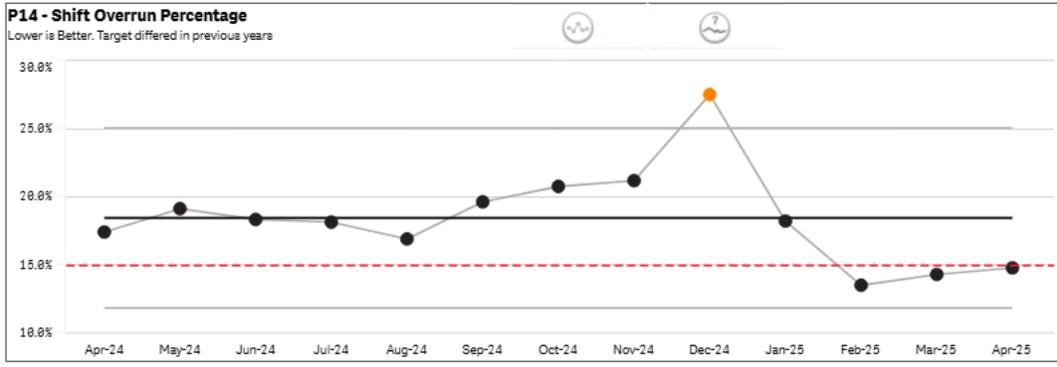
Fail

Target

85%

Latest

71.5%



Variation

Expected

Assurance

Random

Target

15%

Latest

14.7%

Understanding the Performance:

P13 - Meal breaks (MB), although continuing to fail the target, MB has seen a near 30% improvement in the past 4 months with early evidence showing a significant jump again following the revised allocation process for MBs . Compliance is at the highest point since April 24. P14 - Over runs greater than 30 minutes show common cause variation with no significant change but have not returned to pre Dec24 levels. P14 - FTSU : Of the 10 concerns received, 2 were anonymous. Themes included concern over increasing recreational drug use and impact on patients and staff. Internal recruitment process; role specific induction support for snr new starters & secondment.

Actions (SMART):

P13 - MB allocation trial began on the 7th of April and early indications show a circa 20% increase in compliance to nearly 80% of all breaks taken in window. The Ops team will monitor the trial and make changes where needed. A task and finish group to be set up to look at the EoS elements to understand what can be done to improve compliance in that area too. P14 - FTSU : review of wider theme of role specific induction; drug use : review with Driving Standards and also with local area snr lead.

Risks:

MB/EoS - twofold risks. Staff welfare impacted if not finishing on time or getting a break and also financial impact of over run o/t and missed break supplements. FTSU: risk to staff and patients ref drug/alcohol use, lack of random testing; Snr staff without role specific induction risk teams not being supported, and loss of trust and morale.



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Quality and Safety Report (Clinical Directorate Update)
Agenda item	10
Report executive owner	Professor Helen Young, Chief Nursing Officer
Report authors	Sue Heyes, Deputy Chief Nurse Laura Mathias, Assistant Director of Quality Jane Campbell, Assistant Director of Quality Christine Asare-Bosompem, Head of Safeguarding and PREVENT
Governance Pathway: Previous consideration	Patient Safety and Experience Group Divisional Clinical Governance Meetings Executive Management Committee
Governance Pathway: Next steps	Not Applicable

Executive Summary

The IPR tracks important quality and safety metrics but this report outlines three additional operational and regulatory priorities for the Trust which are being addressed, but not visible through the IPR:

1. **CQC Inspection Activity**
2. **Digital Safeguarding Referral processes improvement**
3. **Patient Safety Governance under the PSIRF (Patient Safety Incident Response Framework)**

The paper sets out the actions required, the anticipated impact, and how success will be measured.

Each issue presents a strategic and operational risk if not addressed in a timely and co-ordinated way. Board and Quality and Safety Committee oversight will be important to ensure we maintain regulatory compliance, mitigate risk, and improve patient care.

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Alignment with Strategic Objectives
High Quality Care & Patient Experience

Relevant Board Assurance Framework (BAF) Risk
SR1 - Safe and Effective Care

Financial Validation	Capital and/or revenue implications? Not Applicable
Recommendation(s)	
The Trust Board is asked to receive the report for noting	

For Assurance		For decision		For discussion		To note	x
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1. Background / Introduction

1.1: South-Central Ambulance Service NHS Foundation Trust (SCAS) is committed to delivering high-quality, safe, and effective care, underpinned by robust regulatory compliance and continuous improvement. As we progress through (Q2) of 2025/26, several developments require Board oversight and strategic support.

1.2: During the week of 6–9 May 2025, the Care Quality Commission (CQC) conducted a multi-site inspection of SCAS services, covering Emergency Operations Centres, Resource Centres, ride outs with 999 road crews and visits to Emergency Departments, and support services such as ICT, Education and Make Ready. Pharmacy and medicines management was also inspected and covered both management of controlled drugs and medicines modules (bags).

1.3: The inspection provided a valuable opportunity to showcase the Trust's progress and care standards. Early verbal feedback was confirmed in a letter to the CEO showing some areas of improvement and other areas where we require further improvement. However, the areas identified for improvement were predominantly areas and issues we were aware of and working on. We now await formal data requests and the subsequent draft report for factual accuracy checking. The final report would usually be available within 65 days of the inspection, but CQC did warn that ICT issues they are experiencing, may extend this period. A separate **Well-Led** inspection is also anticipated but has not yet been scheduled. Ongoing preparation for Well Led inspection will continue including briefings and seminar activity for the Board.

1.4: Safeguarding compliance continues to be a statutory and regulatory priority. The Trust continues to experience ongoing challenges with plans to rebuild the digital safeguarding referral process with the current supplier, Docworks. We await a fully costed proposal from the supplier. The first version submitted required further work. The Chief Digital Officer is managing and overseeing this, but it has added an additional 3-4 week delay to the original plan. Patients continue to be safeguarded by the Safeguarding and ICT teams through manual mitigation of the issues in the digital referral process. Any delay in implementing the resolution is risk assessed and managed, but there is a need to reduce any further delays. The next escalation step, if required, is a CEO to CEO meeting. The EMC commissioned an external review of the procurement, and the build of the digital safeguarding referral processes will commence in May 2025. The Quality and Safety Committee will also receive further detail so the Board can retain oversight of this issue.

1.5: The Trust must ensure full compliance by the end of 2025/26 with the [NHS Safeguarding Accountability and Assurance Framework \(2023\)](#) (SAAF) to meet both legal duties and CQC expectations around protecting vulnerable patients. Compliance with Safeguarding training and safe and effective referral processes are activities required to become compliant with the SAAF.

1.6: Additionally, the implementation of the [Patient Safety Incident Response Framework \(PSIRF\)](#) has introduced a more structured approach to managing learning from incidents. However, learning from previous serious incident investigations under the former NHS SI Framework (2015), has identified a need to strengthen accountability and improve oversight of action plan delivery and learning.

1.7: This paper sets out the actions required to address each of these priority areas, along with the anticipated impact and the key indicators that will enable the Board to assess progress and assurance.

1.8: The Board is asked to note the report.

2 Main Report

2.1: Post-CQC Inspection Preparedness and Response

Context:

During the week of 6–9 May 2025, the Care Quality Commission (CQC) conducted a multi-site inspection of SCAS services, covering Emergency Operations Centres, Resource Centres, ride outs with 999 road crews and visits to Emergency Departments, and support services such as ICT, Education and Make Ready. Pharmacy and medicines management was also inspected and covered both management of controlled drugs and medicines modules (bags).

Inspectors engaged with frontline and support teams, recognising the improvements made and the standard of care delivered. Data requests from the CQC are expected shortly as part of the factual accuracy process. A separate Well-Led inspection is expected but remains unscheduled.

Action Required:

- Coordinate and respond to CQC data requests accurately and within deadlines.
- Ongoing work to prepare for Well-Led inspection overseen by EMC
- Review key inspection themes and proactively address any emerging issues
- Continue with accreditation work.

Impact:

- Ensure SCAS is well positioned for an accurate final CQC report.
- Support trust-wide assurance and preparedness for the Well-Led inspection.
- Reinforce SCAS's commitment to continuous improvement and transparency.

Measures:

- Completion of all CQC data submissions within specified timescales
- Progress against internal Well-Led readiness checklist and plan
- Completion of Self-Assessment of Well Led based on CQC key statements
- Actions arising from inspection taken and monitored through EMC and Performance Accountability Framework meetings
- Outcome of CQC final report (including any changes to domain-level ratings)

2.2: Digital Safeguarding Referral Application

Context:

We have previously reported issues with the digital safeguarding referral application provided by and hosted by Docworks, that could prevent a patient safety risk. The safeguarding referral application requires a complete rebuild with the current supplier, meanwhile manual mitigations are in place to manage the risks caused by these issues with the safeguarding referral application.

Action Required:

- Receive and test a proposal for a fully functional safeguarding referral application
- Rebuild the existing digital safeguarding referral application and implement the new solution
- Mitigate and monitor the risks caused by issues with current system to ensure patient safety

- Maintain relationships with Safeguarding partners and Boards, during this challenging period, where they are seeing increased referral activity from SCAS as some of the referrals are being sent to Adult and Childrens MASHs in order to mitigate issues in our application

Impact:

- Restoration of fully functioning safeguarding referral application.
- Improved ability to identify and respond to abuse or neglect and safeguard vulnerable pts.
- Reduced regulatory and reputational risk to SCAS.

Measures:

- Contract Management of Docworks (weekly)
- Reporting progress to the Safeguarding Oversight Group (fortnightly) and Executive Management Committee (monthly)
- Monitoring compliance against SAAF to the Safeguarding Committee and Quality and Safety Committee. (bi Monthly)

2.3: Patient Safety – Completion of Actions from Learning Responses

Context:

Under the previous NHS “Serious Incident Framework (2015)”, actions from investigations were difficult to track and not always completed on time. Learning showed that lines of accountability and responsibility for actions was not clear which led to inconsistent oversight operationally with local governance and patient safety teams. Actions were not always clear and SMART making it difficult to measure when they had been achieved.

The Patient Safety Team began to monitor and track the number of overdue actions and sought to make improvements to the Datix system, so actions became more visible to action owners. This reduced the number of overdue and outstanding actions.

From its implementation in SCAS, *The Patient Safety Incident Response Framework (PSIRF)* processes, outputs and actions have been tested and audited. A peer review was completed by ICB partners in February 2025 who concluded SCAS had made and sustained improvements in PISRF implementation.

Using the learning from the weaknesses in the SI framework and seeking to continuously improve timely access to learning across the organisation, the following actions are being implemented:

Action Required:

- Introduce Datix dashboards for individual service lines to monitor progress and track action plans.
- Assign ownership of PSIRF action plans to Patient Safety Managers who attend local governance meetings.
- Embed accountability through service line governance/ performance accountability framework objectives.

Impact:

- Improves oversight and assurance on the completion of safety actions.

- Reduces risk of repeat incidents and patient harm and support continuous learning/improvement.
- Enhances organisational compliance with the PSIRF Framework.
- Support cultural shift- ownership accountability and autonomous decision making.

Measures:

- % of actions completed on time (target: 90% or above)
- Number and trend of overdue actions reported to Patient Safety and Experience Group (PSEG) by node.
- Audit the number of Incidents that reoccur following completion of the actions (to establish the effectiveness of the action and learning).
- Accreditation inspection reports.
- Quarterly updates to Patient Safety and Experience Group (PSEG) and Quality and Safety Committee

3. Quality Impact

3.1: The report is presented for oversight and assurance.

4. Financial Impact

4.1: No direct financial impact.

5. Risk and compliance impact

5.1: The report is presented for oversight and assurance.

6. Equality, diversity, and inclusion impact

6.1: None to note in this paper.

7. Next steps

7.1: Relevant committees will continue to review updates.

8.Recommendation(s)

The Board is invited to:

8.1: Note the status of post-CQC inspection follow-up and ongoing Well-Led inspection preparation.

8.2: Note the planned improvements to the Digital Safeguarding Referral Process and the continued risk of the current manual workarounds and mitigations.

8.3: Endorse the implementation of strengthened PSIRF action monitoring to improve delivery, accountability and organizational learning.

8.4: Endorse quarterly progress updates to the Quality and Safety Committee and Patient Safety & Experience Group.

9.Appendices

9.1: None



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Chief Medical Officer's Board Report
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Agenda item	11
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Report executive owner	John Black, Chief Medical Officer
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Report author	John Black, Chief Medical Officer Helen Pocock, Interim Head of Research Operations
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Governance Pathway: Previous consideration	Not Applicable
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Governance Pathway: Next steps	Not Applicable
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Executive Summary	
The purpose of the paper is to update the Board on key clinical issues relating to:	
<ul style="list-style-type: none"> Clinical Research Update including Annual Research Report 	

Alignment with Strategic Objectives	
With which strategic theme(s) does the subject matter align?	
High Quality Care & Patient Experience	

Relevant Business Assurance Framework (BAF) Risk	
To which BAF risk is the subject matter relevant?	
SR1 - Safe and Effective Care	

Financial Validation	Not Applicable
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Recommendation(s)
The Trust Board is asked to note the contents of the Chief Medical Officer's report.

For Assurance		For decision		For discussion		To note	✓
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- **Background / Introduction**

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

1. SCAS Clinical Research Update

- **Detail**

1. **Clinical Research**

1. **SCAS Annual Research Report** was approved by Clinical Review Group in April - **See Appendix 1 for full report.** Highlights from 2024-25:

- SCAS enrolled almost a thousand (969) service users and staff into NIHR portfolio research projects.
- SCAS staff produced 29 publications in peer-reviewed journals, contributed to one book and made 8 conference/meeting presentations.
- Three research studies have completed data collection and analysis this year and eight studies are continuing into 2025-26.
- We contributed to a national workshop to prioritise the top 20 research questions for sepsis identification, patient treatment, and subsequent care.

2. **Current research study recruitment** (data cut 03 Mar 2025):

194 new patients have been enrolled in research studies since the last Board report.

- Spinal Immobilisation Study (**SIS**): 18 patients
- Early surveillance for type 1 diabetes in children (**ELSA**): 101 children
- Tranexamic acid for mild head injury in older adults (**CRASH-4**): 20 patients;
- Specialist pre-hospital redirection for ischaemic stroke thrombectomy (**SPEEDY**) 45 patients
- Randomised trial of clinical and cost effectiveness of Administration of Prehospital fascia Iliaca compartment block for emergency hip fracture care Delivery (**RAPID-2**): 10 patients.

3. **Successful HARMONIE study monitoring visit.** Very positive received feedback from trial sponsors.

4. **New (external) studies opening:**

- Mixed methods study to understand the scale, impact and care trajectory for patients who have a long lie after a fall. (Survey, interview study)
- Understanding stigma related to prostate cancer in Black men. (Community interview, survey study)

5. **New (internal) projects opening:**

- Quality Improvement project aiming to enhance the efficiency and clarity of communication between ambulance clinicians and HEMS desk paramedics, ultimately improving the dispatch process for HEMS assets. Service evaluation.
- Audit of out-of-hospital cardiac arrest in prisons underway. To support development of grant application.
- Chief Pharmacist research project on Medicines Legislation. A qualitative study Aiming to ascertain how UK medicines legislation can be adapted to better support the operational needs of pre-hospital care providers.

6. Presentation delivered to Hants, IoW & Thames Valley R&D team promoting SCAS involvement in study delivery utilising our Research Rapid Response Vehicle (R-RRV) model which has generated a lot of interest in our research community. Further invitation to present to Theme Leaders meeting at Oxford Biomedical Research Centre in June. Potential for future collaboration using R-RRV model.

7. Outcomes of grant applications:

- Older people – conveyance decisions and service provision mapping project (NIHR Health Services Delivery Research funding stream). Collaboration with University of Southampton, University of Portsmouth.
- UNSUCCESSFUL. To discuss amendment in response to feedback, then re-submission or submission to alternative funder.

8. Grant applications submitted:

- 111 AI triage project (Visibar & University of Oxford). Project to improve call time and users experience. Co-applicants.
- Primary Care Clinical Research Delivery Centre (PC-CRDC) (Oxford and North Hants practices collaboration). Submitted an expression of interest for a supporting role. Unable to be collaborator as only Primary Care practices can collaborate.
- Providing capacity to deliver Genes and Health study across the entire RRDN geography alongside a collaborative network of community and primary care sites. NIHR Strategic funding bid. Lead applicants.
- Embedding research inclusion in our workforce. NIHR Strategic funding bid. Co-applicants. Pan-SC RRDN; UHS lead applicant.
- Community research hub. NIHR Capital funding bid. Pan-Hants; Hants & IoW Healthcare lead applicant.

9. Research Governance priorities:

- Data sharing agreement for service evaluation/research between SCAS & HIOWAA (UHS) – still awaiting final sign-off

10. Recent Publications:

- **Deakin, C.D.** Defibrillation Energy Levels in OHCA: Rethinking Assumptions and Exploring New Insights. *Resuscitation*. 2025. Volume 208, 110523. <https://doi.org/10.1016/j.resuscitation.2025.110523>
- Metelmann, C., Metelmann, B., Müller, M.P.,.....**Deakin, C.D.**,....Greif, R. Defining the terminology of first responders alerted for out-of-hospital cardiac arrest by medical dispatch centres: An international consensus study on nomenclature. *Resusc Plus*. 2025 Feb 20;22:100912. <https://doi.org/10.1016/j.resplu.2025.100912>
- Owen, P., Hannah, J., **King, P.**, **Deakin, C.D.**, Plumb, J., Jackson, A.I.R. Is there an association between 30-day mortality from out-of-hospital cardiac arrest (OHCA) and deprivation levels within Hampshire? A retrospective cohort study. *Resuscitation Plus* 2025 Volume 22, March 2025, 100898. <https://doi.org/10.1016/j.resplu.2025.100898>

• Quality Impact

Research aims to improve patient safety, patient experience, and clinical effectiveness.

• Financial Impact

Income generated by research varies depending on patient/participant recruitment and supports our clinical research activity.

- **Risk and compliance impact**

If the trust does not take part in research studies, then our patients may be denied access to new/innovative treatments leading to longer recruitment periods for research studies overall and longer times to implementation of research findings nationally.

Research aims to improve safe and effective care.

The NHS expects all NHS Trusts to facilitate research and embed research in its core business.

- **Equality, diversity, and inclusion impact**

We aim to offer research projects to all patient groups.

- **Next steps**

Continue to offer research to our patients (and staff) and expand our offering across a range of conditions.

- **Recommendation(s)**

The Board is asked to receive the report/paper for noting

- **Appendices**

1. SCAS Annual Research Report



Research Annual Report

Period: 4/2024 - 3/2025

Version no.	0.2
Date	09 Apr 2025
Date of approval	
Authors	Helen Pocock, Interim Head of Research Operations Prof Charles Deakin, Research Lead

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

Research Annual report 4/2024-3/2025

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1. Executive Summary

The UK Policy Framework for Health and Care Research (2017) sets out 19 principles of good practice in the management and conduct of health and social care research. These principles aim to protect and promote the interests of patients, service users and the public. Table 1 shows how SCAS incorporates these principles into our research function.

- From April 2024 to March 2025, SCAS enrolled 969 service users and staff into NIHR portfolio research projects.
- Our research activity levels are amongst the best throughout the UK ambulance services. We were the second highest recruiting site for the PARAMEDIC3 trial and top recruiter for CRASH-4. We have a good reputation for producing high quality data for research.
- Three research studies have completed data collection and analysis this year and eight studies are currently underway. Research activity peaked in October 2024 and January 2025.
- We continue to operate a dedicated fleet of 'Research rapid response vehicles' (R-RRVs) with which we can target our research offering towards patients who could benefit from research participation.
- We aim to upskill our entire workforce. Our research paramedics regularly deliver education and training to frontline teams, and we promote opportunities for experience and training throughout the trust. We host operational staff requiring a period of alternative duties and provide placements for paramedic and medical students.
- We are keen to build upon local, regional and national collaborations to expand and diversify our research offering to patients.
- We conduct audits to inform research, research to inform clinical guidelines. This year we contributed to a national workshop to prioritise the top 20 research questions for sepsis identification, patient treatment and subsequent care.
- We communicate our research findings internally to our staff via our internal SharePoint 'SCAS Hub' and externally to our public and service users via the SCAS website. During the last year, SCAS staff produced 29 publications in peer-reviewed journals, contributions to one book and made 8 conference/meeting presentations.
- In the coming financial year, we will see several large-scale national trials come to an end. We will contribute to the national dissemination of findings from these significant studies and seek new opportunities to engage in research projects through our innovative research-RRV delivery model.

2. Context

South Central Ambulance Service NHS Foundation Trust (SCAS) delivers services to the populations of Berkshire, Buckinghamshire, Hampshire and Oxfordshire as well as non-emergency patient transport services in Surrey and Sussex (shown in Figure 1), serving a population of over 7 million and answering over 500,000 urgent and emergency calls a year. The Trust provides 999 emergency services, NHS 111 services, non-emergency patient transport services (PTS), logistics and commercial services and training services. With over 4,500 clinical and non-clinical staff, supported by more than 1,100 volunteers, SCAS ensures a dedicated workforce committed to patient care. SCAS operates a fleet of over 1,300 vehicles and manages 103 buildings strategically located across its coverage area. These resources enable efficient and rapid service delivery.



Figure 1: SCAS operational area (in yellow; additional PTS areas in 2024-25 in blue)

The Health Research Authority (HRA) and the UK Health Departments share a commitment to fostering an environment where patients, service users and the public have opportunities to actively engage in health and social care research. This commitment extends beyond mere participation and encompasses involvement in the design and development of research projects. The overarching goal is to enhance the safety, effectiveness and efficiency of

treatments and services by subjecting them to rigorous and ethical testing. Key principles include:

1. **Inclusivity:** Ensuring that patients, service users and the public have a voice in shaping research initiatives.
2. **Ethical Protection:** Implementing robust processes and procedures to safeguard participants and their data.
3. **Transparency:** Making research findings publicly accessible.
4. **Resource Allocation:** Encouraging commissioners, healthcare providers, industry and charities to invest in high quality UK health and social care research.

By fostering collaboration and prioritising research, the aim is to advance healthcare practices and improve outcomes for all.

Our vision is to realise the research potential of South Central Ambulance Service in order to optimise outcomes for our patients and staff. Our research aims align with our organisational values:

- To develop the skills required to conduct research ~ PROFESSIONALISM
- To strengthen the systems within SCAS that facilitate research ~ TEAMWORK
- To recognise and respond to opportunities to develop and conduct research ~ INNOVATION
- To put research findings into practice ~ CARING

Within SCAS, research forms part of the Clinical Directorate. The SCAS Board delegates responsibility for clinical activities to the CRG, of which the Research Steering Group (RSG) is established as a standing group. Research and Development (R&D) functions at SCAS are carried out by a small core team consisting of a Research Lead, Head of Research Operations, Senior Research Paramedic, Research Paramedics, Research Nurse and a Research Administrator. The entire research team collaboratively enhances SCAS' capacity and capability to conduct individual trials. We have a dedicated area for Research on the website which provides valuable information, updates and resources relating to ongoing and completed studies. This can be explored at <https://www.scas.nhs.uk/about-scas/research/>. Additionally, we also maintain an internal 'Research Hub' for staff where they can access training and information about current and upcoming research initiatives. By fostering a culture of research, SCAS actively contributes to safer, more effective healthcare practices and supports paramedics in their registration requirements to participate in clinical research.

SCAS receives funding and support from the following sources:

1. Core Research Funding

The National Institute of Health Research (NIHR) provides central funding for research. During 2024-25, the Local Clinical Research Networks (CRNs) were replaced by Regional Research Delivery Networks (RRDNs). Previously spanning two Clinical Research Networks, SCAS' footprint now more closely aligns that of the local RRDN (other trusts within the Milton Keynes area fall under the remit of the South East RRDN). Until 31st August 2024, SCAS was financially aligned with CRN Wessex, although also worked closely with CRN Thames Valley and South Midlands. From 1st September, our core research funding is distributed through the South Central Regional Research Delivery Network (SC-RRDN).

2. Department for Health and Social Care (DHSC)

SCAS benefits from Research Capability Funding provided by the DHSC, assuming we meet certain research activity thresholds. This funding contributes to enhancing research capacity and capability within the trust.

3. Non-Commercial and Commercial Sponsors

Research projects are typically funded and sponsored by organisations falling into one of two categories:

- **Non-Commercial Sponsors:** Examples include charities, NIHR, and universities. These sponsors often receive funding as grant awards from competitive peer-reviewed competitions. Scrutiny focuses on achievable aims, proposed processes, and the likelihood of generating high-quality data for public benefit.
- **Commercial Sponsors:** These include pharmaceutical industry and other commercial entities. Their funding supports safe project delivery, covering costs related to equipment, medication, workforce, and supporting teams.

This Annual Report outlines the context and mechanisms that support the delivery of high-quality research in SCAS. In 2018 we developed our first *Research Strategy*, guiding our journey towards maximising the research capacity and capability of the Trust. The aims were aligned with the Trust's commitment to research as outlined in the *SCAS Clinical Strategy*. Our second *Research Strategy, 2024-27*, builds on this work and continues to align with the commitments as stated in the *SCAS Clinical Strategy 2024-28*. We aim to offer every service-user and staff member the opportunity to be involved with research. This report charts our

progress within this context and showcases some of the exceptional research activities undertaken in the last 12 months.

The UK Policy Framework for Health and Care Research (2017) sets out 19 principles of good practice in the management and conduct of health and social care research. These principles aim to protect and promote the interests of patients, service users and the public. Table 1 shows how SCAS incorporates these principles into our research function.

Principles that apply to all health and care research		
	Principle	Achieved through
1	Safety The safety and well-being of the individual prevail over the interests of science and society.	Risk assessment for each study, Training, Study SOPs, Principle Investigator (PI) oversight via weekly PI reports, External monitoring, RSG project oversight.
2	Competence All the people involved in managing and conducting a research project are qualified by education, training and experience, or otherwise competent under the supervision of a suitably qualified person, to perform their tasks	Good Clinical Practice (GCP) certification, Trial-specific training, Internal 6-monthly audit of training, Supervision.
3	Scientific and Ethical Conduct Research projects are scientifically sound and guided by ethical principles in all their aspects	NHS Research Ethics Committee (REC) review and Health Research Authority (HRA) approval prior to project start,
4	Patient, Service User and Public Involvement Patients, service users and the public are involved in the design, management, conduct and dissemination of research, unless otherwise justified.	Funder requirement for Patient and Public Involvement (PPI), Meetings recorded in project Investigator Site File (ISF).
5	Integrity, Quality and Transparency Research is designed, reviewed, managed and undertaken in a way that ensures integrity, quality and transparency.	Training, Project review by Research Steering Group (RSG), Upward reporting to CRG, Study-specific risk assessments, Study SOPs, Principal Investigator (PI) oversight via weekly PI reports, External monitoring, RSG project oversight.
6	Protocol The design and procedure of the research are clearly described and justified in a research proposal or protocol, where applicable conforming to a standard template and/or specified contents.	External study protocols scrutinised as part of initial SCAS Capability and Capacity assessment, Internal study protocols subjected to external scrutiny.

7	<p>Legality</p> <p>The researchers and sponsor familiarise themselves with relevant legislation and guidance in respect of managing and conducting the research.</p>	<p>Training, Review by IG team, Research agreements/contracts reviewed before study start.</p>
8	<p>Benefits and Risks</p> <p>Before the research project is started, any anticipated benefit for the individual participant and other present and future recipients of the health or social care in question is weighed against the foreseeable risks and inconveniences once they have been mitigated</p>	<p>Study specific risk assessment, Training, Study SOPs, HRA approval, RSG/CRG review,</p>
9	<p>Approval</p> <p>A research project is started only if a research ethics committee and any other relevant approval body have favourably reviewed the research proposal or protocol and related information, where their review is expected or required.</p>	<p>REC approval and HRA approval in place prior to study start. Internal approval via RSG and/or CRG according to risk level of project.</p>
10	<p>Information about the Research</p> <p>In order to avoid waste, information about research projects (other than those for educational purposes) is made publicly available before they start</p>	<p>Studies registered on international research registries prior to study start, Transparency notices posted on SCAS website where appropriate.</p>
11	<p>Accessible Findings</p> <p>Other than research for educational purposes and early phase trials, the findings, whether positive or negative, are made accessible, with adequate consent and privacy safeguards, in a timely manner after they have finished, in compliance with any applicable regulatory standards.</p>	<p>Publication on SCAS website, Addition to SCAS Research Viva Engage channel, Presentation to Clinical Review Group (CRG), Annual report, Submission for publication in peer-reviewed journals and at conferences.</p>
12	<p>Choice</p> <p>Research participants are afforded respect and autonomy, taking account of their capacity to understand. Research participants are given information to understand the distinction and make a choice, unless a research ethics committee agrees otherwise. Where participants' explicit consent is sought, it is voluntary and informed. Where consent is refused or withdrawn, this is done without reprisal.</p>	<p>Prior informed consent obtained and documented for each study as appropriate, Protocolised procedures followed and documented for emergency research without prior consent, Training, External monitoring.</p>
13	<p>Insurance and Indemnity</p>	<p>Membership of Clinical Negligence Scheme for Trusts (CNST) administered by NHS Resolution,</p>

	Adequate provision is made for insurance or indemnity to cover liabilities which may arise in relation to the design, management and conduct of the research project.	Review of agreements and contracts prior to study activities commencing.
14	Respect for Privacy All information collected for the research project is recorded, handled and stored appropriately and in such a way and for such time that it can be accurately reported, interpreted and verified, while the confidentiality of individual research participants remains appropriately protected.	GDPR training, SCAS IG policies and procedures, DPIA completed for each study.
15	Compliance Sanctions for non-compliance with these principles may include appropriate and proportionate administrative, contractual or legal measures by funders, employers, relevant professional and statutory regulators, and other bodies.	External monitoring, Study-specific audits, PI oversight.
Principles that apply to <i>interventional</i> health and social care research		
16	Justified Intervention The intended deviation from normal treatment, care or other services is adequately supported by the available information (including evidence from previous research).	Funder ensures expert review of study rationale. Clinical review of projects at CRG.
17	Ongoing Provision of Treatment The research proposal or protocol and the participant information sheet explain the special arrangements, if any, after the research intervention period has ended (e.g. continuing or changing the treatment, care or other services that were introduced for the purposes of the research).	Sponsor approval of study-specific research protocol, REC and HRA approval of participant information sheets.
18	Integrity of the Care Record All information about treatment, care or other services provided as part of the research project and their outcomes is recorded, handled and stored appropriately and in such a way and for such time that it can be understood, where relevant, by others involved in the participant's care and accurately reported, interpreted and verified, while the confidentiality of records of the participants remains protected.	SCAS policies and procedures, Study-specific training, Internal audit of patient clinical records, External monitoring.
19	Duty of Care	Training, GCP certification, SCAS policies and procedures, RSG and/or CRG review of projects.

	The duty of care owed by health and social care providers continues to apply when their patients and service users take part in research.	
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Each month we report the number of people enrolled into research to Wessex Clinical Research Network via the online EDGE reporting system. From April 2024 to March 2025, SCAS enrolled 969 service users and staff into NIHR portfolio research projects.

3. Performance against last year's annual plan

Challenge	Standard	Action	Lead	Summary of progress
Build research infrastructure	Build resilience into finance management	Development of a consolidated budget tracker would support management of research budgets	Research team & RSG	Budget tracker built. Final elements of process being worked through.
	Take opportunities to obtain funding to build infrastructure	Ensure appropriate use of 2023-24 awarded Research Capability Funding and eligibility for 2024-25 allocation	Research team & RSG	2023-24 allocation spent. Have hit target for eligibility for 2024-25 allocation.
	Embed research dispatch in business as usual for the Emergency Operations Centre (EOC)	Research Dispatcher/ Research Assistant to increase research awareness and dispatching to incidents of research relevance.	Research team & RSG	Research Dispatcher role introduced. Funding has now ended. New model being pursued.
Upskill workforce	Every new member of SCAS staff to be aware of research function	Research presentation to be included in all corporate induction courses.	Research team & RSG	Video produced but not currently included on corporate induction despite requests.
	Increase awareness of research training and educational opportunities throughout the trust	Share details of opportunities with staff on SharePoint.	Research team & RSG	Any opportunities are publicised via SharePoint.
	Ad hoc opportunities should be	Operational staff to be accommodated in research team if	Research team & RSG	Six Operational staff members accommodated

	available for operational staff to be involved in research	appropriate during temporary periods of alternative duties.		in Research team during 2024-25. All GCP trained.
Develop research collaborations	Work with regional research support networks to increase research offering to SCAS patients, service users and staff.	Work with new RRDN to identify, initiate and deliver research projects	Research team & RSG	New RRDN structures only recently put in place. Team members working with all relevant specialties to bring in new research projects.
	Collaborate with national counterparts to develop further research opportunities for SCAS	Contribute to NARSG. Seek collaborative opportunities through this forum.	Research team & RSG	Expressions of interest and letters of support provided for new projects. Awaiting funding outcomes.
Aligning research with practice	Actively seek opportunities to deliver relevant projects	Submit expressions of interest (EoI) in relevant high-quality external research projects	Research team & RSG	One new major national project opened this year. Another in approval stage. 19 EoIs submitted.
	Ensure research findings are translated into practice	Work with SCAS Education team and others to translate research findings into practice in a timely manner	Research team & RSG	Translation of PARAMEDIC3 findings via RCUK 2025 guidelines. To be released later this year.
Dissemination of research findings	Ensure staff and governors have access to research findings	Our completed research projects should be promoted via SharePoint	Research team & RSG	Findings of completed projects promoted via Research Hub page.
	Research findings should be shared externally with peers and public	Staff should be encouraged and supported to present findings of their projects at conferences and other events.	Research team & RSG	Three staff members made conference presentations at 999 EMS Research Forum in 2024.
Sustainability	Achieve financial sustainability	Explore opportunities to work with commercial partners, recognising the potential for such partners to make	Research team & RSG	SCAS are part of the Wessex Clinical Delivery Research Centre (CDRC) (awarded in 2024) and have

		significant revenue contributions		been invited to take part in the Oxford CDRC bid this year.
	Identify clinical excellence through research	Recognise and promote good practice, either in the results of research projects or during the course of data collection	Research team & RSG	Team members email staff and their managers where clinical excellence is identified.

4. Achievements

4.1 Completed studies

SCAS has contributed to the following research studies that have completed data collection and analysis this year:

- **Pre-hospital randomised trial of medication route in out-of-hospital cardiac arrest (PARAMEDIC-3) (IRAS 298182)**

This large national trial assessed the most effective way to treat patients sustaining out-of-hospital cardiac arrest by giving resuscitation medication either directly into the bloodstream (intravenous, I.V) or into a bone (intra-osseous, I.O). By answering this question, the study team hope to improve survival and quality of life outcomes for patients in future.

<https://pubmed.ncbi.nlm.nih.gov/39480216/>

- **Geospatial mapping of emergency calls by older people, with a focus on people living with dementia, in the South Central region**

This multidisciplinary, multiagency project extracted routinely collected data to produce geospatial maps highlighting areas of highest demand or where Community First Responders may be most needed. Results of this study have been published as a preprint and stakeholder meetings have been held to identify priorities for future research.

<https://www.medrxiv.org/content/10.1101/2025.03.06.25323481v1>

- **PARAID Study: Paramedic delivery of end-of-life care: a mixed methods evaluation of service provision and professional practice (IRAS 327727)**

This was a four-phase study. SCAS was involved with the first phase, a large-scale online survey to evaluate current practices, factors influencing professional contribution and the potential for the paramedic workforce to improve end-of-life care. The project team then

analysed models of service delivery and decision making to generate recommendations to support end-of-life care.

<https://pubmed.ncbi.nlm.nih.gov/39709434/>

4.2 Ongoing studies

We are currently contributing to the following studies and clinical trials that seek to improve the care we deliver to our patients:

- **A Phase IIIb Randomized open-label study of Nirsevimab (versus no intervention) in preventing hospitalizations due to respiratory syncytial virus in infants (HARMONIE) (IRAS 1005180)**

The study determines the efficacy and safety of a single intramuscular dose of Nirsevimab, compared to no intervention, for the prevention of hospitalisations due to lower respiratory tract infection caused by confirmed Respiratory Syncytial Virus (RSV). The study enrolled infants under 12 months of age who are not eligible to receive Palivizumab. SCAS has provided vaccinations to 70 patients in this project, who would not otherwise have been able to access this treatment. The clinical trial showed that hospital admissions from a winter virus could be reduced by more than 80% if babies are given a single dose of a new antibody treatment. It is now being considered for a national immunisation programme. Prof Saul Faust and Dr Katrina Cathie from the trial team have spoken about the trial across national press, including on the BBC News at Ten, Sky News and BBC Radio 2 and 4. This year we have been involved in the follow up phase of the study.

- **Randomised control trial to understand whether prescribing choice for inhalers is influenced by knowledge of the CARBON footprint (REDUCE CARBON) (IRAS 285768)**

The study is looking to explore prescribing behaviours surrounding inhaler selection and what information, including knowledge of the carbon footprint, may influence this choice. The study team have invited a wide range of healthcare professionals and patients to answer an online survey. The study is now in its data analysis phase.

- **Clinical randomisation of an anti-fibrinolytic in symptomatic mild head injury in older adults (CRASH-4) (IRAS 283157)**

CRASH-4 is seeking reliable evidence about the effects of early intramuscular tranexamic acid medication on intracranial haemorrhage, disability, death, and dementia in older adults with symptomatic mild head injury. Using our unique research cars model of study delivery, SCAS has reached more patients than any other research site in the UK.

- **EarLy Surveillance for Auto-immune type 1 diabetes (ELSA) (IRAS 309252)**

Early detection of type 1 diabetes mellitus from the general population would allow insulin treatment to be started sooner, avoid type 1 diabetes mellitus being diagnosed as an emergency, improve glycaemic control, and would identify children who can be offered novel clinical trials of therapies for diabetes prevention. Enrolment is currently being offered by Research paramedics/nurses via schools and community events. This study has been extended this year, specifically to increase the diversity of research participants.

- **Spinal Immobilisation Study (SIS) (IRAS 316755)**

This is a randomised controlled trial to compare methods of cervical spine (neck) immobilisation in the pre-hospital emergency setting. Paramedics are assessing patients' nerve function at injury, when they arrive at hospital and when they leave hospital. Any side effects and measures of wellbeing are also monitored.

- **Specialist pre-hospital redirection for ischaemic stroke thrombectomy (SPEEDY) (IRAS 312053)**

This study aims to test a new specialist prehospital pathway. By redirecting patients straight to a hospital with a specialist stroke centre we may be able to reduce delays to surgery to remove blood clots from the brain in acute stroke. This may enable patients to make a better recovery.

- **Cardiac arrest bundle of care trial (CABARET) (IRAS 329970)**

This home-grown randomised controlled trial aims to evaluate the feasibility of performing a new 'bundle of care' intervention for patients in cardiac arrest comprising 3 elements: Head up cardiopulmonary resuscitation (HUP-CPR), Active compression decompression CPR (ACD-CPR) and Impedance threshold device (ITD). This may allow us to go on to deliver a definitive randomised controlled trial examining the 'bundle of care' vs usual care. Due to limitations in the number of devices available, only our research paramedics will be involved in this trial.

The study team has published a systematic review of the literature informing this study: <https://pubmed.ncbi.nlm.nih.gov/39309748/>

- **Randomised trial of clinical and cost effectiveness of administration of prehospital fascia iliaca compartment block for emergency hip fracture care delivery (RAPID-2) (IRAS 291853)**

The aim of this randomised controlled trial is to test the safety, clinical and cost-effectiveness of paramedics providing fascia iliaca compartment block (FICB) as pain relief to patients with suspected hip fracture in the prehospital environment. Due to the training requirement, only our research paramedics will be engaged in this trial.

Figure 2, below, shows the numbers of people enrolled into research trials during the last 12 months. This is contextualised within the overall lifecycle of the respective trials in Appendix C where graphs for each trial are presented. Some of the above-mentioned trials are not included in these graphs as they completed recruitment during 2023-24; only follow-up and analysis activities were underway in the year 2024-25.

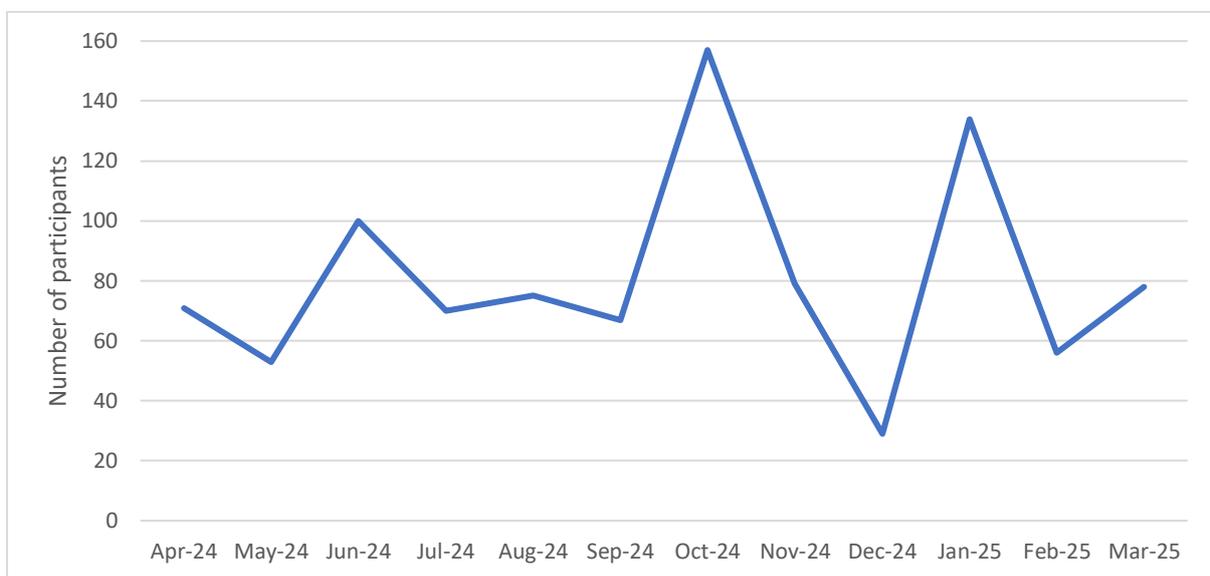


Figure 2: Research enrolments into NIHR portfolio research projects during 2024-25

5. Infrastructure supporting research

We are a small team, as can be seen in the organogram in Figure 3. In addition to research delivery, we also have a research governance function, to ensure that we have the resources in place to deliver properly funded, relevant research.

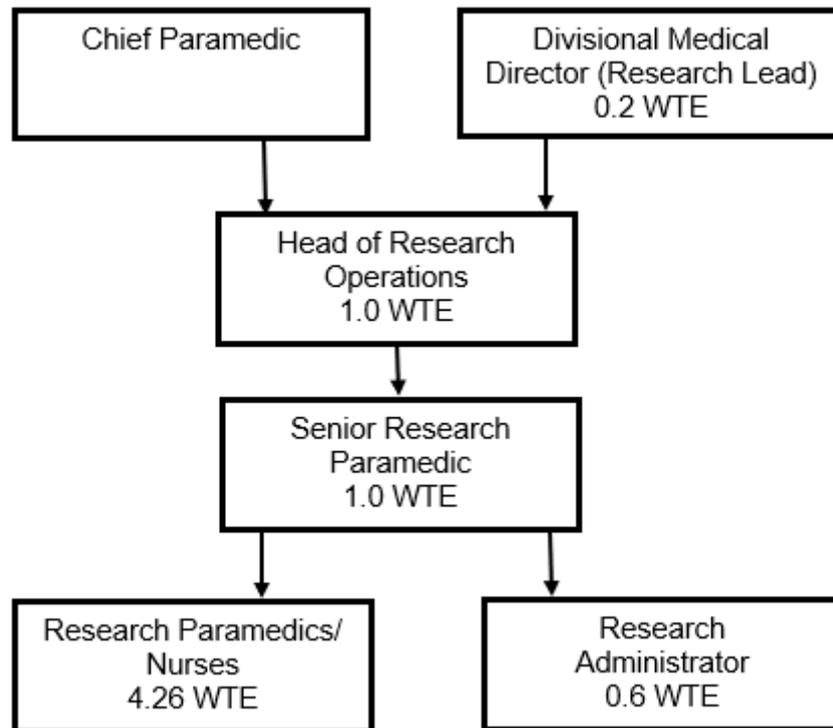


Figure 3: Organogram for Research team

The Health Research Authority (HRA), an arm’s length body of the Department for Health and Social Care, is the body responsible for reviewing and approving research projects conducted in the NHS. Through application to the HRA, researchers can seek all regulatory reviews and approvals, such as independent ethical review of projects by NHS Research Ethics Committees, including the Confidentiality Advisory Group.

Prior to starting to recruit patients to research studies, prospective researchers must first approach SCAS to consider collaboration and delivery on their projects. The SCAS Research team assess the Trust’s capacity and capability to deliver the project (each project has different resource and infrastructure requirements). Following this assessment, the project is reviewed and approved by two SCAS committees. Firstly the Research Steering Group (RSG) which comprises research Subject Matter Experts (SME), and then the Clinical Review Group (CRG) comprising the clinical and operational leaders within the Trust. The flow chart in Figure 4 summarises this internal process.

Capacity & Capability assessment

- Check that SCAS has capacity and capability to undertake the project according to study protocol
- Assess and address any shortfalls, if required and appropriate

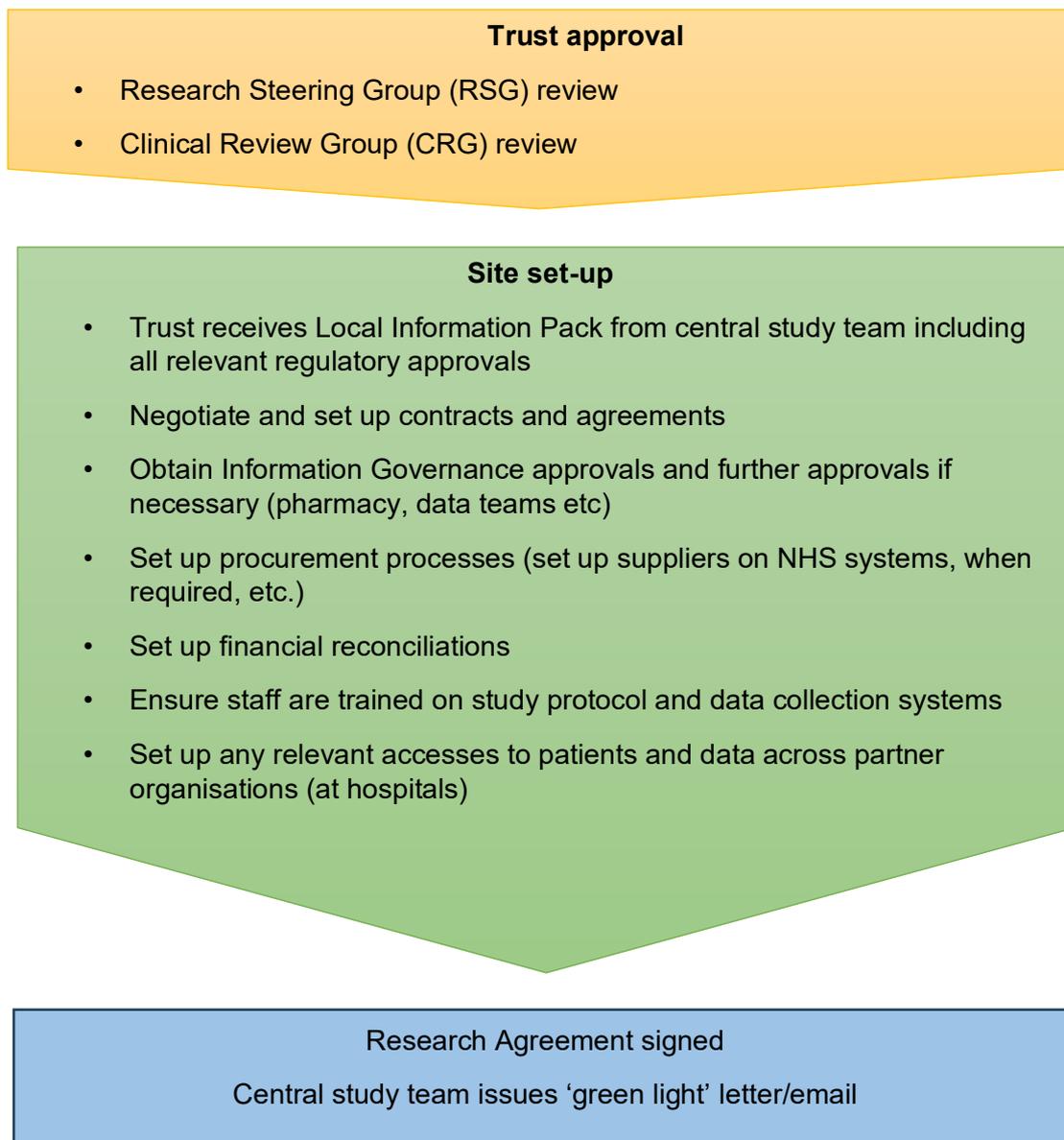


Figure 4: Flow chart of SCAS' internal research approval process.

The study set-up process can then begin. By streamlining the entire governance process, the Research Steering Group has reduced the time it takes to set up safe, high-quality research projects in the Trust. When the research project is underway, the SCAS research team provides ongoing research governance and SME oversight to any research project accepted via the Research Steering Group. External monitors provide additional oversight either through central monitoring processes or by visiting the Trust to inspect our research operations.

Throughout the past year we have continued to forge stronger links with other internal trust departments. The research team is now more closely aligned, for shared working, to the frontline clinicians and operational leaders, the Clinical Co-ordination Centre (CCC), Business Analysis, Information Governance, Pharmacy, Procurement and Finance teams as well as the Trust Board. With this inter- departmental working in place the RSG team are now more able to seek and take up opportunities for further research projects.

5.1 Innovation: 'Research car' initiative

We continue to be one of only two trusts nationally to operate a dedicated fleet of 'Research rapid response vehicles' (R-RRVs). Our small fleet of rapid response cars are staffed by research paramedics and attend both 'cases of research interest' and Business as Usual (BAU) incidents when required. Through use of the R-RRVs, we can target our research offering towards patients who could benefit from particular studies. As well as its research function, the fleet also contributes to addressing and preventing BAU ambulance response delays. Since it is staffed by paramedics, the initial emergency can be managed by our team, often prior to arrival of an ambulance.

Through this innovation, our team can deliver research in the community or in people's homes, with the added reassurance that our staff and their equipment can bring to their familiar environment. Using research cars, we have increased the number of patients who could be offered investigative trial medication (CRASH4 trial), new clinical equipment (CABARET trial), a new procedure (SIS, RAPID2 trials) or a new clinical pathway (SPEEDY trial) despite the extreme service pressures felt by ambulance services nationally. The cars have also enabled us to offer the ELSA study in schools and local communities, sometimes the number of interested research participants has exceeded the capacity of our event team and our R-RRVs have been drafted in to support. This has ensured that no potential participant has been turned away.

Set-up of this initiative was co-sponsored by, what was then, the Wessex and Thames Valley and South Midlands Clinical Research Networks (CRNs). The funding received enabled us to purchase essential equipment such as laptops, electronic patient record (ePR) devices, ambulance radios, specific resuscitation equipment, ambient and cool storage for research medication onboard the vehicle and out in the community. This equipment and resources are shared with the Operational teams, when required, in benefit of ongoing research.

6. Developing a skilled workforce

Research is part of the core business of the NHS and, as such, we continue to foster research engagement throughout the career journeys of all of our staff, offering research opportunities not only to our patients but also to our staff and other service users. Our research paramedics regularly deliver education and training to frontline teams, and we promote opportunities for experience and training throughout the trust. We continue to promote a research culture through our interactions at all relevant trust committees and groups, our communications with staff and our support and encouragement of evidence based practice.

Our core research function is currently delivered by 10 team members, comprising a variety of clinical and non-clinical roles. Our team brings a wealth of knowledge and experience not only from the ambulance and air ambulance frontline, but also from the clinical co-ordination centre, primary care, university faculty and administrative teams. All research team members complete regular Good Clinical Practice (GCP) training and we ensure that all new members of staff undertake this training as part of their induction programme. We hold formal qualifications in UK GDPR and AGILE project management. Expanding knowledge in these areas not only improves the safeguarding of patient's rights, accuracy of the data reported and efficiency of data processing, it also allows the research team to comply with the trust information governance policies and embed data protection into all processes when setting up studies.

In addition to our core team, we also welcome staff requiring a temporary period of working on alternative duties. All temporary team members are inducted into the team and are allocated specific tasks depending on need and existing skills. Whilst with us, they have the opportunity to expand their practical research knowledge and skills through supporting our delivery of national and local studies. Our temporary staff have reported high satisfaction levels during their time with us and return to their substantive roles with new knowledge and experience which also enhanced their CV and annual professional development.

We also operate a Trust-wide 'research advocates' initiative. Members of staff keen to support research can assist with research tasks at a local level. They complete audits of research resources when required and promote our research portfolio to their peers. They remind staff to complete training on trial procedures and signpost colleagues to research opportunities such as online webinars. In return, we provide further opportunities for development which can be evidenced in their professional portfolios.

We continue to support and promote opportunities to those considering a research career, particularly those offered by the NIHR and the local Research Delivery Networks. We advertise training, development and other funding opportunities on the SCAS Research Home

(internal SharePoint). We are delighted to announce that in the last year one of our core research team has secured a highly competitive NIHR bursary to fund a Master's degree in research (MRes). This has enabled our team member to undertake short courses to supplement their academic studies, and to apply their learning to development of a protocol for their own research project. We are also providing clinical academic mentorship to a SCAS paramedic who is currently undertaking an NHSE/NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship. In the last 12 months another of our team members was awarded a PhD in Health Sciences and a PGCert in Transferable Skills in Science from the University of Warwick. This has provided essential skills and experiences enabling them to step up to the role of Interim Head of Research Operations following the departure of the substantive postholder earlier in the year. We hope that all of our staff continue to build on these funded research development opportunities to become research leaders of the future.

We also provide placement opportunities to both medical and paramedic students. Paramedic students shadow research paramedics as they go about their daily tasks, usually working on the research cars or collecting research data. This is a great opportunity for our future paramedics and helps reinforce awareness of the HCPC Standards of Proficiency (2023) requiring all registrants to engage service users in appropriate research. Medical students from University of Southampton had the chance to join our research paramedics on shift on the research car. For these future doctors, this was a unique experience where they could witness delivery of emergency research in the community. We anticipate that these experiences will lead to new research opportunities for the ambulance service in the future as these paramedic and medical students become qualified and start to develop research projects of their own.

7. Developing collaborations

7.1 Regional Research Delivery Network (RRDN)

The new Regional Research Delivery Networks are just beginning to embed. New leads are being appointed and, to date, we are represented on the following newly developed South Central regional committees:

- SC-RRDN Allied Health Professionals Group
- SC-RRDN Research & Development Managers Group
- SC-RRDN Clinical Delivery Team Leads Group
- SC-RRDN Emergency Care Specialty Group
- SC-RRDN Children Specialty Group
- SC-RRDN Community Settings Group

Membership of these groups will be essential for developing relationships with our local acute and community trusts and promoting out-of-hospital research.

7.2 Clinical Research Delivery Centres

Building on the outstanding work of the vaccine hubs across the country in response to the pandemic, the Department for Health and Social Care (SHSC) is creating Clinical Research Delivery Centres (CRDC). The aim is to improve the health and wealth of the nation by accelerating the delivery of commercial research. SCAS is proud to collaborate with our local acute hospital trusts in the Wessex CDRC to deliver a range of high-quality studies serving our local population. This is an example of cross-boundary joined-up working, almost unheard of pre-pandemic but now becoming a vision for a sustainable future model of working.

We are currently exploring opportunities to be involved with the Oxford Primary Care CDRC.

We are represented on the following regional committees:

- NIHR Wessex CRDC Management Board
- NIHR Wessex CRDC Delivery Group

7.3 Local project collaborations

Whilst it is important for the trust to contribute to large national research projects, it is also important that we remain responsive to local needs. Our local collaborations are designed to specifically benefit local patients. Our work with the Universities of Portsmouth and Southampton exploring care and outcomes of people with dementia is an example of such focus. This series of projects has previously audited the care of people with dementia, explored possible predictors of whether a patient is conveyed to hospital or cared for at home and surveyed frontline staff regarding their recording of suspected dementia on the patient record. This year we analysed data and produced geospatial maps of calls to patients with dementia-type needs. We have collaboratively developed a funding application to build on this work, with the aim of reducing inequality of access to services for this patient group. Together, these projects will help us to target and deliver the most appropriate care in the most appropriate setting.

This year we completed a one-year evaluation of the 'Take Home Naloxone (THN)' nasal spray pilot programme commissioned by a local county council. SCAS crews carry THN nasal spray kits which can be left with friends or family of patients with life-threatening overdose of illicit opioid drugs in case of future similar events. This scheme places this potentially life-

saving medication in a place that could be accessed prior to the arrival of an ambulance. We identified patterns and trends in opioid overdose as well as opportunities to increase distribution of the THN kits. Our findings have been shared with the local county councils and we are currently designing a video to get a clear and consistent message to our frontline staff.

We have successfully collaborated with Hampshire and Isle of Wight Air Ambulance (HIOWAA) this year in the design and delivery of a feasibility trial of a bundle of care for patients sustaining out-of-hospital cardiac arrest. We anticipate this will be the first of many projects and collaborative opportunities to improve the delivery of critical care to our service users .

7.4 National Ambulance Research Steering Group

Membership of this group keeps us linked with the other ambulance services. The monthly meetings alternate between the usual business of the group and feasibility discussions with researchers (who bring their early research ideas to the group for advice). This has been beneficial to all stakeholders and increased the quality of the projects and optimised their potential to recruit to time and target. One of the strengths of this group is their ability to respond to national developments with a single voice.

7.5 National collaboration

We are delighted to play an important part in some of the most ground-breaking national out-of-hospital studies in recent years. In addition to being involved in both the design and delivery of the high-profile PARAMEDIC3 and CRASH4 trials, we have also engaged in other significant projects at an early stage, such as SIS, helping to shape trial delivery as they are expanded nationally. Our Research-RRV model has attracted researchers who have needed a boost in participation in their studies. We have successfully opened the RAPID2 trial this year, increasing the number of patients who can be offered pain relief following suspected hip fracture.

We continue to explore research possibilities with both small companies and with a large multi-national pharmaceutical company who are interested in our R-RRV and community models of research engagement. We are currently exploring possibilities that could offer benefits to our patients through this collaborative research model.

8. Aligning research with practice

We continue to highlight standard 13.11 of the Standards of Proficiency for HCPC Paramedics which requires that paramedics need to “*engage service users in research as appropriate*” We advise staff how to accurately record research participation on their clinical records and also to note reasons for ineligibility where appropriate.

8.1 Audits informing research and practice

We are now nearing completion of ‘**Install and evaluate dementia button on ambulance electronic patient record**’ (IDEAS2) (IRAS 326775). This project, funded by The Health Foundation, aimed to develop, implement and evaluate a specific section for recording dementia on SCAS’s ePR. The first of our project outputs has been published in a peer-reviewed journal and the second is in preparation:

<https://pubmed.ncbi.nlm.nih.gov/39246834/>

Delivering resuscitation to treat cardiac arrest is a high-demand patient management scenario. As such, frontline emergency personnel may benefit from discussion post-event to enable learning for all involved in delivering care. In the ‘**Resuscitation debrief**’ **scoping project**, we audited amongst a small number of staff, the proportion of cases where debrief was undertaken, where and by whom. We found that in around half of cases, a debrief was conducted, most often by a Team Leader at hospital following patient handover. This provides interesting data on which to potentially build a research project. We have shared these data with our ambulance colleagues at the national 999 Emergency Medical Service conference.

We have now submitted a manuscript to a peer-reviewed journal for the **Bystander availability and Automated External Defibrillator (AED) acceptability during out-of-hospital cardiac arrest (BYSTANDER) project**. We have listened to cardiac arrest 999 calls to ascertain how a bystander responds if they are asked to fetch an Automated External Defibrillator (AED). This paper will report how often an AED could have been used and the reasons why people might have difficulty fetching or using an AED. This will help ambulance services to plan AED deployment and help target future public education campaigns.

8.2 Research to inform clinical practice guidelines

Equally important as taking part in research is the commitment to translate research findings into clinical practice. Two members of our research team (our Research Lead Prof. Charles Deakin and our Interim Head of Research Operations Dr. Helen Pocock) hold voluntary positions with the International Liaison Committee on Resuscitation (ILCOR), the body providing evidence evaluation and recommendation to the global resuscitation councils. In

October 2024 they attended an international meeting of ILCOR in Taipei, Taiwan, to develop consensus on science and treatment recommendations for all aspects of advanced life support following cardiac arrest. Both are also members of the European Resuscitation Council (ERC) 2025 Guideline-writing group and the Resuscitation Council UK (RCUK) 2025 Guideline-writing group. The ERC and RCUK 2025 resuscitation guidelines revisions are now underway. Prof. Charles Deakin is also the lead for the evidence-based JRCALC adult and paediatric resuscitation guidelines.

8.3 Exercises to guide national research

This year we were delighted to be invited to contribute to a national workshop to prioritise the top 20 research questions for sepsis identification, patient treatment and subsequent care. This enabled us to advocate for our patients and exert influence at a national level regarding priorities that are important to our patients. The nationally agreed priorities are helpful to funders making decisions about appropriate direction of research resources. The outcome of this exercise can be found at the following address: <https://sepsisresearch.org.uk/research-priorities/>

9. Disseminating research findings

We continue to maintain high visibility of research within the Trust by establishing our own community within 'Viva Engage', our internal social media platform. Members of the team regularly Engage other members of the Trust about ongoing and planned research projects. Opportunities to take part in studies or become a research advocate are also advertised on this SharePoint.

We have an area on the SCAS website dedicated to research, which can be accessed here: <https://www.scas.nhs.uk/about-scas/research/>. This is where our Research strategy and Annual report are posted. Also located here is information for patients regarding the use of their data in research and information for researchers about how to obtain approval for their research projects to be conducted in the trust. We post information about our ongoing studies and summaries of the results of completed projects with links to research papers where applicable.

During this period, we have also communicated our research to our public and peers. SCAS staff produced 29 publications in peer-reviewed journals, contributions to one book, and made 8 conference/meeting presentations. These are listed in appendices A & B. Conference presentations provide a rare opportunity to meet with other out-of-hospital researchers and

learn first-hand about not only their findings, but also their challenges and opportunities for further research.

SCAS research output exceeds that of most of the UK ambulance services. We have developed a good reputation for collaborative working and the ability to deliver on projects, often being one of the highest recruiting ambulance services for national studies.

10. Sustainability

The research RRV initiative highlights the importance of the Clinical Co-ordination Centre (CCC) teams to the delivery of research. Our 12-month Research Dispatcher initiative increased access to research opportunities for our patients by embedding research-related dispatching into the business-as-usual Dispatch plan. We tested both clinician and non-clinician dispatching and are currently analysing results. Now that we have moved to business-as-usual dispatch for research, our Research Paramedics will assist CCC Dispatchers to identify incidents of research relevance and request attendance. Dispatchers can also alert ambulance crews to opportunities for research enrolments. We will continue to monitor this model going forwards and seek to continuously improve accessibility of research to our patients and service users.

Each research project brings funding in order that the activity does not detrimentally impact on the other important day-to-day functions of the Trust. It is essential that we track our research income against our outgoings so that we not only sustain, but also grow, our research capacity. This year we have created a new tracker spreadsheet encompassing all of our projects in order that we can anticipate any financial pinch points, and plan accordingly. Each year trusts may be eligible to receive Research Capability Funding allocations awarded by the Department of Health and Social Care. This is linked to the trust's recruitment figures (the number of people enrolled into research projects). This year we are delighted to report that we were eligible for the non-commercial allocation, bringing extra funding into the trust to be spent on increasing our research capability.

We now include AI-produced avatar-delivered presentations in our suite of online education and training resources. These easily accessible and consistent learning activities are extremely beneficial for busy clinicians who might traditionally have needed to travel to an education session. Building a clear, shared understanding of what is necessary for successful research is so important to build sustainable activity.

We continue to support non-research team staff with their projects, from the early stages of development to dissemination of research findings, often including poster presentation at conference.

To sustain and grow our research activity we need to promote the work of the team both internally and externally. We distribute our unique 'business cards': banner pens highlighting our capabilities and reach for potential external collaborators and our links and resources for our future internal collaborators.

Our relatively small team, combined with a very significant workload, has resulted in limited research resilience. This was particularly evident when our Head of Research Operations left during the last financial year. The team rapidly reorganised their individual priorities, but inevitably this has resulted in an ongoing limitation in capacity to optimise recruitment to existing studies and seek and take up opportunities for new research projects. We are currently recruiting to interim positions within the team, with a view to making permanent appointments in the new financial year.

The main challenges for designing and delivering research within SCAS are currently:

- Internal rate-limiting factors, such as the capacity of other internal teams.
- Limited resilience due to small team size.
- Insufficient staffing levels to provide medical student placement.
- Inability to act as research sponsor for anything other than the lowest risk projects.
- The cyclical nature of research funding that occurs as each funded research study is introduced, conducted and then concludes. This is a particular challenge for baseline funding to support the core research team.

11. Future plans

In the coming financial year, we will see several large-scale national trials come to an end. We will contribute to the national dissemination of the findings from these significant studies and the all-important conversations enabling knowledge mobilisation into clinical practice. One of our priorities is to re-establish a stable team by making permanent appointments to the leadership structure. Once this is in place, we will be in a good position to seek new opportunities to engage in research projects.

During this period of instability we intend to continue with planned development of our team and members of the wider trust in response to their needs. We will work closely with our leadership team to find flexible models of working that give staff time and resources to not only take part in, but also develop their own, research alongside their current roles. We aim to

increase the number of staff trained to deliver research projects thereby giving patients a greater number of opportunities to take part in research.

11.1 Research projects currently in set-up

We are excited to be preparing for the opening of the What works to improve safety, patient experience, outcomes and costs related to delayed ambulance handovers at Emergency Departments (STALLED) study (IRAS 340963). This mixed methods study will explore ambulance and hospital data and stakeholder experiences to identify strategies to reduce handover delays at hospital.

We are soon to open the Ambulance Clinicians' Experiences of Attending Out of Hospital Cardiac Arrest in Children (POHCA-PHD) study (IRAS 344286). This mixed-methods study aims to understand clinicians' lived experiences to allow the development of strategies which support clinicians and enhance patient care.

We are keen to retain the enthusiasm for and build on the successes of UK healthcare research of the past 12 months. We intend to further build our research capacity and hence improve our care for all of our patients, service users and staff.

11.2 Annual plan

Challenge	Standard	Action	Lead
Build research infrastructure	Generic Research SOPs should be maintained to ensure they are relevant and fit for purpose.	Gap analysis of generic research SOPs	Research team & RSG
	Operation of five rapid research vehicles to attend incidents of potential interest.	Secure funds to continue to support, and ideally to expand, the research fleet.	Head of Research Operations
Upskill workforce	Every new member of SCAS staff to be aware of research function.	Research presentation to be included in all corporate induction courses.	Research team & RSG

	Workshops and other CPD opportunities to be provided to SCAS staff.	New workshops/journal clubs to be developed and offered.	Research team & RSG
	Opportunities to be facilitated for development as Chief Investigators (CIs) and Principal Investigators (PIs)	Provision of formal learning opportunities for team members and others to develop knowledge and skills. Opportunities for qualified individuals to take on Associate PI/ PI / CI roles where appropriate.	Research team and RSG
Developing collaborations	Work with regional research support networks to increase research offering to SCAS patients, service users and staff.	Work with the new network leads across portfolios to broaden our research offering.	Research team and RSG
	Respond to local need for research projects	Work with internal SCAS teams to identify, assess and deliver research projects	Research team and RSG
	Collaborate with national and international counterparts to develop further research opportunities for SCAS	Seek collaborative opportunities through national networks and beyond.	Research team and RSG
Aligning research with practice	Support the development and delivery of home-grown research projects.	We will support staff in designing and delivering projects of local importance.	Research team and RSG

	Ensure patient and public involvement in all stages of research	<p>Opening of CEDAR project to increase diversity and accessibility in research.</p> <p>All home-grown projects to have PPI engagement.</p> <p>Development of a PPI research forum.</p>	Research team and RSG
Dissemination of research findings	Ensure staff and governors have access to research findings	Our completed research projects will be promoted via SharePoint and on the trust internet page.	Research team and RSG
	Promote SCAS research activity to the public	We aspire to fund some time for a Communications subject matter expert	Research team and RSG
Sustainability	Ensure financial sustainability	<p>Undertake financial forecasting where possible to facilitate future planning.</p> <p>Develop bids to national grant awarding bodies enabling us to complete home-grown research projects.</p> <p>Innovative use of our fleet to optimise our offering of research to our patients and public in our local community.</p>	<p>Head of Research Operations</p> <p>Research team and RSG</p> <p>Research team and RSG</p>

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Studies	CRASH4	Red	Red	Red	Red	Red	Red	Red	Red	Red	Light Blue	Light Blue	Light Blue
	ELSA	Red	Red	Red	Red	Red	Green	White	White	White	White	White	White
	SIS	Red	Red	Red	Red	Red	Red	Red	Green	Green	White	White	White
	SPEEDY	Red	Red	Red	Green	White							
	STALLED	White	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
	POHCA-PHD	Red	Red	Red	White								
	Non-HRA studies	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	SAFE-D	Red	Red	Red	Red	Red	Red	White	White	White	White	White	White
	Mepebio/Tezebio	Red	Red	Red	Light Orange								
Projects	UoS placements	Red	Red	Red	White	White	White	White	White	White	Red	Red	Red

Key

- actively recruiting/engaged
- closedown/archiving
- data analysis/write-up
- possible extension

Appendix A - Publications

Barrett, J. W., Eastley, K. B., Herbland, A., Owen, P., Naeem, S., Mortimer, C., King, J., Foster, T., Rees, N., Rosser, A., Black, S., Bell, F., Fothergill, R., Mellett-Smith, A., Jackson, M., McClelland, G., Gowens, P., Spaight, R., Igbodo, S.,...Williams, J. (2024). The COVID-19 ambulance response assessment (CARA) study: a national survey of ambulance service healthcare professionals' preparedness and response to the COVID-19 pandemic. *British Paramedic Journal*, 8(4), 10-20.

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Appendix B – Presentations

Pocock, H. A cluster randomised controlled feasibility trial of Prehospital Optimal Shock Energy for Defibrillation (POSED) [Poster presentation]. Cambridge, UK. 999 EMS Research Forum Annual Conference 2024.

Deakin, C.D., OHCA state of the art management. ECPR National Symposium. Royal Society of Medicine, London. September 2024.

Deakin, C.D., Defibrillation Strategies. Cardiac Arrest Symposium. Royal Geographical Society. London. December 2024.

Deakin, C.D., Mechanical adjuncts improve cardiac arrest outcome. Royal Geographical Society. London. December 2024.

Deakin, C.D., Pathophysiology of CPR and Novel Technologies. Resuscitation Masterclass. Wellcome Collection, London. March 2025.

Deakin, C.D., Defibrillation Update. Resuscitation Masterclass. Wellcome Collection, London. March 2025.

Deakin, C.D., Medical aspects of tasers in relation to cardiac arrest. MO19 Specialist Firearms Command. Metropolitan Police Service. April 2025.

Deakin, C.D., Medical Aspect of Tasers: Case Reports. MO19 Specialist Firearms Command. Metropolitan Police Service. April 2025.

Appendix C - Participant enrolment into research projects (April 2024 - Mar 2025)

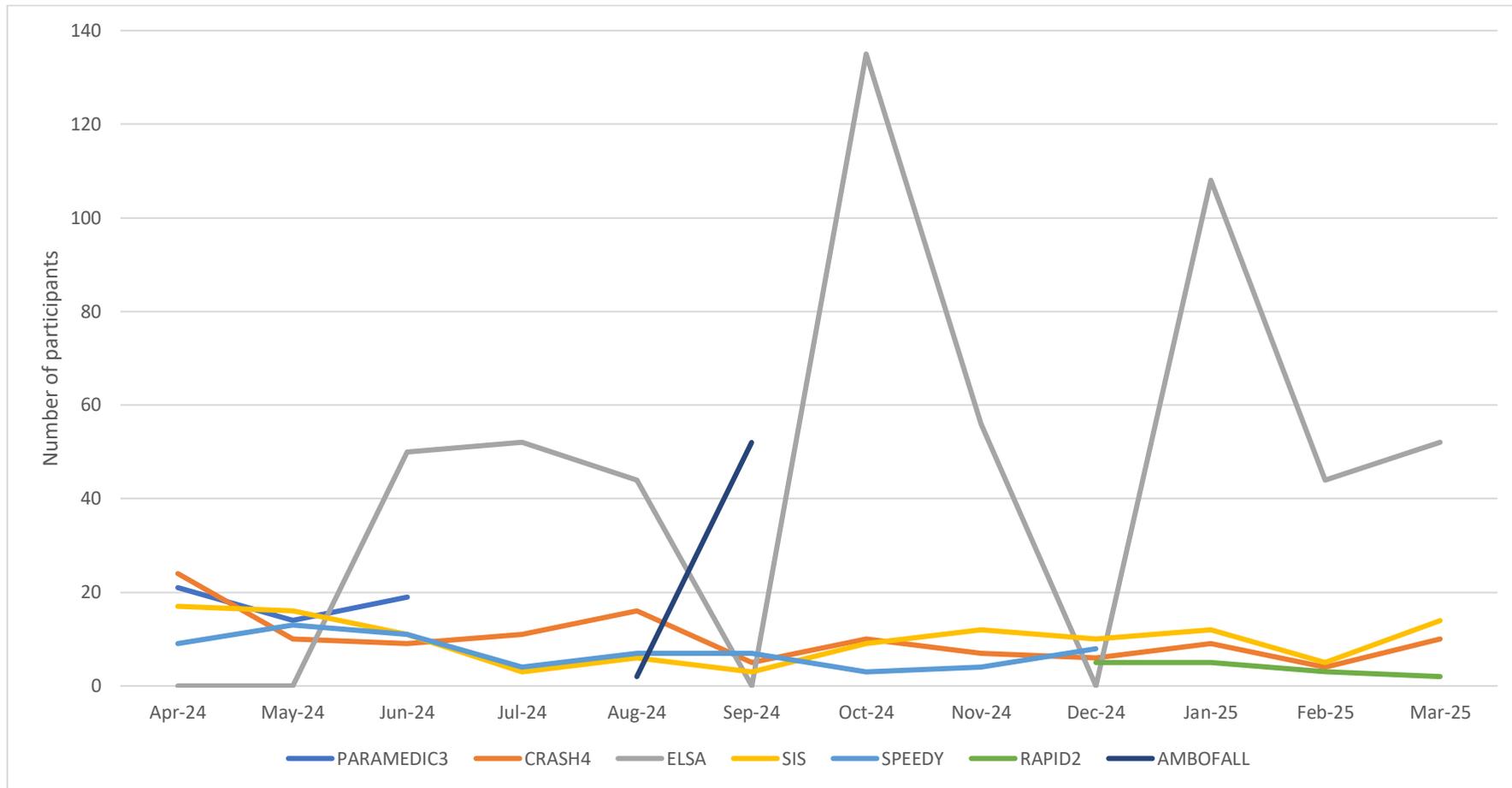


Figure A1: Number of participants enrolled into NIHR portfolio research projects during 2024-25



Upward Report of the Quality & Safety Committee

Date Meeting met **22nd May 2025**
Chair of Meeting **Katie Kapernaros, Non-Executive Director**
Reporting to **Trust Board**

Items	Issue	Action Owner	Action
Points for escalation			
Committee Focus	Request made for any metrics to be referenced in one paper to ensure consistency/remove duplication and for papers to focus on areas of risk/mitigating actions and quality improvement activity	ALL	This will in part be addressed by the review of the committee workplan linked to the FFF framework and the provision of quarterly reports relating to key areas within the committees terms of reference.
Key issues and / or Business matters to raise			
Action Log	A number of actions were closed on the log and there will be a focus on adherence to completing actions within deadlines in future meetings.	ALL	Continued focus on achieving stated deadlines
Pharmacy Fit for the Future Plan	A plan was presented setting out plans to mitigate current risks. Progress will continue to	DR	Update to be presented to the committee in July

	be monitored. Adherence to stated deadlines was reiterated.		
Operational Performance	Operational performance was noted, and a request was made for future reports to focus on the quality implications of operational performance	MA	Highlight quality related risks to operational performance in future reports
Areas of concern and / or Risks			
3 areas of risk as highlighted by the Clinical Executives	<ul style="list-style-type: none"> • Digital Safeguarding Referral Process • Controlled Drug Management in Vehicles Off Road • Improving ACQIs 	HY DR DR	An update on these areas will be provided at the July meeting, at which point a decision will be taken with regards to whether or not monitoring needs to continue or the committee needs to focus on other risks.
Business Intelligence Prioritisation	Related to the discussion round ACQIs - Executive directors requested to ensure that providing nodal data is prioritised by the BI team to support granularity and effectiveness of line of sight.	BS	BS will raise at EMC
Statutory & Mandatory Training Compliance	Update report received in relation to compliance against individual S&M training modules. Noted that there is further work required in relation to the training KPI within the IPR this month; KPI/graph removed from the IPR as it is not an accurate reflection of the position. Discussion in relation to whether oversight of this areas is with the QSC or PACC	BS	BS/KK/IG to discuss where oversight sits to ensure there is clarity and no duplication.
Items for information and / or awareness			
None			

Best Practice and / or Excellence			
None noted at this meeting			
Compliance with Terms of Reference			
No issues – terms of reference are currently under review	The meeting was quorate. The terms of reference will be presented to the next meeting with a Committee Annual Report, informed by the recent Committee Member survey	BS	Annual Committee Report and revised terms of reference to be presented to the July meeting.
Policies approved*			
None			

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

Chair: Katie Kapernaros

Title: Non Executive Director

Date: 22nd June 2025



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Strategic Refresh - Fit for the Future
Agenda item	13
Report executive owner	David Ruiz-Celada, Joint Strategic Lead
Report authors	David Ruiz-Celeda, Joint Strategic Lead Caroline Morris, Director of Transformation
Governance Pathway: Previous consideration	April Board Seminar, Executive Management Committee
Governance Pathway: Next steps	None – Final approval is with the Board

Executive Summary

The Board approved the 2022-2027 Strategy in June 2022. Our strategy is rooted in the role we play as **“Care Navigators”**, easing access to care for patients and enabling a seamless link between providers. Following the publication of our Strategy, we engaged extensively with our colleagues to develop programmes and initiatives that would deliver improvements and support our strategic ambitions. We called this approach “Fit for the Future.

As a result of our transformation programmes, we have seen improvements across our organisation and the care we deliver for patients across domains. Our Hear and Treat Rates, a key metric by which we measure how much of our demand we are managing through appropriate use of non-ED pathways, has increased from 12% to 15%.

We have invested in our partnership working, resulting in significant improvements in handover delay reductions across our partner Emergency Departments, and our response times to our patients have improved, delivering a C2 Mean of 23 minutes compared to 34 minutes in the same period in 2022.

At the same time the Trust has been under the National Oversight Framework Segment 4, and we have been focussed on delivering improvements across our governance, leadership and culture, as well as improving the care we deliver for patients.

Since the publication of our Strategy, there have been a series of shifts at a regional and national level:

- The Association for Ambulance Chief Executives (AACE) published a sector vision in March of 2024.
- The Darzi review into the state of the NHS published in September of 2024
- Development of the NHS 10-year plan on the back of the Darzi review and the “3 shifts”, to be published in the Spring on 2025.
- The government’s announcement in February of 2025 of the abolishment of NHSE and merger with DHSC, with significant implications for the oversight framework of providers and the configuration and functions commissioners.
- SCAS has entered the Southern Ambulance Services Collaborative and started to work more closely with SECamb and commissioners in the SE Region to better standardise care delivery, how services are commissioned, and seek opportunities to drive productivity and efficiency through scale.

There is still a lot of work to be done to deliver our ambitions, we have taken the opportunity through Q4 of 24/26 to do a strategic review of our priorities and re-align our Strategic Framework and “Fit for the Future” to the evolving context in which we operate.

The work has consisted in identifying the organisational priorities that are most critical to the delivery of our Strategy to delivery the **Right Care, First Time, for our Patients**, through our vision of being the “**Care Navigators**” for Urgent and Emergency Care, through our 999, 111 and NEPTS services. We have engaged with our leaders and received rich feedback which we have taken into three Executive sessions and two Board seminars.

We have also triangulated the plans with the regional and national context set out above. This framework will support SCAS in delivering the changes needed to further improve quality of care, our people’s experience, improve resiliency, and work in collaboration with partners, in the context of significant changes occurring within the NHS. We believe that our strategic direction remains consistent with the national ambition, in particular in supporting a left-shift away from ED, improved digitalisation as a driver for productivity, and contributing to a more preventative model for the health service that helps us reduce inequalities.

The result is our refreshed strategic framework, built around our “Fit for the Future” approach, and will become our golden thread to connect everything we do to deliver our strategy and better care for patients. The framework consists of 5 key strategic themes

- Clinical Effectiveness
- Enabling Services
- Digital Transformation
- People and Culture
- Sustainability and Partnerships

SCAS Board Objectives are being set around these five themes and will feed directly into the Board Assurance Framework and into our Executive Colleague’s objectives for the year.

Under each strategic theme, we will have Tier 1 – Strategic Programmes, and Tier 2 – Operating Plan deliverables, which we will use to frame our priorities each year. Each theme has clear outcomes, which will link to our IPR, enabling the Board, the public, and our people to see how we are progressing against our objectives and measuring the impact of the changes we are making.

The plan has been constructed to have annual mandates for each Tier 1 priority, with clear quarterly milestones, and our operating plan is underpinned by monthly trajectories for performance and financial position.

The Board is asked to:

- Approve the updated Strategic Framework – Fit for the Future
- Approve the Board Assurance Framework, which is aligned to this new framework, in particular:
 - o Tier 1, Tier 2, and Key Outcomes for FY 25/26
 - o High level BAF Risk statements, to be developed into the new BAF Risks

Key next steps upon approval:

- Updating of website and communications plan
- On-going review sub-EMC governance to support effective delegation of the objectives from the Board into the organisation
- Alignment of Board Committee cycles of business around key milestones set by the new BAF, to support appropriate levels of scrutiny on the delivery of the plans

Alignment with Strategic Objectives

The Fit for the Future framework aligns to our objective to be a well led organisation

Relevant Board Assurance Framework (BAF) Risk

Once approved, the BAF Risks will be reviewed to align to the new strategic themes. An outline of the emerging updated BAF Risks is included in the paper.
Current BAF Risk: SR9 - Delivery of the Trust Improvement Programme

Recommendation(s)

The Board is asked to **APPROVE** the Fit for the Future Framework

For Assurance		For decision	✓	For discussion		To note	
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South Central
Ambulance Service
NHS Foundation Trust



Strategic Refresh and Board Assurance Framework

2025/2026

Strategic Direction

Context

- Following review over the last three months, we have identified that the SCAS strategy is fundamentally sound, however the delivery plans require reframing in the context of wider changes in the NHS landscape, specifically
 - The publication of the Darzi report and the anticipated 10-year Plan
 - The AACE position statement on the role of ambulance services
 - The South East Region Strategic Ambulance Commissioning Review
 - The merger of NHSE with the Department of Health
 - SCAS entering the Southern Ambulance Services Collaborative
- The reframed “fit for the future” framework and delivery plan seeks to shift the organisation to a more strategic footing as we aim to exit special measures, work more closely with partners and improve our service delivery model to better serve our patients.

Right Care, First Time for our Patients



- South Central Ambulance Service's vision is to be the region's responsive **Care Navigator** within the urgent and emergency care system, delivering care into the community through 999, 111 and PTS services.
- This vision enables us to fulfil our core purpose of delivering the **Right Care, First Time for our Patients**.
- To deliver our ambition we must become **Fit for the Future** by modernising our clinical and operating models, enabling services and digital tools.
- **Our people are at the heart of our success**, and we provide compassionate and inclusive leadership, and foster a culture of continuous improvement, research, innovation and learning, through our values of Innovation, Professionalism, Teamwork and Caring.
- We recognise the sustainability challenges ahead in the NHS, and **we actively seek opportunities to collaborate** and work with system partners for the betterment of Urgent and Emergency Care and the services we provide for our patients.
- Our Ambitions aligns with the **National** "Ambulance Sector Vision" and "3 Shifts" published by AACE and Darzi in 2024, positioning us to support the forthcoming NHS 10-year plan.

Care Navigation: Right Care, First Time



SCAS as a care navigator

A core theme of our strategic development has been to fill in the gaps and provide, or link, services as the healthcare system develops.

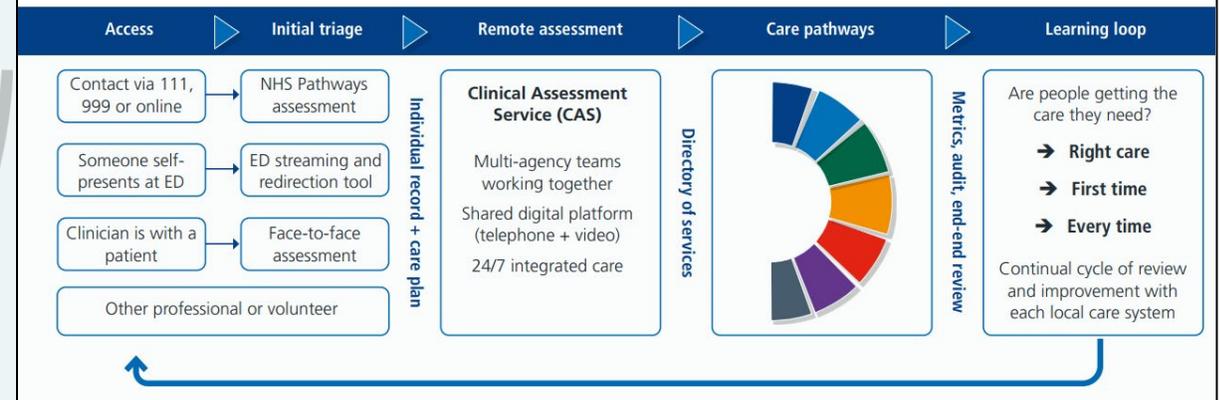
We now play a pivotal role in integrating care, as we interface with each and every part of our local care systems and we do this by:

- Simplifying access to care
- Assessing more people remotely
- Enhancing mobile diagnostics and care
- Integrating care pathways
- Sharing learning across systems



How we integrate care across urgent and emergency care systems

Our Care Navigator ethos is part of a greater "learning through experience" agenda in local healthcare, the primary focus being improving the services provided to patients on an incremental basis led by our clinical teams.



Hospital to Community

We work with system partners to safely keep patients away from ED, maximising the use of alternative care pathways, reducing unnecessary conveyance, and delivering care closer to people's homes.

Treatment to Prevention

We use our unique position as a regional provider and anchor institution to influence pathways, leveraging our unique access to communities to identify early intervention opportunities to address the causes of health inequity.

Analogue to Digital

We embrace digital transformation to enhance clinical decision-making and enable seamless care coordination across systems. By leveraging interoperable technology and data insights, we optimise resource allocation and expand remote care capabilities to better serve our communities.

***Right Care, First time,
for our patients***

Our Aims

**Enabling
Services**

*To deliver high quality,
timely and responsive
support, enabling our
front-line staff to respond
effectively to patient
demand*

**Partnerships and
Sustainability**

*To become a sustainable
organisation working
effectively across
systems and as part of an
integrated NHS*

Digital Transformation

**To deliver modern digital, data and
technology services & support that enable
our workforce to deliver the Right Care,
First Time for our Patients**

People and Culture

*To ensure our people feel a sense of
fulfilment and satisfaction in the work
they do*

Clinical Effectiveness

*To deliver safe, high quality care
improving measurable outcomes for
patients, and reducing health
inequalities*

Clinical Effectiveness

Clinical Effectiveness

To deliver safe, high quality of patient care improving measurable outcomes for patients, and reducing health inequalities

2025/26 Outcomes

- ❑ Achieve Category 2 Mean of 29:49 (full year)
- ❑ Increase Hear and Treat rate to 18% by Q4, from a 14% baseline
- ❑ Mean Call Answer time of 10 seconds by the end of the year
- ❑ Increase See and Treat rate from 33% to 34% by Q3
- ❑ STEMI and Stroke targets tbd

2025/26 – Tier 1 Fit for the Future Strategic Transformation Priorities

- ❑ **Virtual Care**
 - ❑ Implement HIOW SPOA and BOB alignment
 - ❑ Queue management improvement project
 - ❑ Complete Call taking improvement projects
 - ❑ Implement interim care advice (111)
 - ❑ Implement natural language processing (111)
- ❑ **New Clinical Operating Model (alignment with SECamb and commissioners)**
 - ❑ Demand and Capacity data deep dive
 - ❑ Develop case for specialist/advanced practice (focus on resus and falls and frailty)
 - ❑ Review scope of practice for clinical roles
 - ❑ Design and implement specialist incident desk
- ❑ **Approve and implement Operations structure to support county-based model**
 - ❑ Implement new agreed operations leadership structure across field operations and CCC
 - ❑ Design and implement Sector data flows and reports

2025/26 – Tier 2 Annual Plan Priorities

- ❑ Resource Utilisation and clinical pathway development – including increasing pathway utilisation to increase in See and Treat
- ❑ Complete Proof of Concept Hub Evaluation and spread concept to second area
- ❑ Pharmacy and Medicines Optimisation
 - ❑ Individual issue of controlled drugs process (compliance)
 - ❑ Implementation of year 1 of five-year Pharmacy Plan (track and trace)

Transition Criteria / Compliance

- ❑ **TC6** - Delivery of Cat 2 mean operational plan trajectory
- ❑ **TC7** - Sustainable Demand and Capacity modelling completed and compliance with the improvement trajectory for hear and treat
- ❑ Deliver Patient Safety Improvement Plan
- ❑ Improved compliance with CQC standards

BAF Risks

- Quality Performance;** if we do not achieve expected response times, our patients may not receive timely treatment resulting in the potential for avoidable harm or death
- Medicines Management;** if we do not implement modern systems for the administration and tracking of drugs, we may not be able to meet statutory and regulatory requirements resulting in action being taken
- Operating model;** if we do not implement a new operating model our ability to treat patients in the appropriate setting could be compromised, resulting in poorer patient experience and unnecessary pressure on acute hospitals through unnecessary conveyances

Clinical Effectiveness



To deliver safe, high quality care improving measurable outcomes for patients, and reducing health inequalities

Programme	Outcome/output	Baseline Target	Forecast Target	SRO / Programme Lead	EMC / TOG	PMO	Executive Lead	Oversight Committee
Virtual Care	• To improve the Hear and Treat rate, increasing to 18% by September 2025 and sustained at that level	14%	18% 🌡️	Ruth Page / Emma Manaton	EMC	Yes	Chief Operating Officer	F&P
	• To decrease time to answer calls to no more than 10 seconds by end of March 2025	>=10s	<10s 🌡️					
New Clinical Operating Model	• To develop an operating model in conjunction with SECamb by October 2025, with an implementation plan linked to the case for change	Oct 25	Oct 25	Michaela Morris / Dai Tamplin	EMC	Yes	Chief Paramedic	QPSC
Operations Structure and Sector Model	• To implement a new operations leadership structure across field operations and CCC to support alignment to place-based sectors	Sept 25	Sept 25	Michaela Morris / Paula Boughtflower	EMC	Yes	Chief Operating Officer	F&P

2025/26 – Tier 2 Annual Plan Priorities

Programme /Initiative	Milestone	Current RAG	Previous RAG	SRO / SME	EMB / TOG	PMO	Executive Lead	Date last reviewed at Committee
Resource utilisation and clinical pathway development	<ul style="list-style-type: none"> Increase see and treat by 1% Reduce conveyances to ED by 3% Reduce task time by 1:30 in line with CIP Increase utilisation of clinical pathways 	🟢	N/A	Michaela Morris / Dan Holliday	TOG	Yes	Chief Operating Officer	N/A
Proof of concept evaluation and spread	<ul style="list-style-type: none"> Complete evaluation of Proof of Concept at Northharbour and report Spread approach to second site in Oxfordshire 	🟢	N/A	Michaela Morris	TOG	Yes	Chief Operating Officer	N/A
Pharmacy and Medicines Optimisation	<ul style="list-style-type: none"> Ensure compliance with controlled drugs regulations Continue to improve the safety of medicines handling 	🔴	N/A	Dai Tamplin / Louise Maunick	TOG	Yes	Chief Paramedic	N/A

BAF risks

Risk Detail	Indicative Risk Score	Indicative Target Score	Owner
Quality performance: If we do not achieve expected response times, our patients may not receive timely treatment resulting in potential avoidable harm or death	15	10	tbd
Medicines Optimisation: If we do not implement modern systems for the administration and tracking of drugs, we may not be able to meet statutory and regulatory requirements, resulting in action being taken	20	4	tbd
Operating Model: If we do not implement a new operating model our ability to treat patients in the appropriate setting could be compromised, resulting in poorer patient experience and unnecessary pressure on acute hospital through unnecessary conveyances	12	4	EMC

Enabling Services

Enabling Services

To deliver high quality, timely and responsive support, enabling our front-line staff to respond effectively to patient demand

2025/26 Outcomes

- ❑ To Reduce Vehicle Off Road Rates by at least 20% by the end of 25/26 📍
- ❑ To ensure SCAS has no vehicle over 5 years by December 2026*
- ❑ Reduction of size and age of the estate by moving to a hub-and-spoke model (long term)*

2025/26 – Tier 1 Fit for the Future Transformation Priorities

- ❑ **Fleet Modernisation**
 - ❑ Commission 100 new vehicles by December 2026
 - ❑ Increase workshop capacity in the North
 - ❑ Implement and evaluate the Mobile Technician Service
- ❑ **Estate Modernisation**
 - ❑ Publish estates strategic plan and case for change
 - ❑ Develop business case for future of Northern and Southern house

2025/26 – Tier 2 Annual Plan Priorities

- ❑ **Efficiency and Productivity**
 - ❑ Transition Asset Management System to BAU
 - ❑ Implement Stock Control
 - ❑ Optimisation of Make-Ready services
 - ❑ Tactical in –year Estates Disposals

Tier 3 (Departmental) / Compliance

Tier 3:

- ❑ Long term future of Body Worn Cameras

Compliance

- ❑ Deliver Make Ready IPC Compliance Plan

BAF Risks

Delivery of Fleet Improvement Plan: if we do not deliver against the trajectory to improve the VOR, this could impact our ability to have sufficient vehicles to meet demand.

Estates Modernisation: If we do not deliver a strategic estates plan, we will be unable to deliver longer term service transformation in line with our broader strategic ambitions, leading to potentially inefficient and ineffective

Enabling Services



To deliver high quality, timely and responsive support, enabling our front-line staff to respond effectively to patient demand

Programme	Outcome/output	Baseline Target	Forecast Target	SRO / Programme Lead	EMC / TOG	PMO	Executive Lead	Oversight Committee
Fleet Modernisation*	• To Reduce vehicle off road rates by at least 20% by the end of March 2025	40%	15%	Lem Freezer / Dai Tamplin	EMC	Yes	CFO	F&P
	• To increase the number of vehicles per day and ensure SCAS will have no vehicle older than 5 years by December 2026 (measure is vehicles available per day)	181	264					
Estates Modernisation*	• To reduce the size and age of the estate working towards a hub and spoke model over time, with a focus this year on: <ul style="list-style-type: none"> • Developing the strategic case for change 	Sept 25	Sept 25	Mark Finch / Dai Tamplin	EMC	Yes	CFO	F&P
	• Developing the case for change at Northern and Southern House as leases come to an end	Oct 25	Oct 25					
	• Completing a condition survey on all estate	Oct 25	Oct 25					

Tier 2 Annual Plan Priorities

BAF risks

Programme /Initiative	Milestone	Current RAG	Previous RAG	SRO / SME	EMC / TOG	PMO	Executive Lead	Date last reviewed
Asset Management	• Transition Asset Management to BAU in Q1	 	N/A	Lem Freezer	TOG	No	CFO	N/A
Stock Control	• Design, procure and implement stock control system aligned to investment request	 	N/A	Lem Freezer	TOG	No	CFO	N/A
Make Ready Service Optimisation	• Agree and implement plan to improve Make Ready Services	 	N/A	Lem Freezer	EMC	No	CFO	N/A
Fuel Bunker	• Implement Fuel Bunker CIP plan	 	N/A	Lem Freezer	FSDG	No	CFO	N/A

Risk Detail	Risk Score	Target Score	Owner
Delivery of Fleet Improvement Plan: If we do not deliver against the trajectory to reduce our Vehicle off Road rate, we will not have sufficient vehicles to meet demand for our services	12	4	F&P
If we do not develop and agree the strategic case for change in our estate we will not be able to secure capital to deliver the hub model over time	12	4	F&P
If we do not deliver on our efficiency and productivity plans, we may be unable to break even impacting on our ability to deliver care to our patients.	9	4	F&P

Tier 3 Compliance Plan Priorities

Body Work Cameras	• Agree long term plan	 	N/A	Lem Freezer	TOG	No	CGO	N/A
Make Ready IPC	• Complete IPC Compliance Plan	 	N/A	Lem Freezer	EMC	No	Chief Nurse	N/A

Digital Transformation

Digital Transformation

To utilise digital tools to augment our people's ability to be as productive and effective as possible when delivering care and developing services

2025/26 Outcomes

- ❑ Operate modern digital platforms that enhance our workforce decision-making and deliver the mandated business continuity levels enabling right care, first time for our patients.
- ❑ Ensure all trust information is managed securely and in compliance with regulatory requirements
- ❑ Enable the strategic use of data, analytics and visualisation to inform our decision making.
- ❑ Enable our workforce with the right digital tools, skills and right care, first time support.
- ❑ Enable innovation and adopt emerging technologies enhancing patient care.
- ❑ Enhance collaboration (Trust/External) to modernise our clinical IT services delivering the Right care first time for our patients
- ❑ Achieve DSPT Compliance by the end of March 2026

Tier 1 Fit for the Future Strategic Transformation Priorities

- ❑ **Digital Platform Modernisation (CAD)**
 - ❑ Procure and deliver of New CAD system in 25/26
 - ❑ Ensure safe and effective CAD mobilisation*
- ❑ **Data Driven Insights**
 - ❑ IPR continuous improvement
 - ❑ Develop and implement Data driven strategy (data quality)
- ❑ **Digital Innovators**
 - ❑ Develop and implement Staff training AI pilot (SASC)
 - ❑ Develop and implement call centre AI project

Tier 2 Annual Plan Priorities

- ❑ **Digital Platform Modernisation**
 - ❑ Business Continuity maturity
 - ❑ Network and data centre optimisation
 - ❑ EPR market Research and Business case development
- ❑ **Digital Workforce**
 - ❑ Windows 11 Upgrades
 - ❑ Right Care, First Time service desk
- ❑ **Safe and secure information systems**
 - ❑ Employee Cyber security L&D
 - ❑ Cyber security platform maturity
- ❑ **Clinical IT modernisation**
 - ❑ Safeguarding application modernisation
 - ❑ Clinical data sharing (SDE)

Tier 3 (Departmental) Transition Criteria / Compliance

- **DSPT compliance**
- **Internal Audit Compliance (EPRR/business continuity)**

BAF Risks

Digitalisation: if we do not improve our digital capacity and capability, our ability to modernise workplace practices could be compromised, resulting in failure to meet efficiency and operational targets and poor staff morale.

Safe and Secure Information Systems: If we do not ensure our systems are safe and secure, we could be the victim of a cyber security break leading to loss of service, disruption and potential regulatory action.

Digital Transformation

To utilise digital tools to augment our people's ability to be as productive and effective as possible when delivering care and developing services

Programme	Outcome/output	Baseline Target	Forecast Target	SRO / Programme Lead	EMC / TOG	PMO	Executive Lead	Oversight Committee
Digital Platform Modernisation (CAD)*	• To deliver a successful procurement exercise for CAD by the end of March 2026	Feb 26	Feb 26	Ruth Page / Craig Robb	EMC	Yes	CDO	F&P
	• To ensure the safe and effective mobilisation of the new CAD delivering culture and service change	March 26	March 26	Ruth Page / Craig Robb	EMC	Yes	CDO	F&P
Data Driven Insights	• To ensure ongoing maturity of the IPR across the financial year with a focus on action-orientation	Oct 25	Oct 25	TBC	EMC	No	CDO	F&P
	• To complete data-driven strategy with a focus on data quality	Oct 25	Oct 25	Anita				
Safe and Secure information systems	• To delivery DSPT/CAF information security assurance for het Trust aligned to the NHSE Guidelines			Chris Cheetham		No	CDO	F&P
Digital Innovators	• To deliver a complete a Staff training pilot utilising AI technology (SASC)	Nov 25	Nov 25	Steve Clarke	SASC	No	CDO	F&P
	• To deliver AI into the 111 platform enabling automation	March 26	March 26		EMC	Yes		

Tier 2 Annual Plan Priorities

Programme /Initiative	Milestone	Current RAG	Previous RAG	SRO / SME	EMC / TOG	PMO	Executive Lead	Date last reviewed
Digital Platform modernisation	• Business continuity maturity	Green	N/A	Jason Sommerville	TOG	No	CDO	
	• Network resilience	Green	N/A		TOG	No	CDO	
	• EPR market Research	Green	N/A		TOG	No	CDO	
Safe and Secure Systems	• Cyber security awareness	Green	N/A	Chris Cheetham	TOG	No	CDO	
	• Cyber security platform maturity	Green	N/A			No	CDO	
Digital Workforce	• W11 roll out	Green	N/A	Jo Quenault	TOG	No	CDO	
	• Customer support desk	Green	N/A	Jo Quenault	TOG	No	CDO	
Clinical IT modernisation	• Modernise safeguarding platform	Green	N/A	Jason Sommerville	TOG	No	CDO	
	• Deliver clinical datasharing	Green	N/A		TOG	No	CDO	

BAF risks

Risk Detail	Indicative Risk Score	Indicative Target Score	Owner
Digitalisation: if we do not improve our digital capacity and capability, our ability to modernise workplace practices could be compromised, resulting in failure to meet efficiency and operational targets and poor staff morale.	12	6	F&P
Safe and Secure Information Systems: If we do not ensure our systems are safe and secure, we could be the victim of a cyber security break leading to loss of service, disruption and potential regulatory action.	16	8	F&P

People and Culture

People and Culture

To ensure our people feel a sense of fulfilment and satisfaction in the work they do and feel psychologically safe

2025/26 Outcomes

- ❑ Deliver updated SCAS Values & Behaviours Framework, co-created with staff.
- ❑ Improve level of staff engagement (NQPS & NSS engagement score) 📉
- ❑ Inclusive, compassionate, capable and responsible leaders (metric tbc)
- ❑ Deliver Leadership offerings aligned to the NHS Leadership Competency Framework for all levels of leadership: First level, Senior & Executive.
- ❑ Board & Exec EDI Objectives
- ❑ Implement Digital PDR system and deliver quality PDR conversations by leaders.
- ❑ Achieve trust targets around performance, finance and people (sickness, PDR, attrition) 📉

2025/26 – Tier 1 Fit for the Future Transformation Priorities

❑ Culture & Leadership

- ❑ Co-create SCAS Value & Behaviours Framework
- ❑ Staff Engagement forums – 2-way communication channels
- ❑ Senior Leadership Development Framework
- ❑ First Level Leadership development pilot
- ❑ Exec Development Framework
- ❑ Creating Psychological Safety

❑ Performance Management and Accountability Framework Implementation

- ❑ Establish functioning framework meeting structure and series for all directorates
- ❑ Accurate and reliable PM&AF reporting pack per directorate
- ❑ Training needs analysis for leaders & development of training plan

2025/26 – Tier 2 Operating Plan Priorities

❑ Personal Development

- ❑ Digital PDR System roll out
- ❑ Quality PDRs

❑ Wellbeing Plan

❑ Vaccination Programme

❑ QI Rollout

- ❑ Board and senior leadership development
- ❑ Establish and maintain QI network
- ❑ Build in house training packages and deliver intro to QI courses.

❑ ED&I Plan

- ❑ Governance framework with directorates
- ❑ Induction

Tier 3 (Departmental) / Compliance

- ❑ Directorate implementation of engagement plans
- ❑ Development of long-term workforce plan (3-5 yrs plan)
- ❑ Education
- ❑ Reward & recognition

BAF Risks

Staff engagement: If staff do not feel heard and psychologically safe in their workplace then culture will not change, sickness and attrition may rise, and patient services may be compromised

Leadership: If we do not develop inclusive and compassion leaders who role model and uphold our values and behaviours and hold safe spaces for our staff, then we will not achieve a culture shift or improve psychological safety.

People and Culture



To ensure our people feel a sense of fulfilment and satisfaction in the work they do and feel psychologically safe

Programme	Outcome/output	Baseline Target	Forecast Target	SRO / Programme Lead	EMC / TOG	PMO	Executive Lead	Oversight Committee
Culture Improvement	Co-create SCAS values & behaviours framework by October 2025 and launch in Jan 26, including updating trust policies and processes.	Mar 26	Mar 26	Mehvish Shaffi-Ajibola / Emma Manaton	EMC	Yes	CPO	PACC
	Create leadership development frameworks for senior leaders and Executive leaders by Sept 2025. Implementation beginning in	Sept 25	Sept 25	Mehvish Shaffi-Ajibola / Emma Manaton	EMC	Yes	CPO	PACC
	Pilot the First level leadership development Programme as part of the Proof Of Concept in North Harbour by (date tbd)	TBC	TBC	Mehvish Shaffi-Ajibola / Emma Manaton	EMC	Yes	CPO	PACC
Performance Management & Accountability Framework	Establish reporting and functioning Framework meetings for Operations by June 2025	June 25	June 25	Alston Owens / Emma Manaton	EMC	Yes	CFO	F&P
	Rollout foundational training modules to leaders to be complete by end Sept 2025??	Sept 25	Sept 25	Alston Owens / Emma Manaton	EMC	Yes	CFO	F&P
	Establish Framework reporting and functioning Framework meetings for Corporate by Oct 2025	Oct 25	Oct 25	Alston Owens / Emma Manaton	EMC	Yes	CFO	F&P

Tier 2 Annual Plan Priorities

BAF risks

Programme /Initiative	Milestone	Current RAG	Previous RAG	SRO / SME	EMC / TOG	PMO	Executive Lead	Date last reviewed
Digital PDR roll out	Digital PDR system live	Green	N/A	Judith MacMillan	TOG	N	CPO	
ED&I plan	tbc	Green	N/A	Dipen Rajyaguru	TOG		CPO	
Wellbeing Plan	tbc	Green	N/A	Rachael Clarke	TOG		CPO	
QI Roll out	Board and Snr Leadership development	Green	N/A	Caroline Morris	TOG	N	TBC	
	Establish QI Network	Green	N/A	Caroline Morris	TOG	N	TBC	
	In house training packages, including and Intro to QI course	Green	N/A	Caroline Morris	TOG	N	TBC	
Vaccination Programme	tbc	Green	N/A	Rachael Clarke	TOG		CPO	

Risk Detail	Risk Score	Target Score	Owner
Staff engagement: If staff do not feel heard and psychologically safe in their workplace then culture will not change, sickness and attrition may rise, and patient services may be compromised	15	6	PACC
Leadership: If we do not develop inclusive and compassion leaders who role model and uphold our values and behaviours and hold safe spaces for our staff, then we will not achieve a culture shift or improve psychological safety	15	6	PACC

Partnership and Sustainability

Partnerships and Sustainability

To become a sustainable organisation working effectively across systems and as part of an integrated NHS

2025/26 Outcomes

- ❑ Deliver a break-even plan in 25/26: ⚠
 - ❑ CIP of £21,585k
 - ❑ Reduce corporate costs by £tbd
- ❑ Retain Thames Valley and HIOW 111 contracts
- ❑ Retain and transform NEPTS contract in HIOW
- ❑ Deliver the collaboration case for change and agree a way forward by October 2025
- ❑ Approve the multiyear strategic plan aligned to the medium-term financial plan and capital and infrastructure plan by October 2025
- ❑ Deliver the 3-year green plan and year one implementation plan

2025/26 – Tier 1 Fit for the Future Transformation Priorities

- ❑ **Financial Sustainability**
 - ❑ 111 transformation and tender
 - ❑ HIOW NEPTS system transformation programme and SCAS reorganisation
 - ❑ Integrated medium term plan
 - ❑ Capital and infrastructure plan
 - ❑ Subsidiary development plan
- ❑ **Green Plan**
 - ❑ 3-year Green Action plan
- ❑ Advance **South-East Region collaboration** through
 - ❑ Develop Case for Change (jointly developed with SECAMB)
 - ❑ Deliver ICB-approved **multi-year plan** and refreshed **strategic commissioning framework**

2025/26 – Tier 2 Operating Plan Priorities

- ❑ In-year Financial Recovery Plan (CIP)
- ❑ 26/27 (future year) Improvement Opportunity
- ❑ Alignment of workforce plans with financial and operational strategy
- ❑ Southeast Collaboration : Progress functional priority areas (SCAS / SASC)

Tier 3 (departmental) / Compliance

- ❑ Delivery of financial balance at the end of the financial year ⚠
- ❑ Delivery of new Medium Term Financial Plan by September 2025
- ❑ Delivery of Green plan and move towards Net Zero by 2035
- ❑ **TC 3** Delivery of the multiyear strategic plan, including closer working with SECAMB

BAF Risks

Finance: insufficient funding to meet the growing demand for healthcare services can lead to financial instability and an inability to invest in modernised and sustainable infrastructure, including delivering net zero targets in the longer term.

Collaboration: failure to agree on a way forward with SECAMB will lead to financial and operational instability, inability to realise productivity and efficiency gains and reputational damage with stakeholders and partners, leading to greater oversight and scrutiny of SCAS operating and strategic approach

Partnership and Sustainability



To become a sustainable organisation working effectively across systems and as part of an integrated NHS

Programme	Outcome/output	Baseline Target	Forecast Target	SRO / Programme Lead	EMC / TOG	PMO	Executive Lead	Oversight Committee
Financial Sustainability *	• To ensure a break even position by the end of the financial year 📌	£21,585k	£21,585k	Alan Monks / Tina Lewis	EMC	Yes	CFO	F&P
	• To reduce Corporate Costs by TBD by end of December 2025	tbd	tbd	Alan Monks / Tina Lewis	EMC	Yes	CFO	F&P
	• To retain the HIOW NEPTS contract, delivering a cost-effective service	Oct 25	Oct 25	TBC	EMC	Yes	COO	F&P
	• To retain the Thames Valley and HIOW 111 contracts	Oct 25	Oct 25	Ruth Page / Sarah Court	EMC	Yes	COO	F&P
	• To approve a 3-5 year medium term financial plan, establishing a sustainable financial trajectory	Sept '25	Sept '25	Alan Monks / Caroline Morris	EMC	Yes	CFO	F&P
Green Plan	• To have an approved 3 year Green Plan with agreed first year implementation	Jul 25	Jul 25	Jonathan Guppy / Dai Tamplin	EMC	No	CFO	F&P
Collaboration *	• To deliver the Case for Change, making a decision on the future approach to collaboration with SECAMB	Oct 25	Oct 25	David Ruiz-celada / Caroline Morris	EMC	No	JSA	Board

Tier 2 Annual Plan Priorities

BAF risks

Programme /Initiative	Milestone	Current RAG	Previous RAG	SRO / SME	EMC / TOG	PMO	Executive Lead	Date last reviewed
CIP delivery Programme across all areas	• Q1 – All CIP plans identified	🟡	N/A	Alan Monks	FSDG	No	CFO	
	• Q2 – 30% achievement	🟢	N/A			No	CFO	
	• Q3 - 65% achievement	🟢	N/A			No	CFO	
	• Q4 – 100 % achievement	🟢	N/A			No	CFO	
Workforce Alignment with key strategies	• workforce plan by Sept '25	🟢	N/A	Graham Thorpe	FRG	Yes	CFO	
Functional Collaboration	• Deliver functional collaboration	🟢	N/A	See joint SCAS/SECAMB highlight report				
Southern Ambulance Services Collaboration*	• Deliver Procurement collaboration	🟢	N/A	Julie Robins	EMC	No	CFO	
	• Deliver AI training package	🟢	N/A	Craig Ellis	TOG	No	CDO	

Risk Detail	Indicative Risk Score	Indicative Target Score	Owner
Finance: insufficient funding to meet the growing demand for healthcare services can lead to financial instability and an inability to invest in modernised and sustainable infrastructure, including delivering net zero targets in the longer term.	15	10	F&P
Collaboration: failure to agree on a way forward with SECAMB will lead to financial and operational instability, inability to realise productivity and efficiency gains and reputational damage with stakeholders and partners, leading to greater oversight and scrutiny of SCAS operating and strategic approach	12	4	F&P

Next Steps

The Board is invited to:

- Formally approve the revised Strategic Aims aligned to the five strategic themes
- Note the development of the strategic and operational transformation plans against each of the five strategic themes and make recommendations
- Commission the Board Committees to scrutinise the development of the programme mandates to assure the Board at the July meeting that ambitions, outcomes, interventions and risks are aligned

Appendices

Key

* = denotes multiyear programme

📌 = Measure can be found in the Board Integrated Performance Report

Committees	
F&P	Finance and Performance Committee
QPSC	Quality and Patient Safety Committee
PACC	People and Culture Committee
EMC	Executive Management Committee
TOG	Transformation Oversight Group
FSDG	Financial Sustainability and Delivery Group

RAG Definitions

	Definition	Actions Required
Red	<p>One or more of the following:</p> <p>A. Initiative requirements have not been clearly defined/accepted. B. Implementation is <u>highly</u> problematic - for instance actions no longer deliverable, delay exceeds agreed risk tolerance level. C. Failure is <u>highly</u> likely and/or intervention has not had desired effect. D. Resolution is not within team control and requires escalation. E. Anticipated change has become demonstrably unsustainable.</p>	<ul style="list-style-type: none"> Detailed Recovery Plan to be agreed by appropriate governance forum, breaking down actions into timed, risk assessed interventions
Amber	<p>One or more of the following:</p> <p>For new initiatives:</p> <p>A. Requirements are not well defined with limited/no arrangements for delivery and reporting in place.</p> <p>For established initiatives:</p> <p>A. Implementation is problematic - for instance time slippage / resource issues / material change of specification. B. Unforeseen circumstances have arisen, or requirements have changed, but is recoverable with the right level of resources. C. Area of concern is not necessarily within the improvement team control and others need to be aware of the difficulties. D. Concerns about the sustainability of the change are beginning to emerge, for instance through use of QI tools</p>	<ul style="list-style-type: none"> Project initiation to be reviewed, gaps identified and reworked or Detailed Recovery Plan to be agreed by relevant delivery group and summary of key risks and mitigations to appropriate governance forum
Green	<p>All of the following that apply:</p> <p>For new initiatives:</p> <p>A. Requirements are well defined with evidenced arrangements for delivery and reporting in place.</p> <p>For established initiatives:</p> <p>A. Implementation is on track as per agreed plan. B. Implementation is aligned to agreed business case. C. Evidence to support change is being gathered.</p>	<ul style="list-style-type: none"> Ensure project/initiative plan is maintained <p>and</p> <ul style="list-style-type: none"> Ensure systematic approach to evidencing change is in place
Blue	Expected change has been delivered and is evidenced as sustained >6 months	<ul style="list-style-type: none"> Ensure BAU reporting in place.



**Trust Board of Directors Meeting in Public
29 May 2025**

Report title	Month 1 (M1) Finance Report
Agenda item	14
Report executive owner	Stuart Rees, Chief Finance Officer
Report author	Alan Monks, Deputy Chief Finance Officer
Governance Pathway: Previous consideration	Finance and Performance Committee
Governance Pathway: Next steps	n/a

Executive Summary

The Trust's reported position for the month is as follows:

Key Performance Indicators				
		Plan	Actual	Variance
1	Surplus / (Deficit) In-month (£'000)	227	227	0
2	Capital Spend in-mth (£'000)	1,606	139	-1,467
3	Pay Costs In-Month (£'000)	17,478	17,860	-382
4	Agency Costs - in month (£'000)	74	146	-72
5	Cash - Year to date (£m)	25.1	23.4	-1.7
6	Aged Debtor >90 Days	5.00%	15.33%	10.33%
7	BPPC - YTD - Value	95.00%	99.30%	4.30%
8	BPPC - YTD - Number	95.00%	99.30%	4.30%

Income and Expenditure (I&E) Position

The reported Trust financial position for the month is a £0.2m which required in agreement with HIOW ICB a reprofiling on funding, putting the Trust in line with plan for Month 1.

Whilst the Trust has reported a position in line with budget for the month, there are underlying risks in relation current establishment numbers, unmet CIPs (£0.4m) and delays

in implementation of the corporate review (£0.1m) which have been offset by other favorable variances of £0.1m and additional income of £0.4m.

Key variances in performance are reported as:

- 999 Service: Adverse costs due to staffing over establishment offset by additional income to reach a budget position.
- PTS Service: £39k adverse
- 111 Service: £91k adverse
- Corporate Areas: £36k adverse
- Depreciation and financing costs, £168k better than plan.

Contract income in the month is reported to reflect current offers from Commissioners and targeted income for capacity funding which is in the plan but not yet agreed by BOB, Frimley or BLMK.

Capital Position

The Trust's capital spend for April was £0.1m. The Trust underspent against its Month 1 capital budget by £1.5m, this was due to slippage in capital projects.

Cash Position

The Trust's cash balance at the end of April stood at £23.4m, with a net cash outflow of £4.6m primarily due to capital expenditure related to the previous financial year.

Aged Debt

The 90-day debtor increased to £0.14m in April (£0.05m in March). This represents 15.33% (4.23% in March) of the total debtor balance, of this balance £0.05m was received in May.

Alignment with Strategic Objectives

With which strategic theme(s) does the subject matter align? (If more than one, please write manually)

Finance & Sustainability

Relevant Board Assurance Framework (BAF) Risk

To which BAF risk(s) is the subject matter relevant? (If more than one, please write manually)

SR5 - Increasing Cost to Deliver Services

Financial Validation

Capital and/or revenue implications? If so:
Checked by the appropriate finance lead? (for all reports)
Considered by Financial Recovery Group (for reports where the financial impact is not covered within existing budgets)

Recommendation(s)

- What is the Committee/Board asked to do:
Receive a report/paper for noting

For Assurance	✓	For decision		For discussion		To note	✓

1. Background / Introduction

- The Trust's I&E position for Month 1 shows a £0.2m surplus, consistent with the planned surplus.
 - The cost saving plan for the year is now £21.6m which includes the original planned £19.9m and the additional CIP target from risk of income. All targets have been allocated to areas of the organisation. Of the £21.6m, there are currently plans worth £18.0m (including the corporate review) in the development stage and work continues on the remaining £3.6m.
 - £27.4m of capital expenditure (including leases accounted for under IFRS16). The Trust initially developed a capital plan for 2025/26 with a total value of £46.4m. The reduce capital plan only contains schemes already in progress from within 2024/25 and the Dual Crewed Ambulances (DCA's) already committed to. This reduction in capital allowance was due to the HIOW ICB being unsuccessful in a bid for £60m and a £1m reduction in estates safety capital availability. This reduced plan, represents a significant risk to the Trust.
- The Trust's plan is part of the wider Hampshire and Isle of Wight combined Integrated Care System plan which has a plan to achieve a £0.5m surplus for the financial year 2025/26. The SCAS plan has been agreed with the ICB and system but has not been approved yet by the National NHS team. The Trust are being asked for justification for a planned reduction in hours deployed. The SCAS plan addresses the impact of improvements in handover times and also plans to reduce conveyances by improving Hear and Treat. These changes have allowed SCAS to meet Cat 2 performance target of 29:57 within a breakeven financial plan. Any increase in hours on the road will result in additional costs and a risk that SCAS would not recover the £7.8m growth monies included in the financial plan.
- Ongoing discussions with Commissioners outside of HIOW with HIOW ICB support, to recover funds for Category 2 performance improvements. Consequently, in the absence of a confirmed agreement, the income plans have been reduced by £1.8m, and additional Cost Improvement Plans (CIPs) have been incorporated into the 999 budget.
- It has been assumed that pending final contract sign off, all monies in relation to Ambulance capacity/fair shares funding will be recovered from Commissioners. This equates to £0.05m in the month (£0.59m fye)
- The cost saving plan for the year is now £21.6m which includes the original planned £19.9m and the additional CIP target from risk of income. All targets have been allocated to areas of the organisation. Of the £21.6m, there are currently plans worth £18.0m (including the corporate review) in the development stage and work continues on the remaining £3.6m.

The Trust's 2025/26 planned break-even position is an improvement on the 2024/25 outturn position when the Trust reported an underlying deficit of £9.4m, and an overall surplus of £4.6m after deficit and brokerage funding).

The plan is phased to reflect small surpluses in Q1, primarily due to operational vacancies, with marginal in-month deficits anticipated between August and October aligned to the planned recruitment of paramedics during that period.

Plan	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
surplus/(Deficit)	0.2	0.2	0.4	(0.0)	(0.1)	(0.2)	(0.2)	(0.3)	(0.1)	0.1	0.1	(0.0)
Cumulative	0.2	0.4	0.8	0.7	0.7	0.5	0.2	(0.0)	(0.1)	(0.1)	0.0	0.0

Cash

As a result of the Trust's income and expenditure being breakeven, the Trust's cash balance is expected to stay strong throughout the year. Cash is expected to be lower in the first four months as capital payment for the DCA's are made before sale and leaseback proceeds arrive in August.

2025/26	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income £m	30.3	26.9	50.0	26.9	26.9	40.6	37.3	28.3	26.7	26.7	26.7	28.6
Expenditure £m	(34.9)	(32.9)	(34.8)	(30.2)	(29.8)	(43.3)	(27.0)	(25.3)	(28.9)	(27.9)	(27.7)	(32.3)
Net Inflow/(Outflow) £m	(4.6)	(6.0)	15.2	(3.3)	(2.9)	(2.7)	10.4	3.0	(2.3)	(1.2)	(1.1)	(3.7)
Cash Balance £m	23.4	17.4	32.6	29.3	26.4	23.7	34.1	37.1	34.8	33.6	32.6	28.8

Income and Expenditure (I&E)

In month 1, the Trust's I&E position shows a £0.2m surplus position against its planned surplus of £0.2m. This is after accounting for reprofile of Commissioner income of £0.4m.

£m	YTD
Plan	0.22
Actual	0.22
Variance to Plan	(0.00)

For SCAS, the table below details the financial position, by Division, as of April 2025 (Month 1).

£m		Month 1		
		Actual	Plan	Variance
999	Income	21.1	20.6	0.5
	Expenditure	(16.6)	(16.0)	(0.5)
	Contribution	4.5	4.5	(0.0)
	%	21.5%	22.1%	
111	Income	3.8	3.8	(0.0)
	Expenditure	(3.1)	(3.0)	(0.1)
	Contribution	0.7	0.7	(0.1)
	%	17.3%	19.7%	
PTS	Income	1.9	2.0	(0.1)
	Expenditure	(1.7)	(1.7)	0.0
	Contribution	0.2	0.3	(0.0)
	%	11.6%	13.3%	
Operations Total Contribution		5.4	5.5	(0.1)
%		20.2%	21.1%	
Corporate		(5.2)	(5.4)	0.1
Surplus/(Deficit)		0.2	0.2	0.0
Reporting Adjustments		0.1	0.1	(0.0)
Adjusted Surplus/(Deficit)		0.2	0.2	(0.0)
Deficit Funding		0.0	0.0	0.0
Reportable Surplus/(Deficit)		0.2	0.2	(0.0)

Service-Specific Performance

The main points to note for Month 1 performance are:

- Although in the month the 999 Division reported a position in line with budget, income was above plan by £530k and spend by above budget by £530k. Frontline operations has overspends of £175k due to higher than plan establishment.
- The income variance relates to an additional £375k Commissioning income and above levels of planned income from the Adult Intensive Care contract (£97k offset by additional costs) and workshop income of £54k
- The spend variance of £530k in the month for 999 relates to:

- Fleet £264k overspent in month. There is a budgetary deficit resulting from maintenance spend and leasing recharges. The remaining overspend is unachieved CIP.
- In month Frontline Ops was 36wte over-established. However, the Frontline resource cost was only £51k over budget due to a reduction in overtime. However, this will not be the case in May and June as the over recruitment is already in the pipeline. Conversations between Finance, Recruitment, Ops and Workforce are underway to plan from Q2 onwards (looking at the possibility for changing Jun-25)
- A&E Trust wide is overspent by £229k in month. This is due to HART £72k overspent on Overtime usage £39k and fuel £31k. The remaining overspend is due to unachieved CIP in month across the operational areas.
- Frontline, non resource costs have a budgetary surplus of £80k in month. This relates mainly to lower fuel spend and lower accident damage in the month.
- For 111 services, income is below plan by £16k, pay is overspent against budget by £31k and non-pay overspent by £44k. The pay variance relates to unallocated CIP but work continues to understand the in-month variance on the cost per WTE as the underlying position indicates a higher spend than budgeted that has been managed in month overall but remains a financial risk until the issue is fully explored. The non pay variance is the net impact of unallocated CIPs of £55k offset by underspends in external consultancy and computer hardware of £11k.
- NEPTS income is below plan for the month. The month 1 income reflects the current 2025/26 contract offer from BLMK which is £38k lower than planned for the month (£0.45m FYE). Discussions to resolve are on-going. Spend is largely at planned levels for the month with the main variance being non-delivery of CIP.
- The Corporate departments reported an overspend against plan of £36k in the month. Slippage on CIP efficiencies plans, and implementation of the corporate review resulted in an in-month overspend of £164k which was offset by underspends on digital and delayed spend against agreed funded cost pressures.

No formal forecast has been completed at month1. The assumption remains that budget holders need to manage spend within budgeted levels and any shortfall arising at Month 1 will need to be recovered over the remainder of the financial year.

Financial Recovery Plan (FRP)

The Trust's Financial Recovery Plan includes a net savings target of £21.6m, The FRP is broken down into various schemes spread across all the Trust's divisions.

There is a separate paper within the agenda which picks up on the detail.

Overall, Trust Performance

- Pay Costs:
 - Total pay expenditure for the month was £17.8m, against a planned figure of £17.5m.
- Agency Spend:
 - Agency costs totaled £146k, exceeding the plan of £71k.
 - The spend above plan was driven by additional roles supporting the Corporate Review, Pharmacy, and Fleet Mechanics.

Capital

The Trust's capital spend for April was £0.1m. The Trust underspent against its Month 1 capital budget by £1.5m, this was due to slippage in capital projects.

The Trust was looking for capital plan for 2025/26 worth £46.4m including both operational Capital Departmental Expenditure Limit (CDEL) and International Financial Reporting Standard 16 (IFRS 16). Before the final planning submission was made HIOW ICB made the Trust aware that the submission must only contain capital schemes up to the value of the original combined capital limit as HIOW ICB were unsuccessful in securing £60m of capital. Consequently, the Trust had to reduce its plan. Subsequent to the planning submission the Trust has also been informed that the CAD replacement will not be fully funded as indicated, it will instead be match funded.

HIOW ICB has committed to working with the Trust to alleviate the shortfall and are working through all known routes to identify additional capital. The Trust has also been in contact with the NHSE ambulance team to see if they are able to support the Trust.

Capital receipts from sale of assets planned for 2025/26 will support capital spend plans.

Cash

The Trust's cash balance at the end of April stood at £23.4m. There was a net cash outflow in month 1 of £4.6m due mostly to capital expenditure (payments relating to old financial year spend).

2025/26	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income £m	30.3	26.9	50.0	26.9	26.9	40.6	37.3	28.3	26.7	26.7	26.7	28.6
Expenditure £m	(34.9)	(32.9)	(34.8)	(30.2)	(29.8)	(43.3)	(27.0)	(25.3)	(28.9)	(27.9)	(27.7)	(32.3)
Net Inflow/(Outflow) £m	(4.6)	(6.0)	15.2	(3.3)	(2.9)	(2.7)	10.4	3.0	(2.3)	(1.2)	(1.1)	(3.7)
Cash Balance £m	23.4	17.4	32.6	29.3	26.4	23.7	34.1	37.1	34.8	33.6	32.6	28.8
Cash Lowest Point	21.6											

The lowest point of cash in the month was £21.6m which is a decrease from last month of £5.5m.

The 90-day debtor increased to £0.14m in April (£0.05m in March). This represents 15.33% (4.23% in March) of the total debtor balance, of this balance £0.05m was received in May.

2 Quality Impact

3 Financial Impact

As detailed above

4. Risk and compliance impact

Area of Risk

- In month 1, additional income has been recognized of £0.4m. This will require to be offset in future months.
- The CIP plan needs to deliver in full to achieve the planned break-even position.
- The 2025/26 plan has not yet been agreed by the NHS National team. Until a resolution on hours deployed is reached, there is a risk that the Trust may have to deploy additional resource and costs and/or there is a risk that growth funding is not fully allocated as per the financial plan.

- The income contracts for all Commissioners have not yet been agreed. The Trust will continue to pursue income to match planned levels. Any deviation to plan will result in an in-year deficit. If matters remain unresolved within the coming weeks, in line with the national contract approval process, by 29th May 2025 the contract will enter the NHS Dispute Resolution procedure, with each ICB accordingly.
- The capital plan has been reduced in line with available funding. The capital requirements of the Trust exceeds available funding. The Trust will need to continue to pursue funding opportunities to meet capital requirements.
- If the cash position deteriorates then it will impact the Trusts ability to fulfil its capital plan.

5. Equality, diversity and inclusion impact

6. Next steps

To address the underlying financial position in month 1, the following actions need to be taken:

- Undertake a review of frontline establishment, identifying opportunities to delay, reduce or stop recruitment.
 - There will need to be recognition of the impact on future periods
- Identify management strategies to control costs
 - Grip and Control measures,
 - Work to correct establishment has already commenced
 - Review budgets – identify discretionary spend and add in additional approvals
 - The Trust will be required to hold vacancies in line with system agreement,
 - FRG review meetings to assess progress and make necessary adjustments.
- EMC will be discussing a detailed action plan
 - Specific steps for each area to address deficit or unmet CIPs
- FSDG to facilitate the plan with service managers and to report back to FRG.

7. Recommendation(s)

The Group / Committee / Board is asked to:

The Board is asked to note the report.

BOARD MEETING

Title	M12 Financial review/Finance Recovery Plan		
Paper Date:	06 May 2025	Board Meeting Date:	13 May 2025
Purpose:	Discussion	Agenda Item:	09
Author:	Dilani Russell, Interim Director of Operational Finance	Exec Lead/ Senior Responsible Officer:	Alastair Groom, Chief Finance Officer (interim)

Executive Summary

M12 Financial position BOB ICB & ICS

Paper to brief the committee on the financial position of the ICB and wider system (M12)

- The system reported a £15.6m YTD deficit (slightly improved from the £16.0m forecast deficit at M11).
- During M12, the £7.7m ICB surplus forecast at M11 was reallocated to BHT (£2.6m), OUH (£2.5m) and RBFT (£2.6) to pass cash to providers.
- The key drivers of the YTD variance from plan for each provider is summarised below.
 - **BHFT** - £3.0m better than plan due to the £3.0m BOB ICB settlement for 2023/24 ERF income.
 - **BHT** - £2.6m better than plan (post receipt of £22.9m support funding) due to receipt of £2.6m ICB surplus in M12.
 - **OHFT** - **£2.3m better than plan (£2.6m support funding received by the trust was transferred to RBFT at M10) largely due to revenue to capital transfers.**
 - **OUH** - **£6.5m adverse to plan (post receipt of £7.9m support funding) largely due to:**
 - £8.8m CIP under delivery; adverse non-pay run rate variances; and adverse pay run rate variances partly offset by
 - £5.0m revenue to capital transfer and receipt of £2.5m ICB surplus in M12.
 - **RBFT** - £17.5m adverse to plan (post receipt of £14.1m support funding) largely due to:
 - £11.3m BOB ICB contract reduction at M07; £8.1m adverse non-pay run rate variances (net of pass-through income); £2.1m reduction in BOB ICB settlement for A&G ERF income partly offset by
 - delivery of £2.7m CIP stretch (to mitigate the BOB ICB contract impact); £2.6m support funding transferred from OHFT and receipt of £2.6m ICB surplus in M12.
 - **BOB ICB** - £0.5m better than plan (post receipt of £13.3m support funding) largely due to receipt of £15m ERF surge income in M11 to fund the ICB's commitments to the system and thus mitigate the YTD and FOT ERF impact.

Action Required

The Board are asked to note the final ICB and System position (M12)

Conflicts of Interest	Conflict noted: conflicted party can participate in discussion and decision
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This report contains information including the financial performance of organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB and system contribute to improvement.

Date/Name of Committee/ Meeting, Where Last Reviewed:	System Productivity Committee 24 April 2025
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BOB ICB Finance Report

Month 12 2024/25

BOB system summary position M12

Organisation	Full Year Plan	Full Year Actual	Full Year Variance	Actual/ Turnover
	£'m	£'m	£'m	%
Berkshire Healthcare NHS Foundation Trust	1.9	4.9	3.0	1.2%
Buckinghamshire Healthcare NHS Trust	(0.7)	2.0	2.6	0.3%
Oxford Health NHS Foundation Trust	(0.1)	2.2	2.3	0.3%
Oxford University Hospitals NHS Foundation Trust	(0.2)	(6.8)	(6.5)	(0.4%)
Royal Berkshire NHS Foundation Trust	(0.4)	(17.9)	(17.5)	(2.7%)
TOTAL In-System Providers Surplus/ (Deficit)	0.5	(15.6)	(16.1)	(0.4%)
Buckinghamshire, Oxfordshire and Berkshire West ICB	(0.5)	0.0	0.5	0.0%
BOB ICS Surplus/ (Deficit)	0.0	(15.6)	(15.6)	

BOB ICS Overview at M12:

The system reported a £15.6m FY deficit (slightly improved from the £16.0m forecast deficit at M11). During M12, the £7.7m ICB surplus forecast at M11 was reallocated to BHT (£2.6m), OUH (£2.5m) and RBFT (£2.6) in order to support partner organisations with their cash position.

The key drivers of the full year variance from plan for each provider is summarised below:

- **BHFT** - £3.0m better than plan due to the £3.0m BOB ICB settlement for 2023/24 ERF income.
- **BHT** - £2.6m better than plan (post receipt of £22.9m support funding) due to receipt of £2.6m ICB surplus in M12.
- **OHFT** - £2.3m better than plan (£2.6m support funding received by the trust was transferred to RBFT at M10) largely due to revenue to capital transfers.
- **OUH** - £6.5m adverse to plan (post receipt of £7.9m support funding) largely due to:
 - £8.8m CIP under delivery; adverse non-pay run rate variances; and adverse pay run rate variances partly offset by
 - £5.0m revenue to capital transfer and receipt of £2.5m ICB surplus in M12.
- **RBFT** - £17.5m adverse to plan (post receipt of £14.1m support funding) largely due to:
 - £11.3m BOB ICB contract reduction at M07; £8.1m adverse non-pay run rate variances (net of pass-through income); £2.1m reduction in BOB ICB settlement for A&G ERF income partly offset by delivery of £2.7m CIP stretch (to mitigate the BOB ICB contract impact); £2.6m support funding transferred from OHFT and receipt of £2.6m ICB surplus in M12.
- **BOB ICB** - £0.5m better than plan (post receipt of £13.3m support funding) largely due to receipt of £15m ERF surge income in M11 to fund the ICB's commitments to the system and thus mitigate the YTD and FOT ERF impact.

ICB Finances

ICB Overall position M12

BOB ICB OVERALL by Service Line M12	Annual Budget	Forecast Outturn	Forecast Variance
	£'m	£'m	£'m
Acute	1,929.8	1,936.7	(6.9)
Community Health Services	419.3	422.7	(3.4)
Continuing Care	224.5	224.4	0.2
Mental Health	368.9	388.8	(19.9)
Other Programme	59.0	26.2	32.9
Primary Care	54.9	52.7	2.1
Prescribing, Central Drugs and Oxygen	282.2	287.5	(5.3)
Pharmacy, Optometry and Dentistry (POD)	148.3	148.0	0.3
Delegated Co-Commissioning	358.4	358.4	(0.0)
Total Programme Commissioned Costs	3,845.3	3,845.4	(0.1)
Admin Costs	30.8	30.3	0.5
Total before ICB Surplus/(Deficit)	3,876.1	3,875.6	0.5
ICB Surplus / (Deficit)	(0.5)	0.0	(0.5)
Total after Surfplus/ (Deficit)	3,875.6	3,875.6	0.0

At M12, the ICB ended the year with a £9k surplus (£0.0m).

Key areas of movement in month are:

- **Acute:** an improvement of £5m, relating to additional ERF support funding received.
- **Continuing Healthcare (CHC):** Returned to breakeven at M12 as growth funding monies were released to cover adverse patient cost and volume changes.
- **Community:** Adverse movement of £923k last month due to community equipment and BCF. In M11, this movement was factored in the Risks & Opportunities.
- **Mental Health/ LDA:** Worsened by £2.4m where significant costs relating to Section 117 aftercare and placements especially within BW increased as did ADHD right to choose activity. In M11, this movement was factored in the Risks & Opportunities.
- **Prescribing:** £720k Adverse movement due to reviewing YTD growth %, accounting for additional pressures from NICE TAs and growth.

Acute M12 24/25	Full Year Budget	Full Year Actual	Full Year Variance
	£'m	£'m	£'m
NHS providers	1,706.3	1,699.4	7.0
Independent Sector Providers with Contract	53.7	61.6	(7.9)
Discharge to assess cost	3.7	4.0	(0.3)
Equipment- Diabetic Pump	1.1	2.3	(1.2)
Urgent Care	4.4	4.4	(0.0)
London Providers	31.5	34.9	(3.5)
Voluntary Sector Grants	0.3	0.3	0.0
Winter Resilience costs	0.2	0.2	0.0
Acute LVA	12.9	12.9	0.0
Acute NCA	7.1	9.0	(1.8)
Ambulance Services	90.7	90.2	0.5
Patient Transport	17.9	17.5	0.3
Grand Total	1,929.8	1,936.7	(6.9)

Key reasons for variance	Acute M12	Acute M11	Improve/ (Worsened)
	£m	£m	
Key Pressures:			
Drugs *	(2.4)	(3.6)	1.2
Devices**	(0.4)	(0.8)	0.5
Unbundled Radiology***	(8.7)	(8.9)	0.2
Other Trust / IS variances	(48.3)	(51.0)	2.7
CIP unallocated	(5.1)	(5.1)	0.0
Diabetic Pumps	(1.2)	(1.2)	(0.0)
Total Pressures	(66.1)	(70.7)	4.6
Key Mitigations:			
ERF Income	46.2	46.3	(0.0)
Contract finalisation provision	12.5	12.4	0.2
Other (PTS, non-ERF NCA)	0.4	0.4	0.0
Total Mitigations	59.2	59.0	0.1
Variance	(6.9)	(11.6)	4.7

At Month 12, the year-end position is a £6.9m overspend against plan, an improvement of £4.7m from the £11.6m forecast at Month 11. This improvement is driven by updated activity data from two providers following a system change, resulting in a £2.5m reduction in spend. NICE TA expenditure has also improved, with a recent deep dive identifying that anticipated spend did not materialise due to licensing delays and slower-than-expected drug uptake, releasing a further £1m. In addition, the latest SLAM data for Month 11 shows a £631k reduction in variable activity at RBFT. High-Cost Drugs/Devices, Unbundled Radiology, and Elective activity, though ERF now largely funded, continue to be the main sources of cost pressure.

The main variances relate to:

- **NHS Providers** – High-Cost Drugs and Devices (HCDD) against contract plan value agreed through contract negotiations; increased activity not covered by ERF income for Unbundled Radiology, Nuclear Medicine and Chemo and increase in Independent Sector Provider (ISP) activity (excluding Elective Recovery Funding).
- **IS Providers** – whilst PbR activity will be mitigated through ERF income, Outpatient Follow-Up activity is not. This element represents circa 10% of the overall IS activity. In M11, there has been a significant increase in spend within Foscot of £0.6m, driven by POD Day Cases and Elective inpatients which have increased by 11% and 13% respectively.
- **Equipment - Diabetic Pumps** – The forecast is broadly the same as the last month, pending the impact of the transfer of BHT diabetic devices from the historic process of suppliers directly invoicing the ICB to the Trust sourcing via NHS Supply Chain (expected to result in lower prices) and charging the ICB via the contract.
- **London Providers** – overspend is due to Other Variable (remaining c£1m, £0.8m of which is Unbundled Radiology) and the balance Elective ERF) however
- **NCA** – A similar level of adverse forecast variance with (£1.8m) remaining stable from last month (£1.9m in-year and unfunded £0.2m March 2024 activity). The spend continues to be driven by Community Health & Eye Care (CHEC).

The acute position also includes non-provider specific CIP target of £5m for prescribing, covering challenges and biosimilar switches. Some challenges have been agreed with BHT and OUH (c£0.3m, covering mischarged commissioners etc.) and the achieved CIP will be reflected in High-Cost Drugs forecasts going forward.

ICB Acute M12 – key provider information

The tables below highlights the performance of the three in-system (and out of system) Acute Trusts in BOB ICS for the key variable elements of the contract:

Analysis of Other Elective variance M12	High Cost Drugs	High Cost Devices	Unbundled Radiology / Nuclear Medicine	Total
	£m	£m	£m	£m
Buckinghamshire Healthcare NHST	(1.4)	0.1	(1.1)	(2.5)
Oxford University Hospitals NHSFT	(4.2)	(3.9)	(6.2)	(14.3)
Royal Berkshire NHSFT	(0.2)	0.0	(0.4)	(0.6)
In System NHS Acute Providers Other Elective Variance	(5.8)	(3.8)	(7.7)	(17.4)
Out of System NHS Acute Providers Other Elective Variance	(0.4)	(0.3)	(0.9)	(1.7)
All NHS Acute Providers Other Elective Variance	(6.3)	(4.1)	(8.7)	(19.0)
High Cost Drug & Device Reserve - revision of forecast and offset of spend	3.8	3.7	0.0	7.6
All NHS Acute Providers Other Elective Variance	(2.4)	(0.4)	(8.7)	(11.5)
<i>Previous month</i>	<i>(3.6)</i>	<i>(0.9)</i>	<i>(8.7)</i>	<i>(13.2)</i>

Other Elective (Includes HCDD):

The full year overspend for the Other Elective Variable category ended with £11.5m pressure, reflecting a decrease from £13.2m in M11. The total NHS Acute Providers Other Elective Variance has improved from prior month, primarily driven by a deep dive on Nice TA drugs and devices spend resulting in a reduction of circ. £1m on drugs and a further £0.5m on devices, across in-system providers.

In-System NHS Providers: At M12, in-system acute providers reported a year-end elective overspend of £17.4m, predominantly driven by pressures in High Cost Drugs (£5.8m), Devices (£3.8m), and Unbundled Radiology (£7.7m). Oxford University Hospitals NHSFT accounted for £14.3m of this total, with significant variances across all categories. This additional cost pressures relates to the variable budget being rebased to 22/23 outturn, reducing the target for variables and therefore resulting in additional overperformance funding.

Out-of-System NHS Providers: Out-of-system providers contributed a smaller overspend of £1.7m, with relatively minor pressures across all elective components.

The £7.6m release of high-cost drug and device funding offsets the Nice TA Drugs and Devices costs that are reflected against the main provider spends.

ICB Community M12

Community Health Services M12 24/25	Full Year Budget	Full Year Actuals	Full Year Variance
	£'m	£'m	£'m
NHS provider	267.7	267.0	0.8
BCF S75	89.4	88.8	0.6
Palliative care	7.0	6.5	0.5
Intermediate care	7.8	8.7	(0.9)
Child & Young Persons, TOP	1.3	1.4	(0.0)
Endoscopy, Ultrasound, Audiology, Physio	17.5	18.7	(1.2)
Non CHC NCA	0.0	2.3	(2.3)
Comm-Health Inequalities	6.6	5.7	0.9
Comm-Long Term Conditions (LTC)	4.7	4.7	(0.0)
Community Equipment	17.3	17.3	0.0
Total	419.3	421.0	(1.7)
<i>Prior Month</i>	<i>418.8</i>	<i>421.2</i>	<i>(2.4)</i>

- **NHS Providers:** £0.2m underspend for CNWL due to reduced 24/25 activity. BHFT 23/24 ERF pressure has been offset with the ERF Overperformance allocation received in M11.
- **BCF S75:** £0.3m underspend for UEC Physical & Virtual Capacity funding.
- **Intermediate Care:** £0.6m overspend for pay award uplifts of which £0.3m related to the Connect Health MSK contract). £1.1m unachieved CIP with no schemes identified.
- **Endoscopy, Ultrasound, Audiology, Physio:** £1.1m overspend for Physio activity due to increased demand because of national directive of self-referrals, as well as increases in activity in secondary care require for MSK / Orthopaedics that also require physio as part of rehab and recovery. £0.5m overspend for Endoscopy, £0.1m increase spend in TOPs due to transition of provider following procurement and identification of a significant backlog that had started to emerge and £0.5m improved position for neurorehabilitation. Ultrasound activity is above plan and would attract ERF recovery, however the values in SUS are small and not material. This is largely driven by overperformance in Bucks as the independent provider is being used to support BHT with their significant demand and to aid DM01 improvement. This is expected to continue into next FY.
- **Non-CHC NCA:** The overspend of £2.5m includes £0.5m of spend identified in the Acute UEC budget recoded here at M12. This is being driven by an increasing number of exceptional complex care/interim health funded packages via differing historic place-based arrangements to facilitate discharge. The ICB is reviewing policy in this area. Work is underway to consolidate the total position with a view to transformation of commissioning processes potentially required to enhance activity, clinical risk and financial oversight.
- **Health Inequalities:** The underspend of £0.7m (£0.06m Bucks, £0.2m Ox, £0.2m BW and £0.2m Corp) includes £0.2m increased spend in Oxford Place due to BCF Discharge funding being recoded here. The overall underspend occurred because Oxf schemes paused to support ICB's financial position and BW scheme unable to continue due to ICB's internal governance approval decision.
- **Long Term Conditions (LTC):** LTC is reporting breakeven position, the overspend as a result of Long Covid allocation omitted to top slice (15%) prior to contract agreement with providers has been offset with delivered savings of £0.4m to date to support ICB's overall financial position.
- **Community Area:** Includes a £4.395m CIP target, with £1.262m achieved due to budget cuts reflected in the report. Whilst a £0.5m CIP in Equipment is forecasted to be achieved 50% by end of the year and Full Year targets have not been met. The remaining CIP £1.206m for Non-CHC NCA, £1m for Nursing Portfolio in Intermediate and £427k for Written statement of action (WSOA) in BCF are considered to be unachievable because Non-CHC NCA is resulting with overspend of £2.5m, Nursing Portfolio has no scheme identified and WSOA is performing with overspend of £0.6m.

ICB Mental Health & Learning Disability/Autism M12

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

By Place: NHS	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Budget £m	Forecast £m	Variance £m
Buckinghamshire	58.5	58.5	0.0	58.5	58.4	0.1
Oxfordshire	136.7	136.8	(0.1)	136.7	136.6	0.1
Berkshire West	88.5	88.2	0.3	88.5	88.1	0.4
Corporate	1.5	1.5	0.0	1.5	0.0	1.5
LVAs	1.9	1.9	0.0	1.9	1.9	0.0
SDF	28.1	28.1	0.0	28.1	28.0	0.1
Total	315.2	315.0	0.2	315.2	313.0	2.2
By Place: Non NHS	YTD Budget £m	YTD Actual £m	Variance £m	FOT Budget £m	FOT Actual £m	Variance £m
Buckinghamshire	20.5	24.0	(3.4)	20.5	23.7	(3.2)
Oxfordshire	2.6	11.9	(9.3)	2.6	11.4	(8.8)
Berkshire West	26.1	31.7	(5.6)	26.1	31.2	(5.1)
Corporate	(0.5)	1.2	(1.6)	(0.5)	1.7	(2.2)
SDF	4.9	4.9	0.0	4.9	5.0	0.0
Total	53.6	73.7	(19.9)	53.6	73.0	(19.3)
Total	368.9	388.7	(19.8)	368.9	386.1	(17.2)
<i>Prior Month</i>	<i>338.1</i>	<i>351.1</i>	<i>(13.0)</i>	<i>368.6</i>	<i>386.1</i>	<i>(17.4)</i>

By Service	YTD Budget £m	YTD Actual £m	YTD Variance £m	Annual Budget £m	Forecast £m	Variance £m
LVAs & NCAs (NHS/Non-NHS)	3.0	2.8	0.3	3.0	2.6	0.4
CAMHS	24.5	23.9	0.6	24.5	23.9	0.5
Community placements	122.2	124.9	(2.7)	122.2	124.5	(2.4)
Supported housing	0.5	1.8	(1.3)	0.5	1.7	(1.1)
S117, individual MH/LDA	119.4	131.2	(11.8)	119.4	130.6	(11.3)
Dementia	2.1	2.8	(0.7)	2.1	2.7	(0.7)
ADHD Right to Choose	1.2	3.8	(2.5)	1.2	3.0	(1.7)
SDF	27.5	27.5	0.0	33.0	33.0	0.0
Other/NHS block	68.5	70.0	(1.7)	63.0	64.1	(0.9)
Total	368.9	388.7	(19.8)	368.9	386.1	(17.2)
<i>Prior Month</i>	<i>338.1</i>	<i>351.1</i>	<i>(13.0)</i>	<i>368.6</i>	<i>386.1</i>	<i>(17.4)</i>

At M12, the YTD position was £19.8m worse than plan, being the final position for the year – a deterioration of £2.6m over the M11 forecast (£2.3k worse on variance). The drivers of this were:

£721k additional OHFT Neuro/CAMHS investment, £806k Right to Choose invoices (way over average / year-end catch-up?), £379k Berks W esp. AMH 10 new clients, 4 large package changes, £195k Bucks esp. S117 more costly new vs ended clients, £193k Oxon esp. higher care costs for OCC contracts, £241k pay award costs, £65k others. £267k of additional budget was made available, largely to offset the pay awards.

NHS spend (81% or £315.0m of total YTD) comprises block contracts, Low Volume Activity (LVA) payments, non contracted activity (NCA) and much of available service development funding (SDF). A small variance was evident due to ad-hoc NCA spend, however materially, the NHS side of MH/LDA continues to break-even against budget.

Non-NHS spend (19% or £73.7m of YTD total) includes Local Authorities, especially Oxford County and Buckinghamshire Councils, for S117. Contractual arrangements are via S75 and need to reflect appropriate health and social care contributions, to meet the health and wellbeing needs of people who live in the ICB's catchment. It also includes expenditure with care providers for individual placements and packages of care.

ICB Prescribing M12

GP Prescribing M12 24/25	Full Year Budget	Full Year Actual	Full Year Variance
	£'m	£'m	£'m
GP Prescribing	280.3	287.0	(6.7)
CIP	(16.9)	(18.0)	1.1
Drugs Met Centrally	8.7	8.7	(0.1)
Oxygen	1.9	1.7	0.2
GP Incentive Schemes	1.7	1.9	(0.2)
Dressing Products	5.9	5.6	0.3
Prescribing Decision software	0.6	0.6	(0.0)
Total	282.2	287.5	(5.3)
<i>Prior Month</i>	<i>258.7</i>	<i>264.0</i>	<i>(5.3)</i>

As of Month 12, actual data for April to January 2024 is available. The forecasts above reflect a 4.7% growth for the remainder of the year, accounting for additional pressures from NICE TAs related to Rimegepant, Daridorexant, and other horizon-scanning factors.

The planned CIP, initially set at £16.9m, is now forecasting a year-end delivery of £17.9m. The MOT is focused on leveraging rebate opportunities, which have compensated for target shortfalls in some areas, and promoting efficient prescribing through Scriptswitch to manage costs.

Potential risks include changes in growth rates, future price concessions, drug shortages, CIPs related to GP initiated areas, and the effects of the Pharmacy First scheme and other services. The other risk is around potential increases in costs of the use in branded prescribing, there has recently been an increase in use of these drugs largely in dispensing practices. This could be driven by incentives offered by companies directly to dispensing practices or better profit margins generated for practices themselves. The MOT team is investigating this further.

There are substantial cost increases in several areas. Key drivers include national concession pricing for Pregabalin and Quetiapine, increased initiation of dapagliflozin as per NICE guidelines and Tizepitide cost escalation due to supply issues.

Notably, the main cost drivers appear to be within the Endocrine system, which has seen an increase of £5.7m year to date. Dapagliflozin alone has exerted significant pressure, adding over £2.4m in costs within ten months, aligned with unavoidable NICE TA guidance. The introduction of Freestyle libre 2 plus sensor in 2024 has added £840k actual growth costs. Similarly, Semaglutide (Rybelsus) has seen an actual growth increased of £810k compared to previous year influenced by updated Nice guidance.

In parallel, the impact on diabetes-related appliances is also evident. For instance, the Freestyle Libre 2 Sensor, which transmits real-time glucose readings to users' smartphones, has already generated an additional £2m in costs within the same period. This spike is directly linked to updated NICE guidance, which has expanded its use to a larger cohort of patients.

ICB Primary Care & Pharmacy, Optometry, Dental (POD) M12

Primary Care M12 24/25	Full Year Budget	Full Year Actuals	Full Year Variance
	£'m	£'m	£'m
GP LCS	15.4	15.4	0.0
PC Investment	4.6	4.3	0.3
GPIT/Digital	9.4	9.4	0.0
PC Transformation	7.8	5.8	2.0
Medicines Management	1.9	1.9	0.0
Out of Hours	15.6	15.6	0.0
GP Delegated	358.3	358.3	0.0
POD Delegated	148.2	147.9	0.3
Total	561.2	558.6	2.6
<i>Prior Month</i>	<i>560.0</i>	<i>557.5</i>	<i>2.5</i>

The year end position for Primary Care shows a total £2.6m underspend across all budgets. This is positive outcome against a combined budget total of £558.6m.

Of the total underspend, £0.3m was within the PC Investment budget and related to an overall budget uplift applied in 24/25 that was not spend in year.

Within the PC Transformation budget an in-year allocation of £1.7m for SDF Workforce, received late in the year, was released as was identified as an additional benefit not required. There was also an additional £0.3m within the SDF allocation that was released.

The GP Delegated budget achieved the forecasted breakeven position through the use of prior year accrual benefits and in year predicted discretionary costs that did not materialise.

The POD Delegated budget achieved the forecasted variance for the year of a £0.3m underspend. This was within the ophthalmic budget due to lower activity levels being realised. For the 24/25 year end the ICB accrued a total of £10.4m of costs, predominantly relating to the dental budgets in order to show that the full ringfenced dental budget had been spent or committed. The £7.4m 24/25 dental reserves budget was fully accrued to by the ICB to cover the increased dental activity commissioned and schemes such as MDS 5A (existing providers), additional hours/ urgent dental appointments and clearing Tier 2 Oral surgery waiting lists.

ICB Continuing Health Care (CHC) M12

Continuing Healthcare FOT M12 24/25	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
Bucks	73.5	74.9	(1.4)
Oxon	106.5	101.5	5.1
Berkshire West	33.7	39.0	(5.4)
Uplift, not allocated	8.8	1.5	7.3
Anticipated CIP delivery (not on Broadcare)	(6.0)	0.0	(6.0)
CHAS	8.0	7.0	1.0
Provision impact	0.0	0.4	(0.4)
Total	224.5	224.3	0.2
Prior Month	224.5	223.1	1.5
		memo	(1.2)

CHAS M12 24/25	Annual Budget £'m	Forecast Outturn £'m	Forecast Variance £'m
Depreciation	0.0	0.0	(0.0)
Interest on lease liabilities	0.0	0.0	(0.0)
Establishment, licences	0.1	0.2	(0.1)
Legal fees	0.2	0.1	0.0
Premises	0.1	0.0	0.0
Purchase of Healthcare	1.0	0.1	0.9
Salaries and wages	6.2	3.6	2.6
Agency	0.2	2.3	(2.1)
Other professional	0.2	0.3	(0.1)
Supplies & services	0.2	0.4	(0.2)
Education & training	0.0	0.0	0.0
Total	8.0	7.0	1.0
Prior Month	8.0	7.7	0.3
		memo	0.7

CHC Budget and spend is split into 2 main areas. Packages of Care (PoC), driven by the Broadcare database and Continuing Healthcare Assessment & Support (CHAS), of which 85% of the budget is allocated to pay (substantive and agency).

Packages of care

The outturn position is an underspend of £0.2m, an unfavourable movement of £1.3m from the forecast outturn underspend of £1.5m at M11. Within the figures Bucks is showing increased spend of £0.6m to an overspend of £1.4m, Berks W is showing increased spend of £0.2m to an overspend of £5.4m and Oxon is showing reduced spend of £0.3m to an underspend of £5.1m. The figures for both Bucks and Oxon include accruals made for clients omitted from Broadcare and there have been accruals in relation to costs recharged from OCC in relation to Supported Living/PHBs and DHTs.

There was a release of £1.5m from the budget set aside for growth and uplifts to support system pressures.

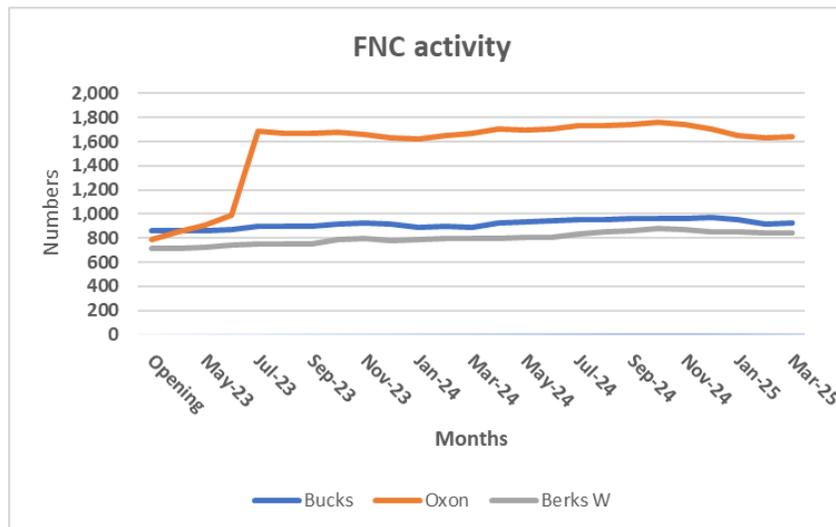
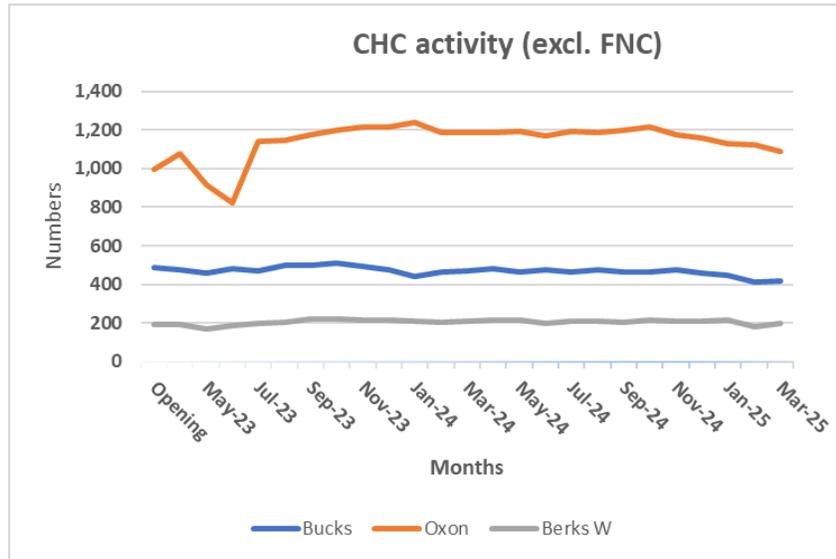
Overall net cases increased by 9 compared with a decrease of 142 in M11. CIP of £5.6m has been counted as achieved in year which includes rebadging the dom. care adjustment and PHB refunds.

Continuing Healthcare Assessment and Support (CHAS)

This relates to the non-packages of care spend and is reporting an outturn underspend of £923k at M12. The position has improved by £609k from M11. The movements are driven by:

- Broadcare licences, not within budget setting and costs as per final invoice £14k more than contract value.
- Premises: Saffron House and Sandford Gate. Saffron House costs now capitalised as per IFRS16 so that only depreciation and interest on lease liabilities goes to I&E, improvement of £57k.
- Agency staff dependency line includes the costs of the interim CIP lead who left at the end of November. Agency showing unfavourable movement of £111k from M11.
- Pay costs are showing an underspend, now recruiting to the new structure. Favourable movement of £155k from M11 which more than offsets adverse movt. on agency.
- Other professional is DOLS (Deprivation of Liberty Safeguards) expenses and includes prior year costs for one place not accrued £72k and which were not budgeted for in 24-25. DOLS accruals were released where unsubstantiated, improvement of £386k from M11.
- Supplies and services includes the costs for the CHF in Oxon which have now been agreed at c£50k less than originally forecast & also the extension of the Arden Gem contract which is c£61k more than forecast.

ICB CHC Activity M12



Movt M11 to M12 activity	Bucks	Oxon	BW	Total	
B/fwd cases, analysis below:		1,328	2,751	1,025	5,104
B/fwd cases still ongoing					
PoC unchanged	1,221	2,420	928	4,569	
PoC increases	24	159	27	210	
PoC decreases	15	20	10	45	
B/fwd cases now ended					
Cases ended RIP	57	100	50	207	
Cases ended other	11	52	10	73	
Cases ended RIP & other	(68)	(152)	(60)	(280)	
New cases	82	119	68	269	
Restarts	6	8	6	20	
Total current month ongoing	1,348	2,726	1,039	5,113	

Per the table above, overall activity from M11 is showing 289 new and restarted cases (M11 278) with 280 cases ended (M11 420), made up of RIPs with some invalid cases. The net movement between M11 and M12 is an increase of 9 cases (M10 to M11, a decrease of 142 cases). The table also shows 210 on going packages having increases to their costs (M11 103) whilst 45 had a decrease (M11 55).

The graphics on the left show CHC activity (excluding FNC) and FNC activity only, from March 2023 to date for the 3 places. There are some fluctuations in the Oxon data as a result of the introduction of the Broadcare database and work to ensure data was correct. This has been an on-going process.

The table below shows costs per head of population at M12.

Costs & popn M12	Bucks	Oxon	BW	Uplift/CIP	Care costs	CHAS	Total
FOT costs per Broadcare £	74,902,332	101,452,212	39,023,958	1,867,579	217,246,081	7,123,705	224,369,786
Popn	590,858	818,924	585,283		1,995,065		1,995,065
Cost per head £	127	124	67		109		112
Cost per 50k/popn £	6,338,438	6,194,239	3,333,768		5,444,587		5,623,120

ICB Staff WTEs M12

ICB Staff WTEs M12 Directorate	2024/25 Pay Budget			2024/25 Permanent staff in post M12			2024/25 WTE Variances post M12		
	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE
Nursing	36	160	196	32	109	140	(4)	(52)	(55)
Delivery	54	34	87	47	22	69	(7)	(11)	(19)
Medical	40	63	103	36	51	86	(4)	(12)	(17)
People	12		12	9		9	(3)	0	(3)
Strategy Digital & Transformation	47	18	65	30	14	44	(17)	(4)	(21)
Finance & Contracting	78		78	55		55	(22)	0	(22)
Corporate/Senior Leadership Team	17		17	14		14	(3)	0	(3)
Programme Wide			0		20	20			
Totals	283	275	558	223	216	439	(61)	(79)	(140)

Programme Wide (Memo) - Additional staff in programme are all TVCA and fully funded therefore not part of variance total.

- Per the table above, overall actual Staff in Posts at M12 is showing 140 WTE less than plan across both running cost and programme budgets. This is mainly due to vacancies across Nursing, Medical, Delivery and Finance directorates. The table is now based on the new agreed structure.
- The work to ensure that all staff are correctly assigned across directorates, relevant income streams assigned, and any duplicate budgets removed are in the main complete but there are missing budgets which need to be resolved in-year, where possible.
- One such pay budget is the Medicine Optimisation Team, where an incorrect budget reduction of £0.56m has meant that the underspend reported in MOT should be higher by this same value, reflecting a higher underspend. This will be corrected for the 2025/26 planning round in line with the approved and fully costed structure.

ICB Staff Costs M12

ICB Staff YTD M12 Directorate	2024/25 Pay Budget			2024/25 Permanent staff in post M12			2024/25 Variances in post M12		
	Running costs	Programme	Total	Running costs	Programme	Total	Running costs	Programme	Total
	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's	£m's
Nursing	2.7	8.2	11.0	2.5	5.8	8.4	-0.2	-2.4	-2.6
Delivery	4.8	0.7	5.4	3.8	1.9	5.7	-0.9	1.2	0.3
Medical	2.8	4.7	7.5	2.8	3.5	6.3	0.0	-1.2	-1.2
People	0.9		0.9	0.4		0.4	-0.6	0.0	-0.6
Strategy & Partnerships	2.4	2.2	4.6	2.2	2.3	4.5	-0.2	0.1	-0.1
Finance & Contracting	4.4		4.4	3.7		3.7	-0.7	0.0	-0.7
Corporate/Senior Leadership Team	2.1		2.1	2.0		2.0	-0.1	0.0	-0.1
Programme Wide					1.1	1.1			
Totals	20.1	15.8	36.0	17.5	14.6	32.1	-2.7	-2.3	-5.0

Staff costs are split between programme and running costs however the programme split is not complete as there is no budgets in for Specialist Commissioning.

The underspend is indicative of the on-going vacancies as a result of the recruitment freeze, the £5m variance does not include any costs of filling vacancies with agency staff or secondments.

Agency costs in 24/25 were £3.2m of which CHC were £2.3m, MH £0.3m and Finance £0.2m. Programme Wide spend is the cost of TVCA staff which are funded so have no variance calculation.

ICB Running Costs M12 YTD Actuals

Running Cost Cost Centre	24/25 M12 YTD Actual £'m
CEO/ BOARD OFFICE	0.0
CHAIR AND NON EXECs	0.2
COMMUNICATIONS & PR	0.7
COMPLAINTS	0.2
CONTRACT MANAGEMENT	1.2
CORPORATE COSTS & SERVICES	1.3
CORPORATE GOVERNANCE	0.8
ESTATES AND FACILITIES	1.1
EXECUTIVE MANAGEMENT TEAM	1.8
FINANCE (Includes CSU SLA)	11.0
GENERAL RESERVE - ADMIN	0.1
HUMAN RESOURCES	2.2
IM&T	0.0
MEDICAL DIRECTORATE	0.4
NURSING DIRECTORATE	1.5
OPERATIONS MANAGEMENT	3.2
PERFORMANCE	0.2
PRIMARY CARE SUPPORT	2.7
QUALITY ASSURANCE	1.1
SERVICE PLANNING & REFORM	0.0
STRATEGY & DEVELOPMENT	0.5
Grand Total	30.3

Running Costs actual expenditure in 24/25 was £30.3m a surplus variance from target of £0.5m. The ICB spent £13.8m with the CSU in 24/25 of which £8m was within Running Costs.

Running Costs Non-Pay Subjective Grouping	24/25 M12 YTD Actual £'m
CSU	8.1
Consultancy, Professional and Legal Fees	1.2
Estates and Facilities Costs	0.9
Audit Fees	0.5
Contract & Agency	0.4
Other Staff Related Non-Pay Costs (incl. Clinical Leads)	0.6
Computers and Telecoms	0.2
Recruitment fees	0.1
Apprentice Levy	0.1
Other	0.1
Grand Total	12.2

ICB Running Costs Estates M12 YTD Actuals

Only depreciation value of most leases is included within below due to many being capitalised leases.

Running Costs Estates Costs	24/25 £'m
Bath Road	0.7
Amersham Hospital	0.1
Unipart	0.1
Sandford Gate	0.1
IT Assets Depreciation	0.0
Study Centre Aylesbury	0.0
WBCH PALs Office	0.0
Grand Total	1.1

ICB CIP Summary at M12

NHS BOB ICB CIP 24/25				Month 12			
Service Area	Efficiency by scheme	Annual Plan £m	Actual Year to date £m	Variance to plan £m	Risk Rating	Forecast Analysis	
						Recurrent	Non Recurrent
HCD	HCD Biosimilars	3.1	0.0	3.1	Red	0.4	
HCD	HCD system working	2.0	0.4	1.6			
SDF	SDF: Cardiac rehab defer until later, in process	0.2	0.2	0.0	Green	16.1	1.9
Prescribing	Primary Care - Prescribing	16.9	18.0	-1.1			
AACC	All Age continuing care - commissioning	6.0	5.6	0.4	Yellow	0.5	5.1
MH	S117 BW	1.0	0.6	0.4			
Community	Community Equipment Loan	0.5	0.3	0.2	Black	0.3	
	Nursing Portfolio	1.0	0.0	1.0			
SDF	SDF: Other - Womens Health Hubs -delay start	0.1	0.1	0.0	Green		0.1
Corporate	£1m in year allocations <0.6m further stretch target	1.2	1.2	0.0			
	Other Acute challenges	3.0	0.0	3.0	Black		
DDaT	Digital Efficiencies	0.6	0.6	0.0			
Total Plan as reported per June 24 Plan resubmission		35.7	27.0	8.7		17.9	9.1

Current Position (M12)

The year end forecast for CIP delivery is £27.0m against a plan of £35.7m. This is a shortfall of £8.7m against plan and this has decreased in the month from £9.7m due to:

- Increased delivery for Primary Care Prescribing (£0.5m) .
- Increased delivery from the AACC. (£0.6m)
- Decrease in HCD System working (£0.1m)

Causes of the shortfall

The main issues driving the shortfall are:

- There are two schemes which are not going to deliver namely Nursing Portfolio (£1m) and Other Acute Challenges (£3m)
- High-Cost Drug CIP, is £4.7m under plan as there has been no delivery on bio-similar switches by the Acutes. This is probably the largest immediate ICB/System CIPs opportunity.
- AACCC is currently forecast to deliver £400k under the CIP plan due to delays in staffing reviews and data cleansing. This has been compensated in part by other savings .
- BHFT Section 117 reviews on Berkshire West patients are forecast to deliver £400k less than plan due to delays in Local Authority agreements to package reductions. However, this delay means that £1m+ of efficiencies will be delivered in 2025/26.

ICB Other Financial Statements – Balance Sheet M12

Statement of financial position as at:	As at 31 March 24	As at 28 February 25	Movement	As at 31 March 25
	£m	£m	£m	£m
31 March 2025				
Non current assets	1.90	1.59	0.00	1.59
Total non current assets	1.90	1.59	0.00	1.59
NHS receivables -revenue	3.43	2.48	-1.26	1.22
NHS prepayments and accrued income	0.69	5.30	-3.64	1.66
Non-NHS receivables - revenue	0.56	4.88	-2.82	2.06
Non-NHS prepayments and accrued income	8.86	14.36	-10.49	3.87
Other receivables	34.83	5.19	20.74	25.93
Total trade and other	48.37	32.21	2.53	34.74
Cash	0.58	1.57	-0.57	1.00
Total current assets	50.86	35.37	1.96	37.33
NHS payables - revenue	-16.70	-11.86	-0.03	-11.89
NHS accruals and deferred income	-24.93	-47.87	18.26	-29.61
Non-NHS payables - revenue	-33.89	-26.49	-7.02	-33.51
Non-NHS payables - capital	-0.02	-0.27	0.22	-0.05
Non-NHS accruals and deferred income	-89.81	-117.23	13.42	-103.81
Other payables	-56.71	-33.26	-21.91	-55.17
Borrowings	0.00	-5.17	5.17	0.00
Provisions	-3.22	-2.65	-0.58	-3.23
Total current liabilities	-225.28	-244.80	7.53	-237.27
Total non current liabilities	-0.81	-1.04	0.41	-0.63
Total assets employed	-175.23	-210.47	9.90	-200.57
General fund	-175.23	-210.47	9.90	-200.57
Total taxpayers equity	-175.23	-210.47	9.90	-200.57

The statement of financial position summarises the assets and liabilities of the ICB at a point in time.

- Receivables have decreased by £16.45m and now stand at £15.76m.
- Cash ledger balance at 31 March stands at £1.00m.
- Current liabilities have decreased by £26.51m and now stand at £218.29m.
- The net result is a decrease in total taxpayers equity of £9.90m..

ICB Other Financial Statements

Receivables and Cash M12



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

Receivables

Aged receivables	NHS receivables		Non NHS receivables		Total	
	Value (£m)	No	Value (£m)	No	Value (£m)	No
Less than 31 days (not due)	3.83	7	2.74	17	6.57	24
Between 31 - 60 days	0.19	2	0.42	1	0.61	3
Between 61 - 90 days	0.00	0	0.00	0	0.00	0
Greater than 90 days	0.00	0	0.11	6	0.11	6
Total	4.02	9	3.27	24	7.29	33

At the end of month, BOB ICB had 0 NHS and 6 non NHS overdue invoices over 90 days.

Non NHS over 90 days debts amounts are being proactively chased, and outstanding salary overpayment, efforts to recover amount is being progressed via legal route.

* Fedbucks Ltd - £0.11m (Recharge of prescribing costs for Urgent Treatment Centre and Out of Hours)

Cash drawings

Main cash drawdown to date	Prescribing to date	Total cash drawings to date	Current allocation	Drawings to date as a % of allocation
£m	£m	£m	£m	%
3,493.91	356.39	3,850.30	3,873.99	99.4%

- The ICB processed a cash drawdown of £324.08m in March resulting in a total annual figure of £3,493.91m.
- The drawings against prescribing stand at £356.39m (including £66,27m dental). The ICB drew down total amount to £3,850.30m, this represents 99.4% of the cash drawdown requirement (CDR) against current allocation of £3,873.99m.
- At the end of the month BOB ICB had £1.00m cash at bank which represents 0.34% of cash drawn down for the month.
- As such BOB ICB has achieved NHSE cash at bank target which should be no greater than 1.25% of cash drawn down for the month.
- At the end of month 12, the ICB had a cash balance of £1.00m which represents 0.34% of cash drawn down for the month. The cash drawn down to date is £3,850.30m which represents 99.4% of the annual cash limit. Cash is underdrawn by £23.69m compared to a straight line profile, which is an increase of £22.64m compared to M11.

ICB Other Financial Statements – Payables M12

Aged payables - value	Not Due	Overdue	Overdue	Overdue	Overdue	Total
		1-30 days	31-60 days	61-90 days	90+ days	
	£m	£m	£m	£m	£m	
At 31 January	14.26	13.38	4.08	3.26	10.09	45.07
At 28 February	17.15	8.72	5.31	1.87	11.52	44.58
At 31 March	18.51	8.41	7.69	4.73	7.54	46.89
Aged payables - volume	Nos	Nos	Nos	Nos	Nos	Total Nos
At 31 January	1,387	387	275	218	1,249	3,516
At 28 February	1,173	315	159	160	1,162	2,969
At 31 March	1,355	417	209	117	1,125	3,223

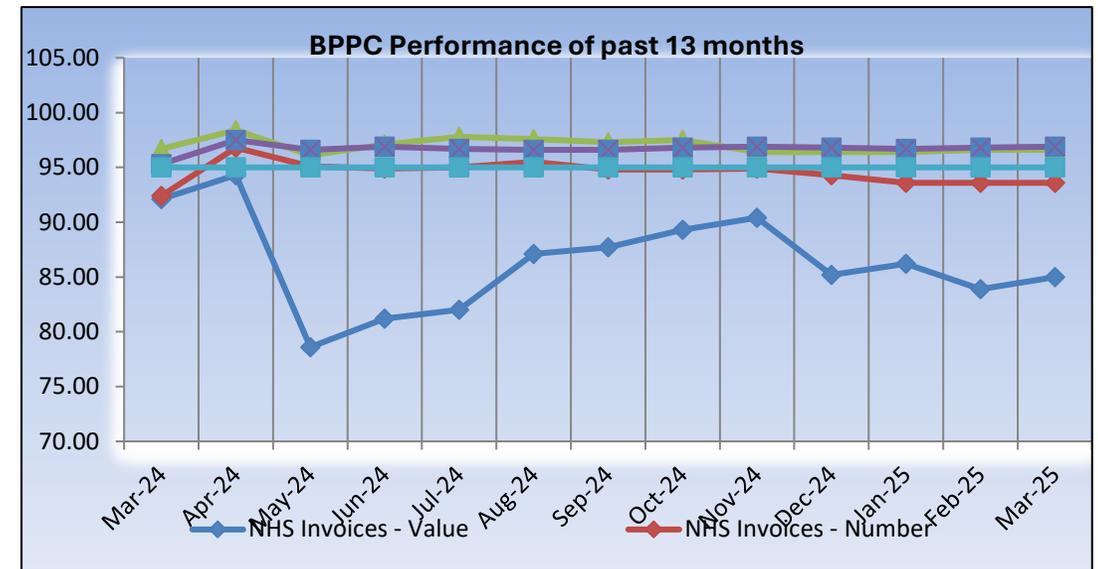
The value of NHS invoices has been significantly reduced with the introduction of block payments, which are not invoiced, and therefore not included in the figures above.

The Better payment practice code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The target for achievement is 95%. The ICB is achieving its target of paying Non NHS invoices by volume and by value. Performance of NHS invoices by volume and value continues to be adversely affected by a few invoices under query not being placed on hold.

NHS by value percentage fall in May 2024 is due to two large value invoices paid late resulting in BPPC significant underperformance

Better payment practice code - payment within 30 days (cumulative ytd)	NHS invoices		Non NHS invoices		Total	
	Value of invoice £m	Number	Value of invoices £m	Number	Value of invoice £m	Number
Total invoices paid	46.01	963	449.77	51,630	495.77	52,593
Total invoices paid within 30 days	39.09	901	434.35	50,049	473.45	50,950
% Paid within 30 days	85.0%	93.6%	96.6%	96.9%	95.5%	96.9%
Rating	Amber	Amber	Green	Green	Green	Green

95% or more
75% to 95%
Less than 75%



Provider Finances

Berkshire Healthcare FT provider summary

Income and Expenditure	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	49.7	52.0	2.3	396.0	404.5	8.5
Workforce pay cost	(42.8)	(43.4)	(0.6)	(310.2)	(309.9)	0.3
Non-pay cost	(6.6)	(8.2)	(1.6)	(81.1)	(87.8)	(6.6)
Non operating Items	(0.3)	(0.4)	(0.1)	(2.7)	(1.9)	0.8
Surplus/(deficit)	(0.0)	0.0	0.0	1.9	4.9	3.0

As % of income	(0.0%)	0.0%	0.0%	0.5%	1.2%	0.8%
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Efficiencies	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Pay	0.3	0.1	(0.2)	3.3	1.2	(2.0)
Non-Pay	0.7	0.3	(0.4)	7.1	3.8	(3.3)
Income	0.1	(0.0)	(0.1)	1.2	3.2	2.0
Total Recurrent	1.0	0.4	(0.6)	11.5	8.1	(3.4)
Pay	0.0	0.8	0.8	0.0	5.5	5.5
Non-Pay	0.2	0.0	(0.2)	2.1	0.0	(2.1)
Income	0.0	0.0	0.0	0.0	0.0	0.0
Total Non-Recurrent	0.2	0.8	0.6	2.1	5.5	3.4
Total Efficiencies	1.2	1.2	0.0	13.6	13.6	0.0

Workforce pay costs	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Substantive	(21.7)	(22.7)	(1.0)	(257.0)	(259.8)	(2.8)
Bank	(2.2)	(2.4)	(0.2)	(25.8)	(23.9)	1.9
Agency	(0.7)	(0.5)	0.2	(8.3)	(7.8)	0.5
Total workforce pay cost	(24.6)	(25.6)	(1.0)	(291.1)	(291.5)	(0.4)

Of which Capitalised	0.0	0.6	0.6	0.0	1.0	1.0
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Workforce WTE	M12		
	Plan	Actual	Variance
Substantive WTE	4,697	4,853	156
Bank WTE	457	459	3
Agency WTE	60	56	(4)
Total workforce WTE	5,214	5,369	155

BHFT ended 24/25 with an outturn of £4.9m surplus. This was £3m better than plan and represents the agreement made re. 23/24 ERF Income.

Planned BOB SDF slippage in line with stretched surplus plan and reflected in pay underspend.

ERF exceeded the £5m included in plan incl. Frimley ICB contribution.

Bank interest £0.9m better than planned.

OAPS over plan, although partially offset by Specialist placements.

Unfunded pay award impact has materialized over the latter months of the year which has reduced the pay underspend reported through the year.

Substantive WTEs increased by 9 in month. Temporary staffing numbers increased by 90 due to a high number of staff taking annual leave in month, WTE greater than plan due to WTEs for maternity leave which was missing from plan figures. If adjusted for this (-130 WTE from actual) then the WTE is more in line with plan. This has been resolved in 25/26 workforce plan so WTE will include mat leavers for 25/26 and will be based on contracted rather than worked WTE.

* Pay costs in detailed table differ from I&E table as it excludes Apprenticeship Levy/ P11D NI

Bucks Healthcare provider summary

Income and Expenditure	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	81.1	93.8	12.6	684.3	708.0	23.8
Workforce pay cost	(57.1)	(61.2)	(4.1)	(424.4)	(431.6)	(7.3)
Non-pay cost	(18.2)	(23.4)	(5.2)	(241.0)	(254.8)	(13.8)
Non operating Items	(1.6)	(2.3)	(0.6)	(19.6)	(19.7)	(0.1)
Surplus/(deficit)	4.3	6.9	2.6	(0.7)	2.0	2.6

As % of income	5.3%	7.4%	3.3%	(0.1%)	0.3%	0.4%
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Efficiencies	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Pay	2.3	0.2	(2.1)	20.7	12.9	(7.8)
Non-Pay	1.8	2.3	0.4	5.2	4.2	(1.0)
Income	0.7	1.3	0.7	7.9	8.3	0.5
Total Recurrent	4.7	3.8	(1.0)	33.7	25.4	(8.3)
Pay	2.8	0.2	(2.6)	2.8	5.6	2.8
Non-Pay	4.6	3.0	(1.6)	8.9	4.6	(4.4)
Income	0.0	4.6	4.6	0.0	11.2	11.2
Total Non-Recurrent	7.4	7.8	0.4	11.7	21.4	9.7
Total Efficiencies	12.1	11.5	(0.6)	45.5	46.8	1.4

Workforce pay costs	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Substantive	(32.5)	(31.6)	0.9	(395.8)	(376.6)	19.3
Bank	(0.1)	(5.3)	(5.2)	(2.7)	(33.9)	(31.1)
Agency	(0.1)	(0.4)	(0.4)	(1.4)	(6.2)	(4.8)
Total workforce pay cost	(32.7)	(37.4)	(4.7)	(400.0)	(416.6)	(16.6)

Of which Capitalised	0.0	0.6	0.6	0.0	9.4	9.4
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Workforce WTE	M12		
	Plan	Actual	Variance
Substantive WTE	6,214	6,400	186
Bank WTE	257	476	219
Agency WTE	80	60	(20)
Total workforce WTE	6,551	6,936	385

Note: £22.2m deficit support funding received in M6.

BHT ended 24/25 with an outturn of £2.0m surplus. This was £2.6m better than plan.

BHT's outturn was £2.6m better than M11 Forecast Outturn due to the system agreement for the ICB to distribute its £7.7m M11 FOT surplus to the three Acute providers in support of their cash positions.

Financial plan delivered due to non-recurrent items (£2.0m PFI deed of variation, £0.7m prior year VAT rebate), increased contract income from 24/25 contract agreements and A&G expected funding (Advice and Guidance ERF) offsetting unfunded net impact of Industrial action, activity/contact risk and lower than planned efficiency savings.

Non-Pay was £13.8m over plan mostly due to delays in efficiencies (savings actually delivered through additional income), as well as clinical supplies spend and drugs remaining over plan. This includes £2.0m PFI Deed of Variation benefit (earlier than planned) and prior year VAT benefit £0.7m.

Income is better than plan by £23.8m due to the receipt of £0.5m Industrial Action funding, 24/25 overperformance, benefit from 24/25 contracts, high-cost drugs plus one-off income related to a new ACCT contract (£0.8m), one off EPR related income £2.0m and A&G income.

Pay is over plan by £7.3m (after excl. capitalised costs) due to industrial action £0.5m, employee relation resolution £1.0m, underachievement of efficiency savings and higher than plan activity levels. Note annual leave accrual impact of £2.5m in M12 incorrectly reflected under 'Bank' in these figures.

Efficiency reporting £1.4m above plan. £2.0m PFI deed of variation is not part of the efficiency programme, nor is additional income for EPR, however activity overperformance is included from M6.

Oxford Health FT provider summary

Income and Expenditure	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	80.4	77.3	(3.1)	677.5	693.2	15.8
Workforce pay cost	(56.0)	(56.3)	(0.3)	(413.3)	(417.8)	(4.5)
Non-pay cost	(23.5)	(20.3)	3.1	(264.9)	(274.4)	(9.6)
Non operating Items	0.1	(0.2)	(0.3)	0.7	1.2	0.5
Surplus/(deficit)	1.1	0.5	(0.6)	(0.1)	2.2	2.3

As % of income	1.4%	0.6%	(0.8%)	(0.0%)	0.3%	0.3%
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Efficiencies	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Pay	0.4	0.5	0.1	4.5	5.4	1.0
Non-Pay	0.2	0.2	(0.1)	3.0	1.8	(1.2)
Income	0.1	0.1	0.0	0.7	0.7	0.0
Total Recurrent	0.7	0.7	(0.0)	8.1	7.9	(0.2)
Pay	1.7	1.6	(0.1)	20.2	19.2	(1.0)
Non-Pay	1.0	1.1	0.1	12.0	13.1	1.2
Income	0.0	0.0	0.0	0.0	0.0	0.0
Total Non-Recurrent	2.7	2.7	0.0	32.1	32.3	0.2
Total Efficiencies	3.4	3.4	0.0	40.3	40.3	0.0

Workforce pay costs	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Substantive	(28.4)	(28.1)	0.3	(334.6)	(337.0)	(2.5)
Bank	(2.6)	(3.3)	(0.7)	(31.7)	(35.8)	(4.1)
Agency	(1.7)	(1.6)	0.0	(25.5)	(23.7)	1.7
Total workforce pay cost	(32.7)	(33.0)	(0.4)	(391.8)	(396.6)	(4.9)

Of which Capitalised	0.0	0.0	0.0	0.0	0.0	0.0
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Workforce WTE	M12		
	Plan	Actual	Variance
Substantive WTE	6,435	6,663	229
Bank WTE	542	644	102
Agency WTE	172	208	36
Total workforce WTE	7,149	7,515	366

* Pay costs in detailed table differ from I&E table as it excludes 'recoveries in respect of staff costs netted off expenditure'

Note: £2.6m deficit support funding received in M6 (transferred to RBFT in M10 but with no change to plan income).

OHFT ended 24/25 with an outturn of £2.2m surplus . This was £2.3m better than plan.

Deficit support funding received in M6 was transferred to RBFT in M10 but with no change to plan income figures. Despite the transfer of this funding OHFT held their position so the underlying surplus excluding non-recurrent Deficit support funding is £4.9m better than plan.

Efficiencies on plan overall, although the mix of recurrent and non-recurrent schemes changed from plan stage.

WTE/Pay costs are higher than plan due to some changes not included in the plan such as the TUPE transfer of PFI Facilities staff, additional students in the Oxford Institute of Psychology Training funded through Education & Training income and additional posts in Oxford Pharmacy Store funded through increased sales. In addition, vacancies have been recruited to quicker than expected especially in areas with mental health investment funding.

Oxford University Hospitals FT provider summary

Income and Expenditure	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	192.5	210.2	17.6	1,681.1	1,739.4	58.3
Workforce pay cost	(131.7)	(131.4)	0.3	(991.1)	(1,009.1)	(18.0)
Non-pay cost	(49.8)	(55.5)	(5.7)	(644.3)	(697.3)	(53.0)
Non operating Items	(5.3)	(1.4)	3.9	(46.0)	(39.8)	6.2
Surplus/(deficit)	5.7	21.9	16.2	(0.2)	(6.8)	(6.5)

As % of income	2.9%	10.4%	8.4%	(0.0%)	(0.4%)	(0.4%)
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Efficiencies	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Pay	4.0	3.6	(0.4)	37.6	31.9	(5.7)
Non-Pay	3.3	0.7	(2.6)	18.8	8.2	(10.7)
Income	2.3	0.9	(1.4)	17.8	6.7	(11.0)
Total Recurrent	9.6	5.2	(4.5)	74.2	46.8	(27.4)
Pay	0.0	1.2	1.2	0.0	5.5	5.5
Non-Pay	2.2	0.5	(1.7)	11.3	19.7	8.5
Income	2.3	2.9	0.5	7.0	11.5	4.6
Total Non-Recurrent	4.6	4.5	(0.0)	18.2	36.8	18.6
Total Efficiencies	14.2	9.7	(4.5)	92.5	83.7	(8.8)

Workforce pay costs	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Substantive	(73.4)	(73.5)	(0.1)	(885.6)	(896.3)	(10.8)
Bank	(2.6)	(3.8)	(1.2)	(39.2)	(49.8)	(10.6)
Agency	(0.7)	(0.4)	0.2	(9.6)	(7.5)	2.2
Total workforce pay cost	(76.7)	(77.8)	(1.1)	(934.4)	(953.6)	(19.3)

Of which Capitalised	0.1	1.6	1.4	1.5	3.0	1.4
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Workforce WTE	M12		
	Plan	Actual	Variance
Substantive WTE	13,584	13,856	272
Bank WTE	407	707	300
Agency WTE	76	75	(1)
Total workforce WTE	14,067	14,638	571

*Pay costs in detailed table differ from I&E table as it excludes Apprenticeship Levy

Note: £7.9m deficit support funding received in M6

OUH ended 24/25 with an outturn of £6.8m deficit . This was £6.5m worse than plan.

OUH's outturn was £2.5m better than M11 Forecast Outturn due to the system agreement for the ICB to distribute its £7.7m M11 FOT surplus to the three Acute providers in support of their cash positions.

5.0m revenue to capital transfer in M12.

Variance to plan was driven by shortfall on planned saving (especially on temporary staffing) and increases in substantive WTEs.

Actual bank spend reduced by £21.6m compared to 23/24, but was still a shortfall against the planned bank efficiency savings (partially offset by agency reducing more than planned).

Non-pay overspend driven by higher passthrough drugs costs (matched with additional income). Actual income above plan excluding passthrough drugs.

Efficiency delivery was £83.7m, £8.8m behind plan.

Recurrent efficiencies make up c.£46.8m (56%) of all efficiencies.

Royal Berkshire FT provider summary

Income and Expenditure	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Income	76.5	81.7	5.2	656.9	673.4	16.5
Workforce pay cost	(56.3)	(55.8)	0.5	(417.0)	(417.7)	(0.7)
Non-pay cost	(19.4)	(23.1)	(3.7)	(231.0)	(263.9)	(32.9)
Non operating Items	(0.8)	(0.9)	(0.1)	(9.3)	(9.6)	(0.4)
Surplus/(deficit)	(0.0)	1.9	1.9	(0.4)	(17.9)	(17.5)

As % of income	(0.0%)	2.3%	2.5%	(0.1%)	(2.7%)	(2.7%)
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Efficiencies	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Pay	0.4	0.0	(0.4)	5.1	0.3	(4.7)
Non-Pay	1.7	2.0	0.4	20.2	9.2	(10.9)
Income	0.0	0.3	0.3	0.0	2.1	2.1
Total Recurrent	2.1	2.4	0.3	25.2	11.6	(13.6)
Pay	0.0	0.7	0.7	0.0	9.4	9.4
Non-Pay	0.0	0.3	0.3	0.0	5.0	5.0
Income	0.0	0.5	0.5	0.0	1.8	1.8
Total Non-Recurrent	0.0	1.5	1.5	0.0	16.2	16.2
Total Efficiencies	2.1	3.9	1.8	25.2	27.9	2.7

Workforce pay costs	M12			24/25 Outturn		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Substantive	(30.2)	(30.3)	(0.1)	(369.1)	(371.8)	(2.7)
Bank	(2.1)	(1.8)	0.3	(19.4)	(18.6)	0.9
Agency	(0.5)	(0.2)	0.3	(4.9)	(3.8)	1.1
Total workforce pay cost	(32.7)	(32.3)	0.5	(393.5)	(394.2)	(0.7)

Of which Capitalised	0.0	0.0	0.0	0.0	0.0	0.0
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Workforce WTE	M12		
	Plan	Actual	Variance
Substantive WTE	5,826	5,999	173
Bank WTE	437	392	(45)
Agency WTE	56	23	(33)
Total workforce WTE	6,319	6,414	95

Note: £14.1m deficit support funding received in M6. OHFT transferred their £2.6m deficit support funding to RBFT in M10 with no change to 'plan income'.

RBFT ended 24/25 with an outturn of £17.9m deficit . This was £17.5m worse than plan.

RBFT's outturn was £2.6m better than M11 Forecast Outturn due to the system agreement for the ICB to distribute its £7.7m M11 FOT surplus to the three Acute providers in support of their cash positions.

The main drivers of the deficit position were pressures within drugs and clinical supplies (linked to activity), timing of efficiency realisation and changes in BOB ICB income contract value reflected from M7.

Pay was £0.7m worse than plan YTD. Substantive workforce decreased in M12 by 27 WTE. Bank workforce increased by 32 WTE due to several factors (including increased acuity, staff sickness and annual leave aligned with previous years)

Efficiencies delivered £2.7m over against the original plan. However, this was behind the £30.9m adjusted target following agreement of the BOB contract position and reflected in the outturn position

ICS Capital 2024/25 M12



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

BOB ICS	Full Year Allocation	Full Year Actual	Full Year Variance
	£'m	£'m	£'m
Operational Capital			
Berkshire Healthcare NHS Foundation Trust	8.6	7.9	0.7
Buckinghamshire Healthcare NHS Trust	6.0	8.5	-2.5
Oxford Health NHS Foundation Trust	12.0	10.8	1.2
Oxford University Hospitals NHS Foundation Trust	29.5	29.6	0.0
Royal Berkshire NHS Foundation Trust	25.6	20.9	4.8
Buckinghamshire, Oxfordshire, & Berkshire ICB	8.0	8.0	0.0
Royal Berkshire NHS Foundation Trust	0.0	3.5	-3.5
Buckinghamshire Healthcare NHS Trust	12.3	12.3	0.0
Oxford University Hospitals NHS Foundation Trust	0.0	7.1	-7.1
System Total Charge against Capital Allocation (excluding IFRS 16 impact)	102.0	108.6	-6.6
Provider IFRS 16 Impact	70.2	51.1	19.1
Provider - Other Capital Programmes	36.5	47.1	(10.5)
Provider Total (CDEL Spend)	208.7	206.8	2.0
ICB IFRS 16 Impact	1.0	0.2	0.8
<i>Prior Month - Provider</i>	<i>185.2</i>	<i>131.0</i>	<i>54.2</i>
<i>Prior Month - ICB</i>	<i>0.8</i>	<i>0.2</i>	<i>0.6</i>

At month 12, the yearend reported overspend against capital allocation (excluding IFRS 16 impact) is £6.6m (£7.1m - OUH , £2.5m – BHT & Others -£3m)
There is £206.8m spend against total CDEL of £208.8m, of which £51.1m relates to IFRS 16 ££108.6m Operational Capital and £47.1m for Internally generated funds.

Trusts overspent by 7.62% at yearend and this is predominately due OUH overspend. The ICB spend includes capital allocation of £4.9m to cover Lace Hill Project and £3.1m against system capital allocation, and an underspend of £2m net CDEL.

Glossary of Terms



Term	Explanation
ALOS	Average Length of stay
API	Aligned Payment and Incentive - Payment mechanism covering almost all NHS provider activity and comprises fixed and variable elements. Almost all elective activity, and all activity which forms part of the ERF, is included in the variable element and is paid for using NHS Payment Scheme unit prices.
ARRS	Additional Roles Reimbursement Scheme for Primary care. NHS E reimburse costs of additional roles such as Pharmacists, Paramedics, MH workers retrospectively i.e. after the additional costs have been incurred.
BOB	Buckinghamshire, Oxfordshire and Berkshire West
Break even	Where actual costs are the same as planned
Capital	Property, plant or equipment held for use in delivering services that are expected to be used for more than one financial year
Category M drugs	Multiple source and widely available generic drugs
CIP	Cost Improvement Plans - schemes designed to save money without impacting on services and patient safety.
CHC	Continuing Healthcare - free social care for people with long term complex health needs that is funded solely by the NHS
Deficit	Expenditure in excess of resources
ERF	Elective Recovery Funding - to support the NHS in its endeavour to increase its elective activity, which are the non-emergency procedures that have been scheduled in advance.
Fast-Track	NHS Continuing Healthcare Fast-Track pathway for those where health is deteriorating quickly or nearing the end of life
FNC	Funded Nursing Care - for people not eligible for CHC but assessed as requiring nursing care in a care home. NHS pay a contribution towards the cost of registered nursing care.
FOT/Forecast	Forecast Outturn - forecast spend at end of the financial year
ICB	Integrated Care Board
ICS	Integrated Care System - consists of ICB and provider organisations in Buckinghamshire, Oxfordshire and Berkshire West.
Mitigations	Actions taken/to be taken to reduce impact of risks
NCA	Non-contracted activity
NCSO	"No cheaper stock obtainable" - generic drug not available at tariff price, higher cost items need to be used
Overspend/Adverse	Actual costs are more than planned
POD services	Pharmacy, Ophthalmology and Dental services delegated to ICBs from NHS E regional teams from 2022-23
Under spend/Favourable	Actual costs are less than planned
Variance	Difference between actual expenditure and plan
YTD	Year to date

NHS BOB Integrated Care System (ICS) YTD (M12) Position

25 March 2025

Executive Summary – YTD (M12)

Organisation ref.	Organisation	YTD Plan	YTD Actual	YTD Variance	YTD actual/ Turnover
		£'m	£'m	£'m	%
BHFT	Berkshire Healthcare NHS Foundation Trust	1.9	4.9	3.0	1.2%
BHT	Buckinghamshire Healthcare NHS Trust	(0.7)	2.0	2.6	0.3%
OHFT	Oxford Health NHS Foundation Trust	(0.1)	2.2	2.3	0.3%
OUH	Oxford University Hospitals NHS Foundation Trust	(0.2)	(6.8)	(6.5)	(0.4%)
RBFT	Royal Berkshire NHS Foundation Trust	(0.4)	(17.9)	(17.5)	(2.7%)
	TOTAL In-System Providers Surplus/ (Deficit)	0.5	(15.6)	(16.1)	(0.4%)
BOB ICB	Buckinghamshire, Oxfordshire and Berkshire West ICB	(0.5)	0.0	0.5	0.0%
ICS	BOB ICS Surplus/ (Deficit)	0.0	(15.6)	(15.6)	

Source: Provider PFR. IFR/ ICB Ledger

Plan/ Surplus/ Deficit: post Deficit Support Funding (support funding)

YTD system overview at M12:

- The system reported a £15.6m YTD deficit (slightly improved from the £16.0m forecast deficit at M11).
- During M12, the £7.7m ICB surplus forecast at M11 was reallocated to BHT (£2.6m), OUH (£2.5m) and RBFT (£2.6) to pass cash to providers.
- The key drivers of the YTD variance from plan for each provider is summarised below.
 - **BHFT** - £3.0m better than plan due to the £3.0m BOB ICB settlement for 2023/24 ERF income.
 - **BHT** - £2.6m better than plan (post receipt of £22.9m support funding) due to receipt of £2.6m ICB surplus in M12.
 - **OHFT** - £2.3m better than plan (£2.6m support funding received by the trust was transferred to RBFT at M10) largely due to revenue to capital transfers.
 - **OUH** - £6.5m adverse to plan (post receipt of £7.9m support funding) largely due to:
 - £8.8m CIP under delivery; adverse non-pay run rate variances; and adverse pay run rate variances partly offset by
 - £5.0m revenue to capital transfer and receipt of £2.5m ICB surplus in M12.
 - **RBFT** - £17.5m adverse to plan (post receipt of £14.1m support funding) largely due to:
 - £11.3m BOB ICB contract reduction at M07; £8.1m adverse non-pay run rate variances (net of pass-through income); £2.1m reduction in BOB ICB settlement for A&G ERF income partly offset by
 - delivery of £2.7m CIP stretch (to mitigate the BOB ICB contract impact); £2.6m support funding transferred from OHFT and receipt of £2.6m ICB surplus in M12.
 - **BOB ICB** - £0.5m better than plan (post receipt of £13.3m support funding) largely due to receipt of £15m ERF surge income in M11 to fund the ICB's commitments to the system and thus mitigate the YTD and FOT ERF impact.

Dashboard – YTD (M12)

YTD Performance vs Plan	Surplus/ (Deficit) vs Turnover (YTD)	YTD Variance from Plan						Agency cost as % of total pay cost	Gross Capital spend var from plan
		Surplus/ (Deficit)	Efficiencies Recurrent	Efficiencies Non-Recurrent	Efficiencies TOTAL	Workforce	Workforce (adverse)		
		£'m	£'m	£'m	£'m	£'m	WTE %		
Organisation	%	£'m	£'m	£'m	£'m	£'m	WTE %	%	£'m
Berkshire Healthcare NHS Foundation Trust	1.2%	3.0	(3.4)	3.4	0.0	0.3	(3.0%)	2.5%	2.8
Buckinghamshire Healthcare NHS Trust	0.3%	2.6	(8.3)	9.7	1.4	(7.3)	(5.9%)	1.4%	(2.2)
Oxford Health NHS Foundation Trust	0.3%	2.3	(0.2)	0.2	0.0	(4.5)	(5.1%)	5.7%	(2.6)
Oxford University Hospitals NHS Foundation Trust	(0.4%)	(6.5)	(27.4)	18.6	(8.8)	(18.0)	(4.1%)	0.7%	3.1
Royal Berkshire NHS Foundation Trust	(2.7%)	(17.5)	(13.6)	16.2	2.7	(0.7)	(1.5%)	0.9%	13.2
TOTAL In-System Providers	(0.4%)	(16.1)	(52.9)	48.1	(4.8)	(30.1)	(4.0%)	1.9%	14.4
Buckinghamshire, Oxfordshire and Berkshire West ICB	0.0%	0.5	(3.3)	(5.3)	(8.6)	-	-	-	0.0
BOB ICS		(15.6)	(56.2)	42.7	(13.4)	(30.1)			14.4

Source: Provider PFR/PWR. IFR/ ICB Ledger

Key: Green-white-red colour scale to reflect distance from plan/ NHSE 3.2% agency ceiling

Surplus/ Deficit: post Deficit Support Funding

- **Surplus Deficit (slide 2)** – the system has reported a £15.6m YTD deficit at M12 (slightly improved from the £16.0m forecast deficit at M11).
- **Efficiencies (slide 4)** – YTD efficiency delivery at M12 was £13.4m behind plan (£10.8m behind plan at M11).
- **Workforce (slide 6)** – pay budgets and actual costs were updated in M12 to reflect the impact of the pension contribution adjustments.
 - YTD pay variances at M12 (excluding capitalised pay costs) increased to £30.1m (£25.9m at M11).
 - WTE variances increased to 1,571 WTE i.e. 4.0% at M12 (1,359 WTE i.e. 3.5% at M11).
 - YTD system agency costs at M12 were 1.9% of total pay costs (2.0% at M11). This remains within the agency ceiling of 3.2%.
- **Gross capital spend (slide 7)** – YTD system gross capital spend at M12 was £14.4m behind plan (£65.4m behind plan at M11).

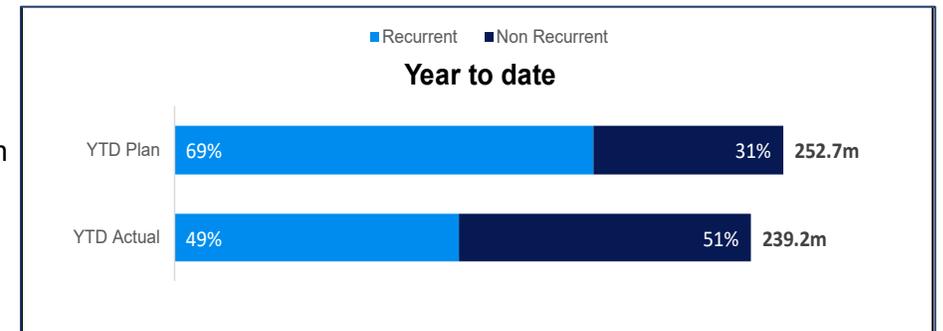
Cost Improvement Plans (CIP) – YTD (M12)

Organisation ref.	Organisation	YTD Delivery vs Plan				Recurrent Delivery			Non-Recurrent Delivery		
		YTD Budget	YTD Actual	YTD Variance	YTD Variance	YTD Budget	YTD Actual	YTD Variance	YTD Budget	YTD Actual	YTD Variance
		£'m	£'m	£'m	%	£'m	£'m	£'m	£'m	£'m	£'m
BHFT	Berkshire Healthcare NHS Foundation Trust	13.6	13.6	0.0	0.0%	11.5	8.1	(3.4)	2.1	5.5	3.4
BHT	Buckinghamshire Healthcare NHS Trust	45.5	46.8	1.4	3.0%	33.7	25.4	(8.3)	11.7	21.4	9.7
OHFT	Oxford Health NHS Foundation Trust	40.3	40.3	0.0	0.0%	8.1	7.9	(0.2)	32.1	32.3	0.2
OUH	Oxford University Hospitals NHS Foundation Trust	92.5	83.7	(8.8)	(9.5%)	74.2	46.8	(27.4)	18.2	36.8	18.6
RBFT	Royal Berkshire NHS Foundation Trust	25.2	27.9	2.7	10.6%	25.2	11.6	(13.6)	0.0	16.2	16.2
	TOTAL In-System Providers	217.0	212.2	(4.8)	(2.2%)	152.8	100.0	(52.9)	64.2	112.2	48.1
BOB ICB	Buckinghamshire, Oxfordshire and Berkshire West ICB	35.7	27.0	(8.6)	(24.2%)	21.2	17.9	(3.3)	14.4	9.1	(5.3)
ICS	BOB ICS	252.7	239.2	(13.4)	(5.3%)	174.0	117.9	(56.2)	78.6	121.4	42.7

Source: Provider PFR. IFR/ ICB Ledger

Key: Green-white-red colour scale to reflect distance from plan

- YTD system efficiency delivery at M12 was £13.4m i.e. 5.3% behind plan (£10.8m behind plan at M11).
- RBFT full-year CIP delivery was £2.7m better than the plan submitted to NHSE. However, the £2.7m was below the £5.7m stretch CIP target agreed to mitigate the BOB ICB contract reduction impact.
- Recurrent YTD CIP delivery of £117.9m was 49.3%.
- Non-recurrent YTD CIP delivery of £121.4m was 50.7%.
- Full-year under delivery of recurrent CIPs of £56.2m i.e. 32.3% puts pressure on the starting position for 2025/26.



Workforce £ and WTE – YTD (M12)

Organisation ref.	Organisation	YTD Budget	YTD Actual	YTD Variance	YTD Variance	M12 Budget	M12 Actual	M12 Variance (adv)	M12 Variance (adv)
		£'m	£'m	£'m	%	WTE	WTE	#	%
BHFT	Berkshire Healthcare NHS Foundation Trust	310.2	309.9	0.3	0.1%	5,214	5,369	(155)	(3.0%)
BHT	Buckinghamshire Healthcare NHS Trust	424.4	431.6	(7.3)	(1.7%)	6,551	6,936	(385)	(5.9%)
OHFT	Oxford Health NHS Foundation Trust	413.3	417.8	(4.5)	(1.1%)	7,149	7,515	(366)	(5.1%)
OUH	Oxford University Hospitals NHS Foundation Trust	991.1	1,009.1	(18.0)	(1.8%)	14,067	14,638	(571)	(4.1%)
RBFT	Royal Berkshire NHS Foundation Trust	417.0	417.7	(0.7)	(0.2%)	6,319	6,414	(95)	(1.5%)
	TOTAL In-System Providers	2,556.1	2,586.2	30.1	1.2%	39,300	40,871	(1,571)	(4.0%)

Source: Provider PFR/PWR. IFR/ ICB Ledger
All providers - excluding capitalised costs

Key: Green-white-red colour scale to reflect distance from plan

- System is YTD £30.1m over planned workforce costs (excluding capitalised staff costs), this is 101.2% of plan.
- Pay budgets and actual costs were updated in M12 to reflect the £144.5m system impact of the employer pension contributions paid by NHSE on provider's behalf. The net impact of the adjustments on the YTD reported variances is nil.
- M12 WTE is 1,571 over plan and is 233 WTE higher than in M11. This is mainly driven by an increase in bank WTE (579 over plan)
- The M12 workforce summary is included at Appendix 1 to this report (slide 10).

Cash – YTD (M12)

Organisation ref.	Organisation	Annual Budget Costs	Cash Balance	Cash Bal as % of Total costs
		£'m	£'m	%
BHFT	Berkshire Healthcare NHS Foundation Trust	394.1	54.0	13.7%
BHT	Buckinghamshire Healthcare NHS Trust	684.9	20.9	3.1%
OHFT	Oxford Health NHS Foundation Trust	677.5	97.8	14.4%
OUH	Oxford University Hospitals NHS Foundation Trust	1,681.4	12.5	0.7%
RBFT	Royal Berkshire NHS Foundation Trust	657.3	9.8	1.5%
	TOTAL In-System Providers	4,095.3	195.0	4.8%
BOB ICB	Buckinghamshire, Oxfordshire and Berkshire West ICB	3,876.1	1.0	0.0%
ICS	BOB ICS	7,971.4	196.0	2.5%

Cash remains a significant risk for the system, with OUH and RBFT closing the year with cash balances less than 2% of annual costs.

Work is ongoing across the system to manage the cash risk into 2025/26, including weekly cash call with NHSE regional and national teams and cross-system sharing of the recommendations from the RBFT cash and working capital review.

Better Payment Practice Code Performance

Organisation ref	Organisation	YTD at M12					
		No of bills paid	No of bills paid within target	% of bills paid within target	Value of bills paid	Value of bills paid within target	% of bills paid within target
		#	#	%	£'m	£'m	%
BHFT	Berkshire Healthcare NHS Foundation Trust	28,984	28,341	97.8%	91.1	89.0	97.8%
BHT	Buckinghamshire Healthcare NHS Trust	68,812	48,233	70.1%	435.5	330.0	75.8%
OHFT	Oxford Health NHS Foundation Trust	64,151	57,944	90.3%	424.1	392.6	92.6%
OUH	Oxford University Hospitals NHS Foundation Trust	176,148	80,515	45.7%	1,122.8	758.7	67.6%
RBFT	Royal Berkshire NHS Foundation Trust	93,823	71,538	76.2%	307.3	228.5	74.4%
	TOTAL In-System Providers	431,918	286,571	66.3%	2,380.9	1,798.9	75.6%
BOB ICB	Buckinghamshire, Oxfordshire and Berkshire West ICB	52,593	50,950	96.9%	495.8	473.4	95.5%
ICS	BOB ICS	484,511	337,521	69.7%	2,876.6	2,272.3	79.0%

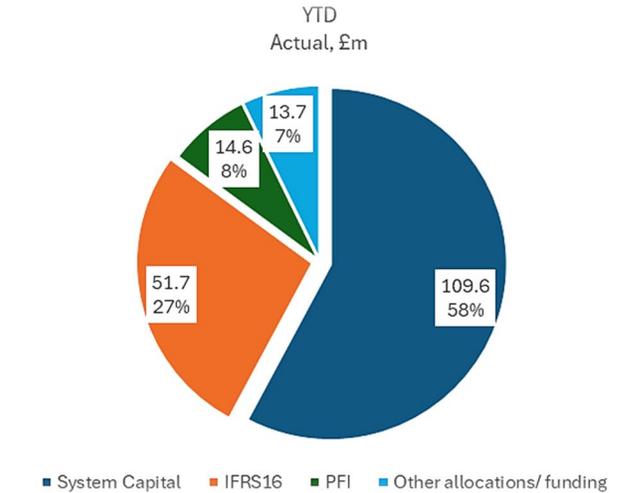
A low compliance with the BPPC in organisations with low cash balances could be due to delaying payment of invoices to manage cash balances.

A high BPPC rate would indicate a low level of risk for an organisation's cash balance.

Source: Provider PFR and monthly returns/ ICB ledger
ICB BPPC values exclude block payments which are not invoiced

Capital (Gross Expenditure) – YTD (M12)

Organisation ref.	Organisation	YTD Budget	YTD Actual	YTD Variance
		£'m	£'m	£'m
BHFT	Berkshire Healthcare NHS Foundation Trust	15.6	12.8	2.8
BHT	Buckinghamshire Healthcare NHS Trust	36.3	38.4	(2.2)
OHFT	Oxford Health NHS Foundation Trust	21.2	23.7	(2.6)
OUH	Oxford University Hospitals NHS Foundation Trust	85.3	82.1	3.1
RBFT	Royal Berkshire NHS Foundation Trust	73.8	60.6	13.2
	TOTAL In-System Providers	232.1	217.7	14.4
BOB ICB	Buckinghamshire, Oxfordshire and Berkshire West ICB	8.3	8.3	0.0
ICS	BOB ICS	240.3	225.9	14.4



Source: Provider PFR (per PFR tab 16)

Gross Capital values: Owned (all funding sources), IFRS16 and PFI/IFRIC 12 assets

- System gross capital spend was £14.4m behind plan largely due to RBFT spend below plan (of which £9.4m relates to the impact of IFRS16).
- RBFT has limited capital spend to mitigate the cash challenges through the year.
- Capital spend below approved plans and allocations puts pressure on the system’s ability to deliver on key capital priorities.

Elective Recovery Fund Activity – BOB ICB

Organisation	M1 to M10 Target	M1 to M10 Actual	M1 to M10 Var
	£'m	£'m	£'m
Berkshire Healthcare NHS Foundation Trust	14.8	21.1	6.4
Buckinghamshire Healthcare NHS Trust	86.4	94.3	7.8
Oxford Health NHS Foundation Trust	0.0	0.0	0.0
Oxford University Hospitals NHS Foundation Trust	132.7	137.2	4.5
Royal Berkshire NHS Foundation Trust	94.2	97.1	2.9
Advice and Guidance	0.0	8.0	8.0
TOTAL BOB Providers	328.0	357.7	29.7
Independent Sector Providers	45.9	53.3	7.4
Out-of-System NHS Providers	45.1	48.5	3.4
BOB ICS	419.0	459.5	40.5

Full Year Target	Straight Line FOT	Straight Line FOT vs Target
£'m	£'m	£'m
17.6	25.4	7.7
103.7	113.1	9.5
0.0	0.0	0.0
160.0	164.6	4.7
113.3	116.5	3.2
0.0	9.6	9.6
394.6	429.3	34.7
56.6	64.0	7.4
53.7	58.2	4.5
504.9	551.4	46.5

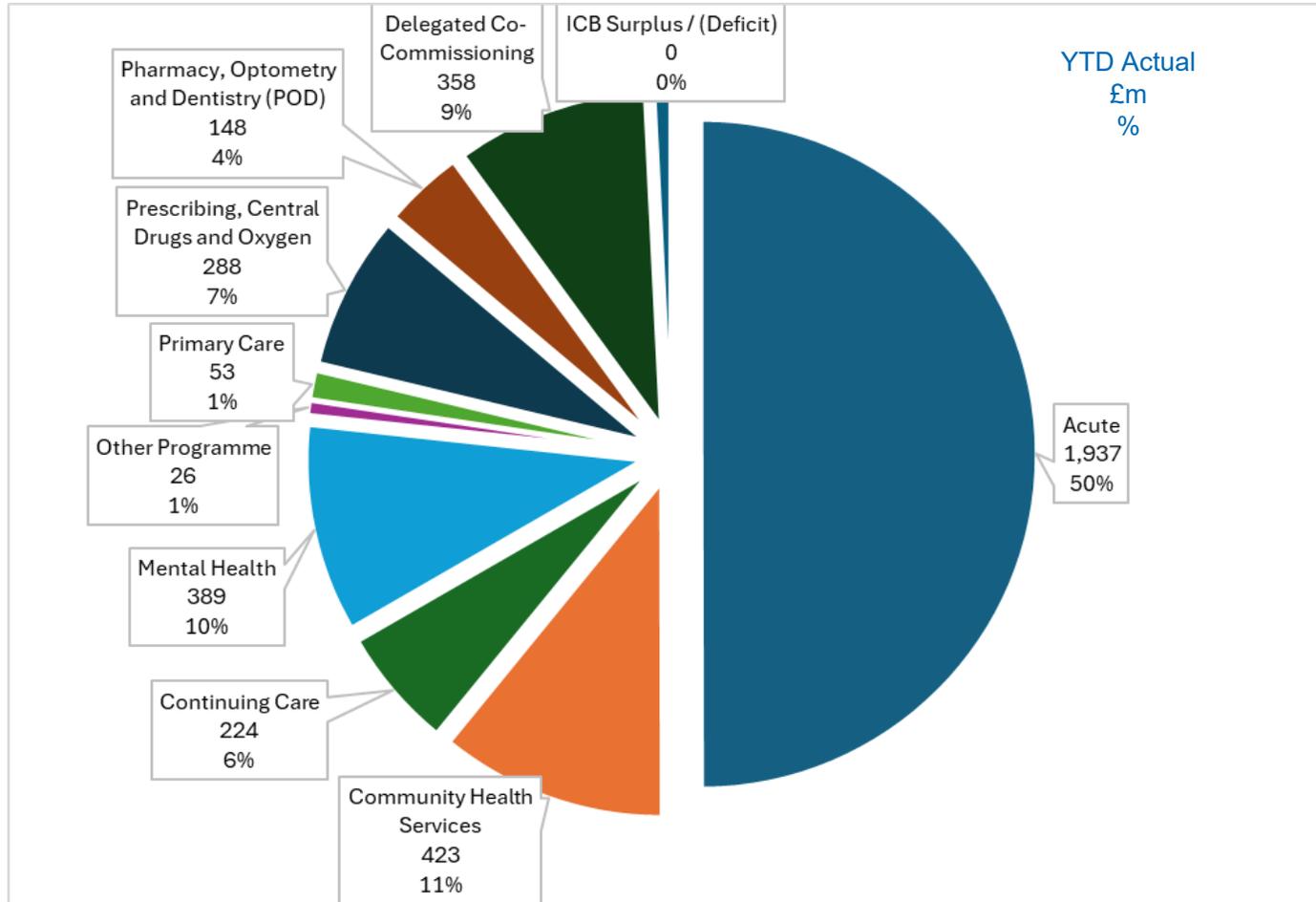
Trust FOT	Straight Line FOT vs Trust FOT (i.e. NOT in RR)	Trust FOT vs Target
£'m	£'m	£'m
24.6	(0.7)	7.0
113.3	0.1	9.6
0.0	0.0	0.0
166.3	1.7	6.4
118.2	1.6	4.8
8.5	(1.1)	8.5
430.9	1.6	36.3
63.6	(0.4)	7.0
58.2	(0.0)	4.5
552.6	1.2	47.7

Source: ERF 2024-25 April to January performance (NHSE publication - [Future NHS](#))

NHSE ERF Ceiling	40.3
BOB ICS - Trust FOT ABOVE ceiling	7.4

- At M11 BOB ICB received non-recurrent £15m surge funding for ERF over performance above the ceiling value of £40.3m. This includes in-system, out-of-system, London and Independent sector activity. This funding was to enable the ICB to meet the activity funding commitments that it made after the imposition of the ceiling.
- Trust FOTs at M12 amount to £7.4m above the ceiling, with the remaining balance relating to 23/24 ERF settlement (£4.8m) and counting and coding adjustments (£2.5m).
- NHSE has indicated that a ‘true-up’ exercise will take place at M04 2025/26, and relevant adjustments made where activity differs from trust forecasts.

BOB ICB Allocation / Spend Analysis - YTD (M12)



50% of the ICB's total YTD spend is on Acute services.

Of which, our in-system providers have received 79%:

- Oxford University Hospitals NHS Foundation Trust 34%
- Royal Berkshire NHS Foundation Trust 23%
- Buckinghamshire Healthcare NHS Trust 21%

Included in the acute services total is £84.5m spend on HCDD, of which our providers have received 88%:

- Oxford University Hospitals NHS Foundation Trust 51%
- Royal Berkshire NHS Foundation Trust 24%
- Buckinghamshire Healthcare NHS Trust 14%

10% of the ICBs total YTD spend is on Mental Health / LD services

Of which, our in-system providers have received 77%:

- Oxford Health NHS Foundation Trust 53%
- Berkshire Healthcare NHS Foundation Trust 24%

11% of the ICB's total YTD spend is on Community Health Services.

Of which, our in-system providers have received 64%:

- Oxford Health NHS Foundation Trust 29%
- Berkshire Healthcare NHS Foundation Trust 24%
- Buckinghamshire Healthcare NHS Trust 12%

Appendix 1: M12 Workforce Summary



April 2025, based on M12 - (March data)



Key issues, risks and actions update

- As at M12 total WTE use is 233 greater than M11 and is 1,571 WTE (3.5%) over plan, YTD pay costs are £41.85m (1.74% over plan) (ex cap £30.07m (1.25%) over plan)
- There has been a system increase in both WTE and pay costs compared to M11, as at M12 only BHFT has a YTD pay bill that is below plan, OUH is of particular concern as although WTE is closer to plan than M12 YTD pay costs are £19.26m over plan, 2.1% over plan, (ex cap £17.81m, and 1.19% over plan).
- The main driver for variation from M11 is an increased use in temporary (mainly bank) workforce. As at M12 all providers except RBFT are above plan for bank WTE. Drivers for the additional bank use include increased acuity, increased staff taking annual leave, industrial action related costs and some increased staff sickness. Increased bank use is also the result of a movement from agency use which has been below plan all year
- The ICB has strengthened triangulation between income, pay and WTE, but continued scrutiny will be required in 25-26 to identify whether increased income correlates to increased staffing in providers
- **Substantive staffing:**

Most trusts have been off plan for the majority of the year, indicating a workforce planning problem, particularly from the end year position. We have been conducting lessons learnt exercises to reduce the risk of this in 25/26. M12 system substantive WTE is 1,015 WTE above plan although there is a small reduction in WTE use compared to M11.
- **Temporary staffing:**

Whilst agency is being well controlled, Trusts should be committing to reviewing bank rates and use to further reduce pay costs

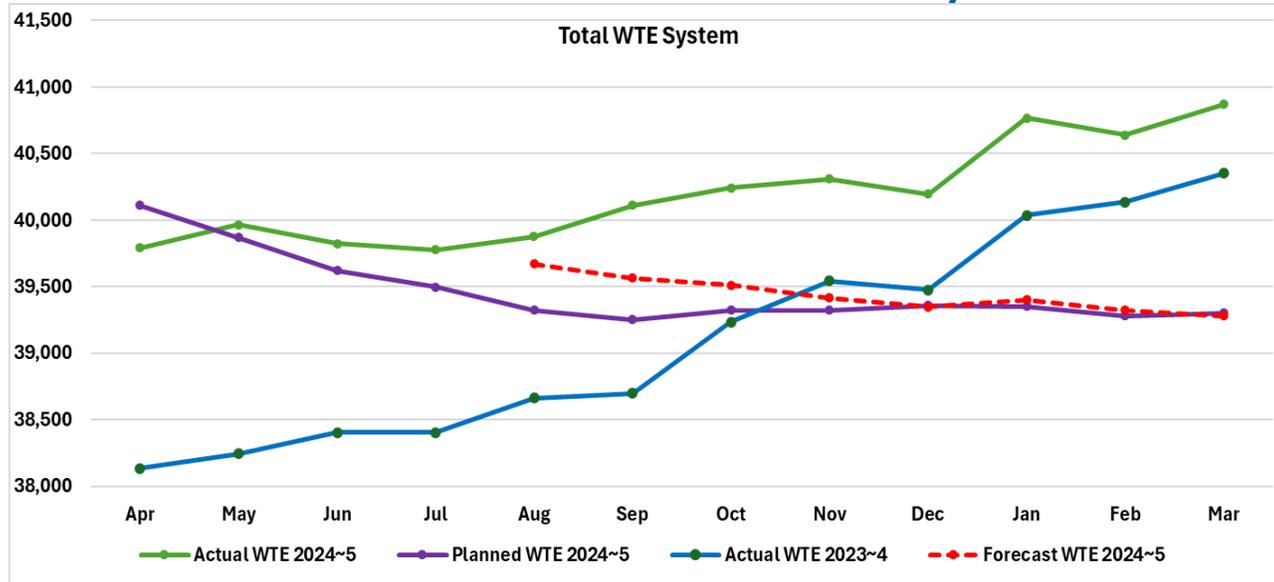
Acute Trusts plans are at risk of deteriorating due to high- cost rates for Medical Locums. Action is underway, led by the Temporary Staffing Collaborative, to develop a local pay collaborative with Surrey Heartlands and Frimley to address this issue during 2025.
- **Actions/Opportunities**

Corporate reduction targets have been issued by NHSE to all Providers, further work required by ICB workforce team to review the 'infrastructure' service lines within 25/26 workforce plans to identify split between non-clinical & corporate roles. Providers required to submit data weekly to NHSE to demonstrate progress against targets.

Workforce controls are being strengthened across all Trusts, the ICB are now monitoring the number of Corporate roles out to advert across the System, although likely the Corporate data collection returns will help to cross check related activity.

Workforce Productivity Programmes including Scaling Corporate Services, Medical staffing rate reductions, continue. NHSE will be wanting to see further work to reduce sickness absence within Provider's during 25/26, with target reduction rates now shared. Current ICB oversight will now extend to include sickness absence.

Total Workforce WTE and Pay Costs BOB System



Summary of M12 position

Total M12 WTE is 1,571 (4.%) above plan which is 233 higher than is M11. The increase is driven by increased temporary staffing use (M12 bank is 579 over plan, agency use is 24 **under plan** but increased by **52** compared to M11). Substantive WTE decreased by 57 WTE compared to M11

Core reasons for variation from plan

The M12 WTE increases are mainly driven by increased use of temporary staffing with an increase in both bank and agency use compared to M12. This increased use was driven by a variety of factors including an increase in patient acuity, increased numbers of staff taking annual leave, some increase in staff sickness, industrial action related costs and a focus on payment of invoices at year end.

Risks to plan delivery

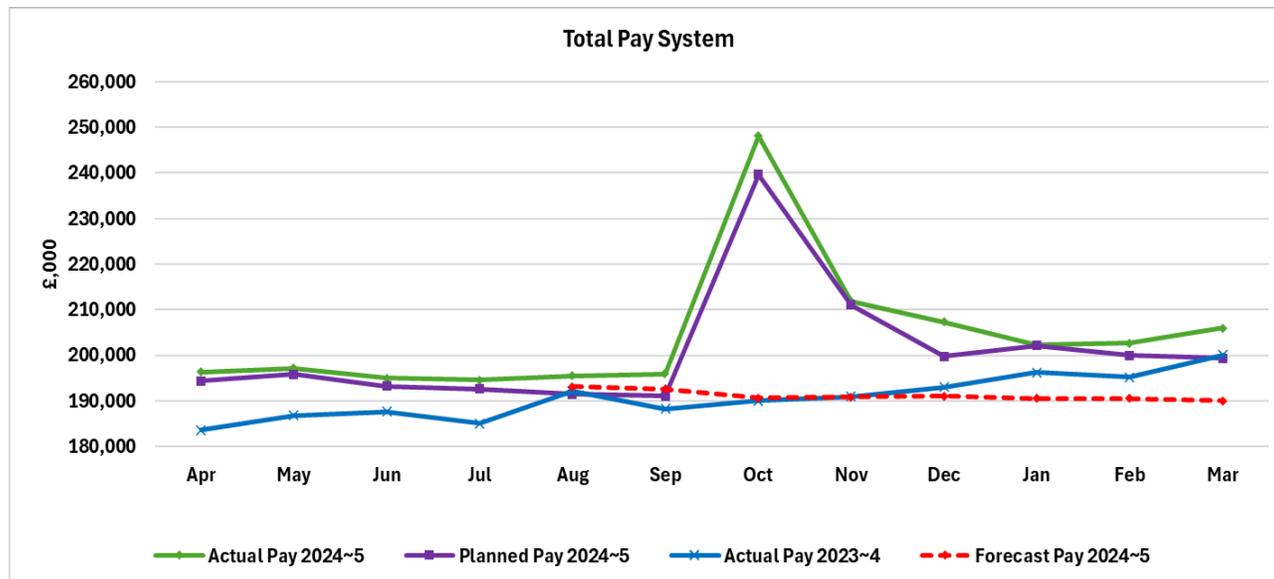
See Provider level for specific risks.

Mitigation Plans

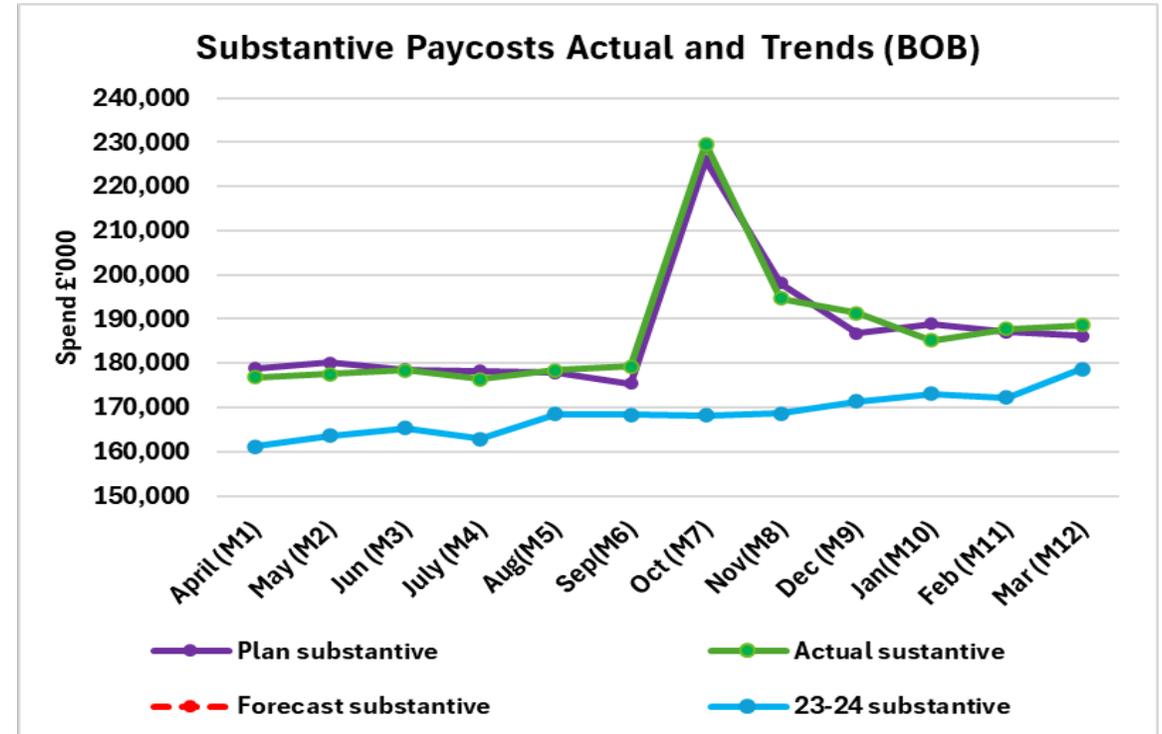
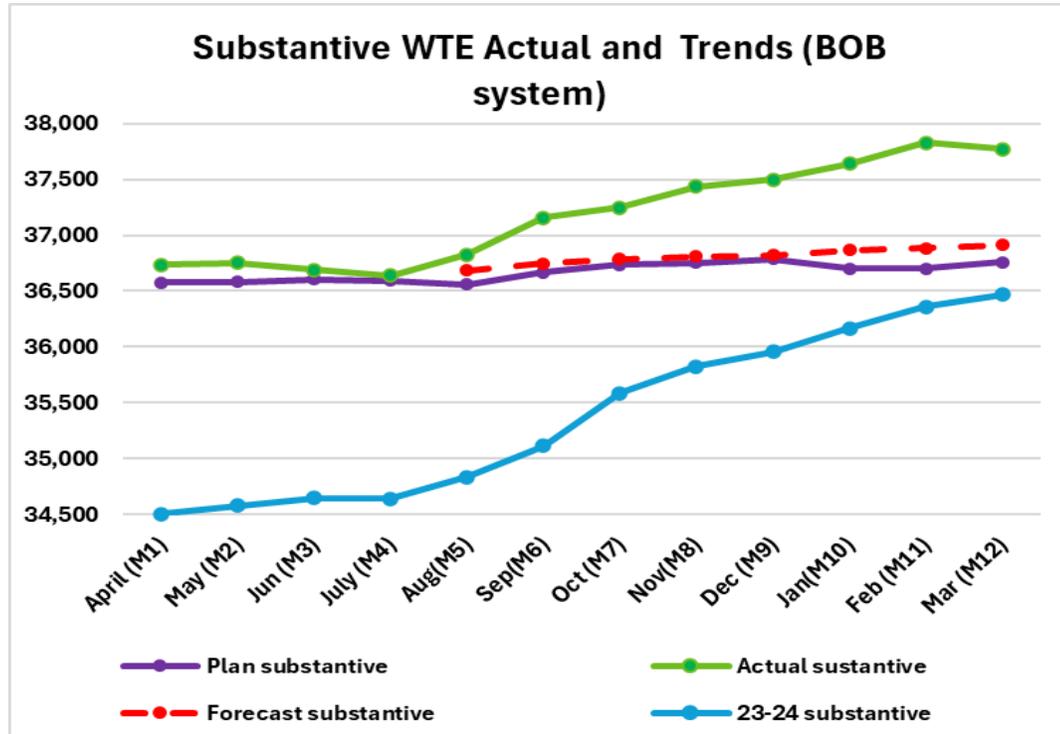
Providers are introducing additional scrutiny to review vacancies RBFT and OUH are carrying out deep dives in clinical areas to identify areas where additional activity is driving additional workforce use, e.g. in ED, supporting Discharge/flow, Waiting List recovery etc. Links being made with the Deanery for earlier awareness of potential Trainee numbers to aid improved resource planning & forecasting. ICS to continue with workforce assurance meetings with Trusts by exception.

Data sources

M12 PFR /PWR
 PWR tab "1.WTE" "Total WTE all Staff"
 PFR Tab "12 Staff Costs Detail" – "Total Pay Bill all staff"
 Forecast data from M4 "Assurance Review Meeting Template – BHT 160824"
 23-24 data from SE region pay and WTE analysis
 Narrative from trust returns and discussion at WA meetings



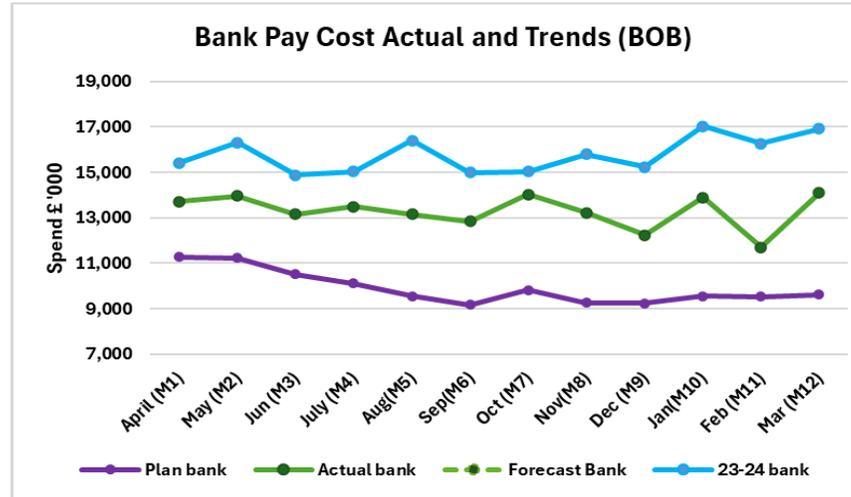
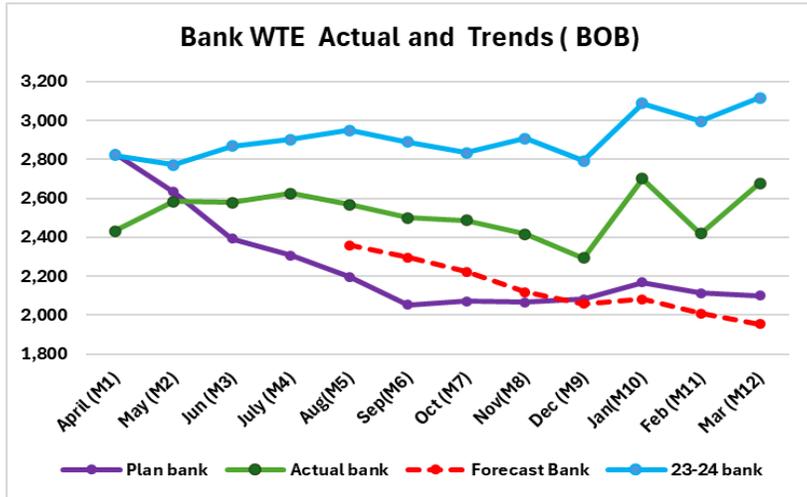
Substantive workforce BOB system



In M12 substantive staff are 1,015 WTE when capitalisation is taken into account the pay costs are £0.1m less than plan

Source
M12 PFR "12. Staff costs detail" Total pay bill substantive staff.
M12 PWR "1. WTE" Total WTE Substantive Staff

Temporary Workforce BOB System

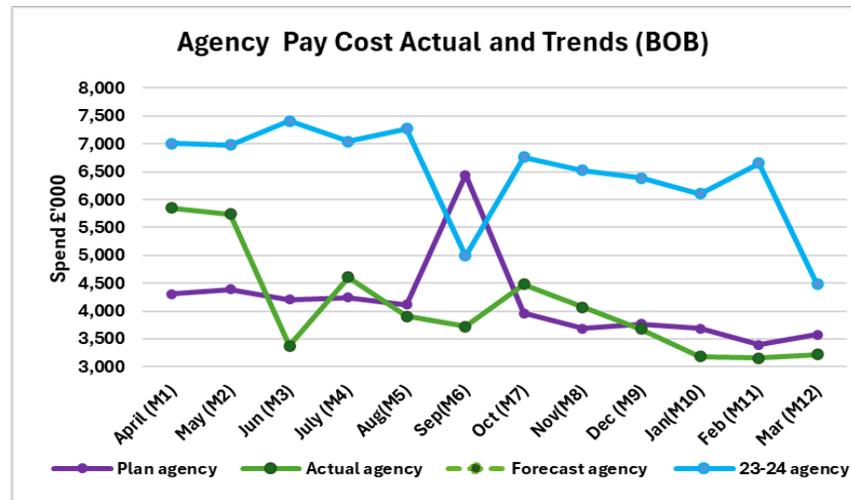
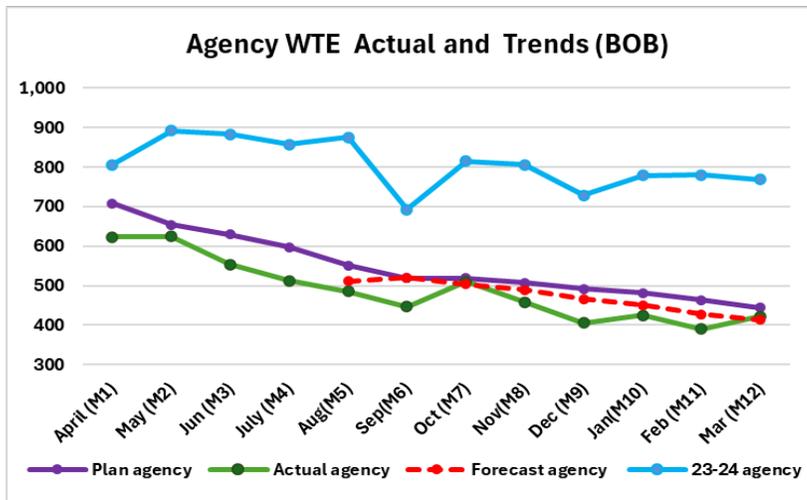


Bank

In M12 Bank usage is 579 WTE above plan. Total Bank cost is £4.5m above plan.

Agency

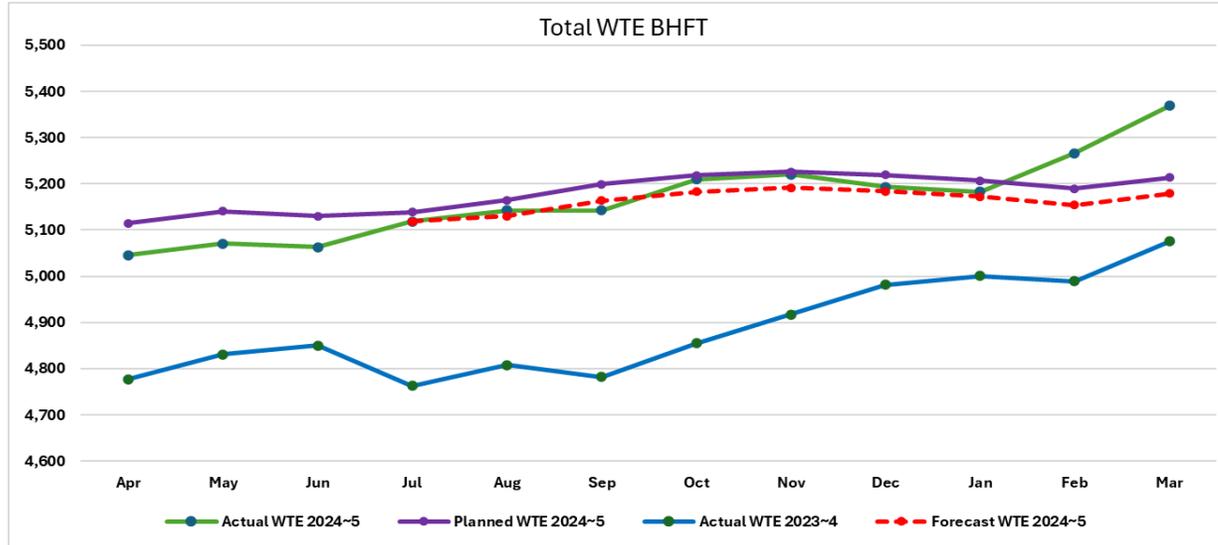
In M12 Agency is 23 under plan and total agency cost is £0.4m below plan.



Overall temporary staff usage and spend is less than 2023-24.

Source PWR "1.WTE" "Bank Staff" and "Agency Staff (including, agency and contract)"
 PFR "12. staff costs detail" "Bank staff including any capitalised bank staff" and "Agency and contract staff including any capitalised staff costs".

Total Workforce WTE and Pay Costs BHFT

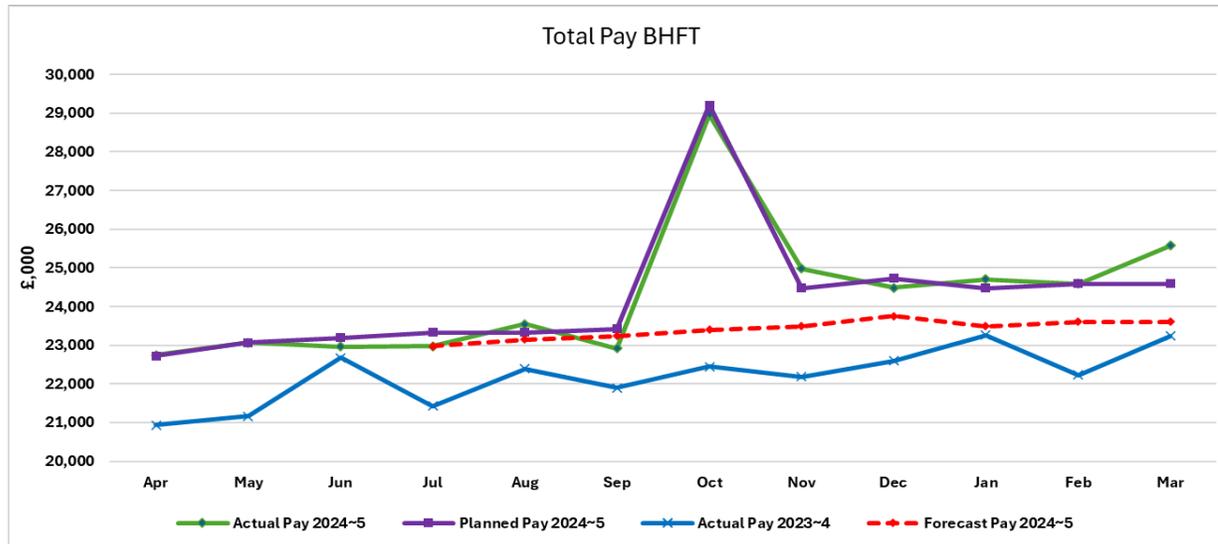


Summary of M12 position

Substantive WTEs have increased by 9 in month. This is not a material movement and in line with expectations around growth linked to investments. Temporary staffing WTEs increased by 90 due to a high number of staff taking annual leave in month. This is not unusual for March but we will continue to work to have annual leave phased more evenly over the year. We expected WTEs to drop in April, as usual. Bank and agency spend has been below plan for the year and is lower than in the previous year.

Core reasons for variation from plan

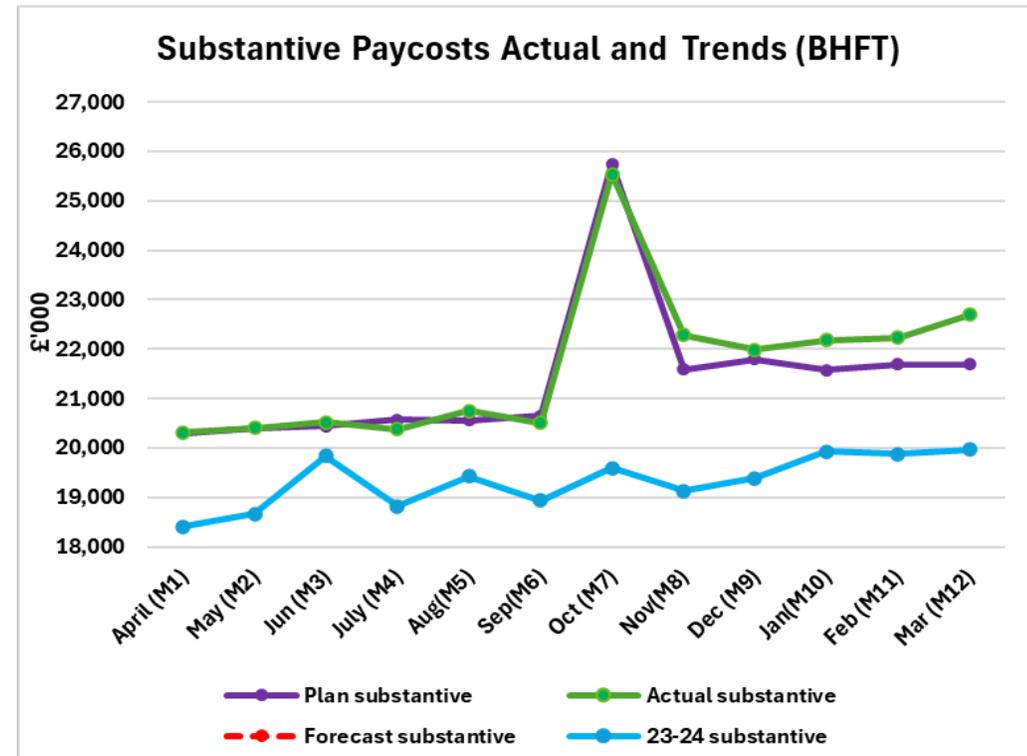
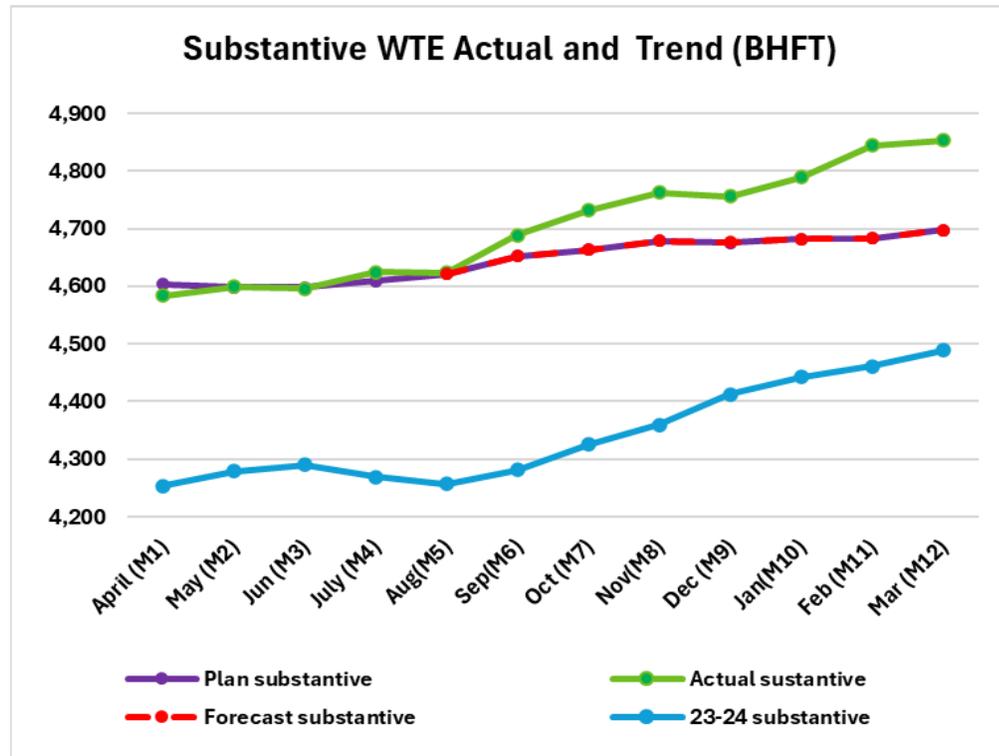
Workforce usage is above plan in month 12 as the plan was submitted without including WTEs for maternity leave, which has been our normal practice as we have not included the maternity leave WTEs in our actuals previously. In 2024/25 we have changed our data source for the PWR to ESR which picks up the mat leave WTEs. These are c130WTEs for March and this accounts for our variance against plan. This issue is resolved for our 2025/26 plan.



Data source

M12 PFR /PWR
 PWR tab "1.WTE" "Total WTE all Staff"
 PFR Tab "12 Staff Costs Detail" – "Total Pay Bill all staff"
 Forecast data from M4 "Assurance Review Meeting Template – BHT 160824"
 23-24 data from SE region pay and WTE analysis
 Narrative from trust returns

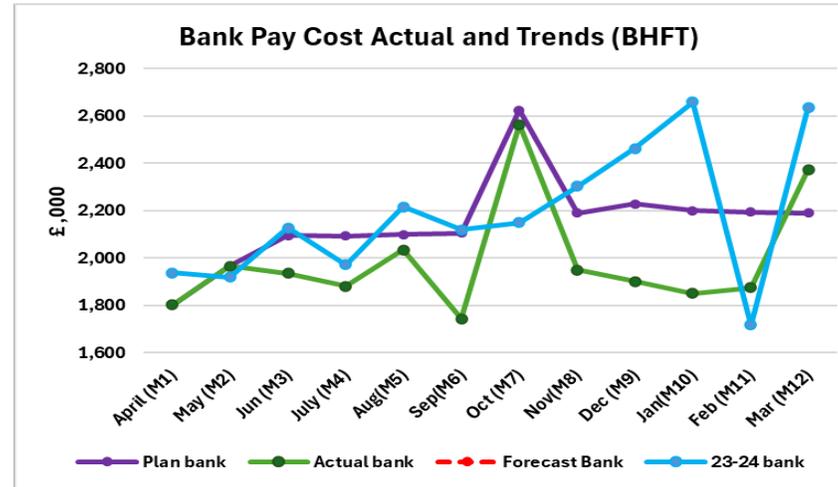
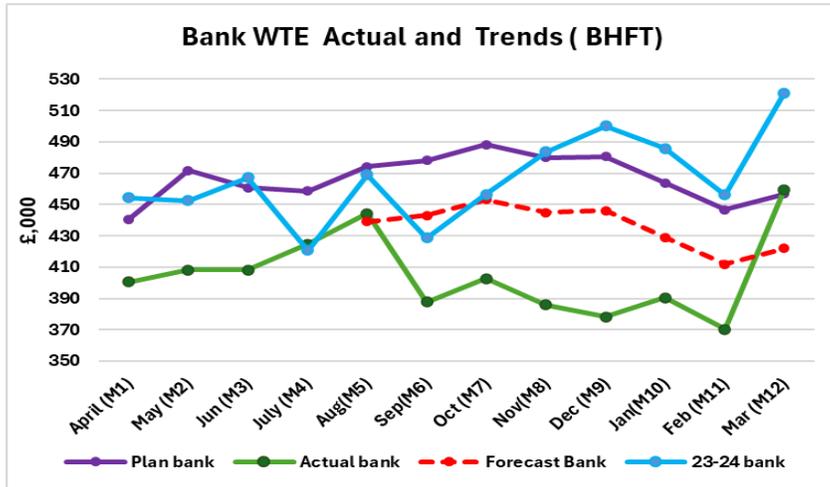
Substantive workforce BHFT



In M12 substantive staffing is 1015 WTE over plan

Source
 PFR "12. Staff costs detail" Total pay bill substantive staff.
 PWR "1. WTE" Total WTE Substantive Staff

Temporary workforce BHFT

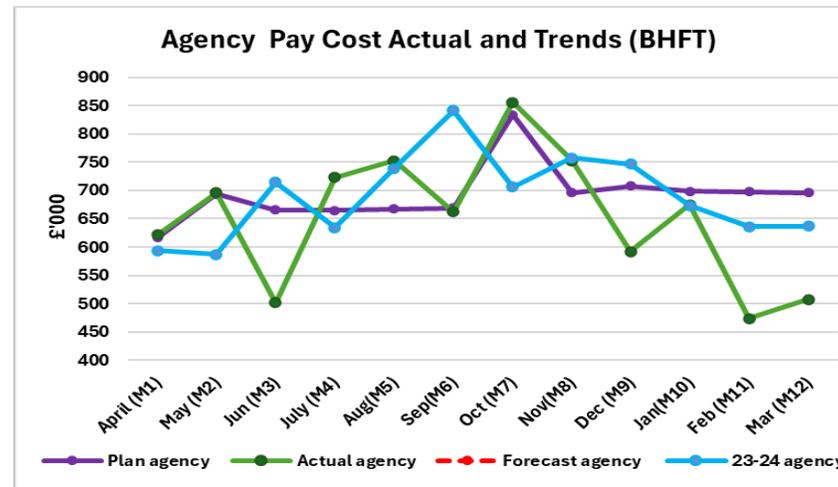
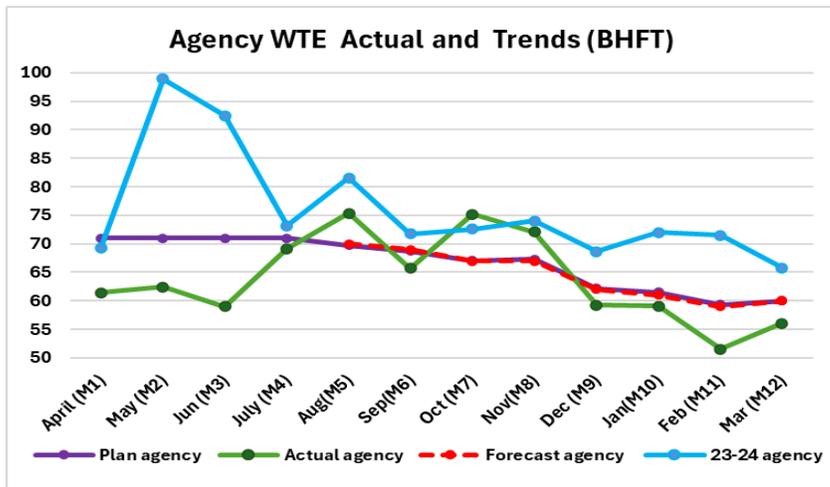


Bank

Although M12 Bank WTE is very slightly over plan however use has been less than plan for the rest of the year and year to date pay costs are less than plan

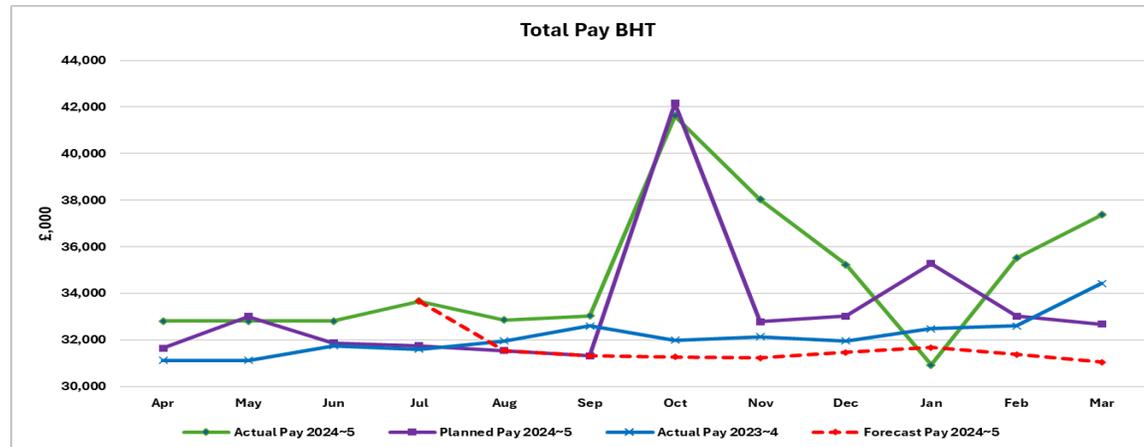
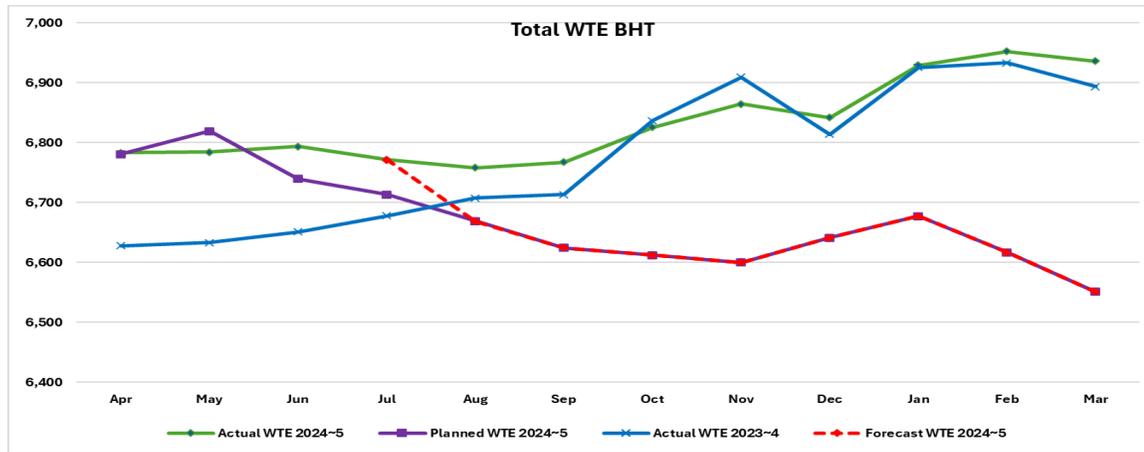
Agency

Both Agency WTE and pay cost are under plan, by 4 WTE and £0.2m respectively.



Source PWR "1.WTE" "Bank Staff" and "Agency Staff (including, agency and contract) PFR "12. staff costs detail" "Bank staff including any capitalised bank staff" and "Agency and contract staff including any capitalised staff costs".

Total Workforce WTE and Pay Costs BHT



Summary of M12 position

In M12 total WTE is 385 over plan. This is driven by both substantive WTE (186) and Bank WTE (219) being over plan. Agency WTE is 20 under plan

Pay costs for M12 2024/25 total £(61.2)m, this is £(4.1)m worse than plan in month. Movement in-month from a £2.5m annual leave accrual, shown in bank.

BHT is on plan at YE at M12 across all spend types, pay is in line with run rate excluding one off adjustments for capitalisation and pay provisions.

Reasons for variation from plan

YTD pay spend is £(7.3)m over plan, including annual leave accrual £(2.5)m, industrial action related costs £(0.5)m, employee relation resolution £(0.5)m but otherwise driven by underachievement of efficiency savings and higher than plan activity levels, offset in income. These values exclude capitalised staff costs of £0.6m in M12 and £9.4m to M12.

Tighter workforce controls, including a recruitment pause for non-clinical roles, which were introduced in M12 are beginning to take effect as can be seen by the levelling-off of WTE numbers.

Data source

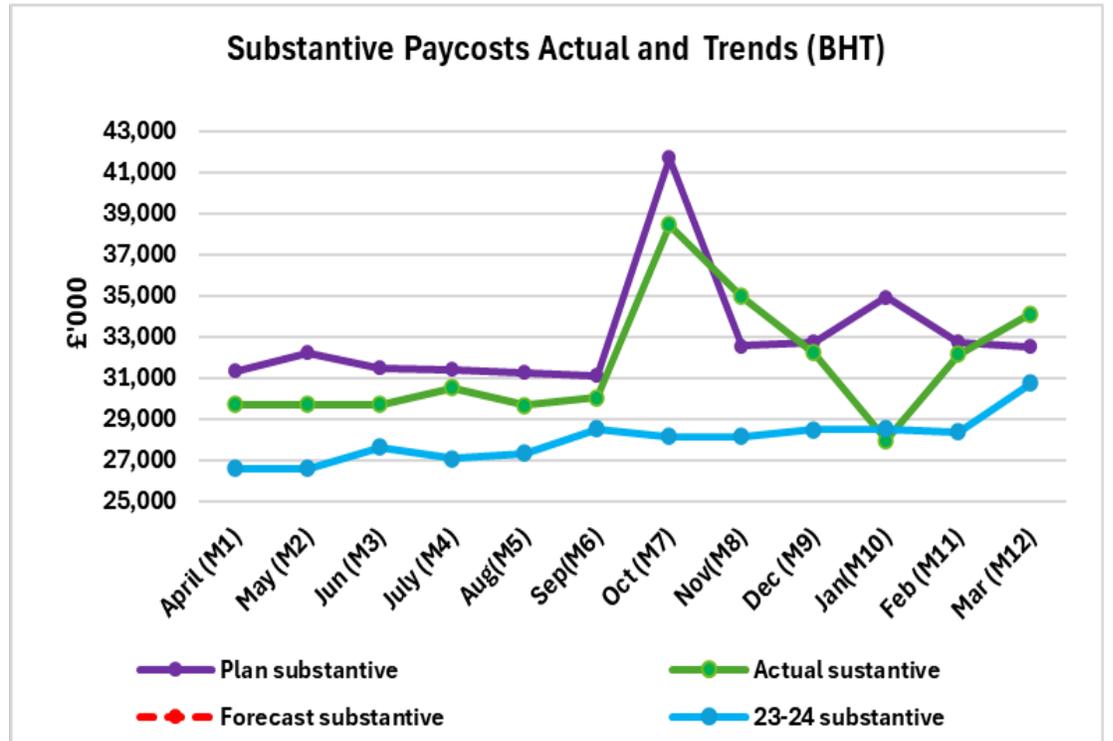
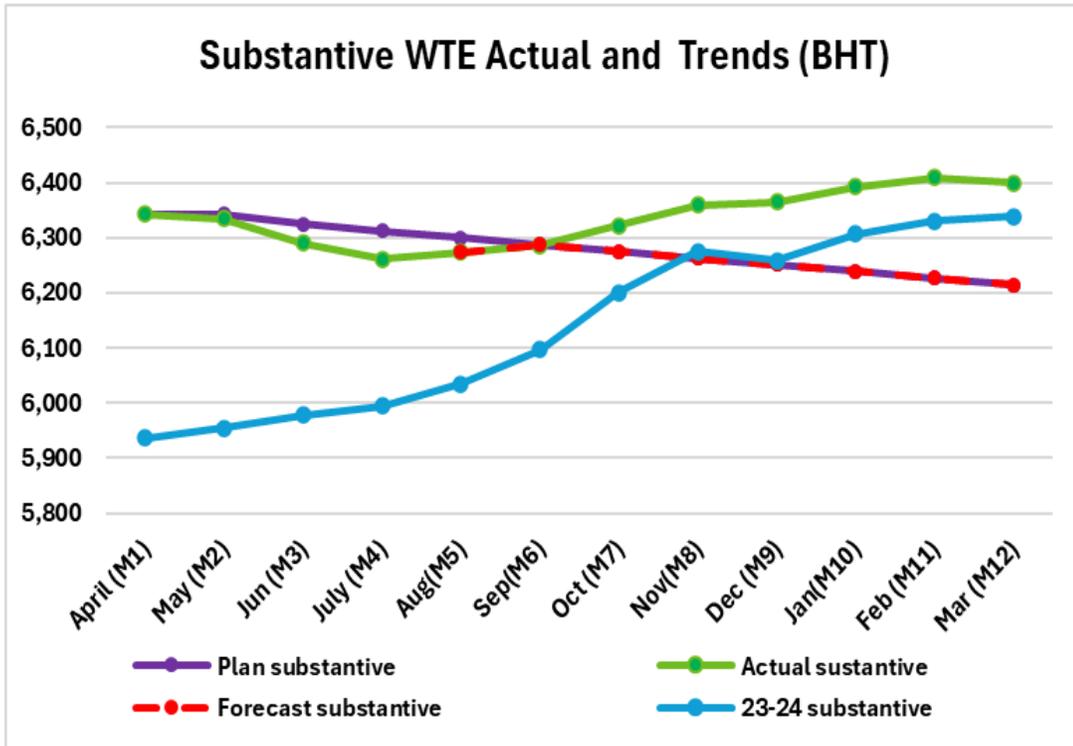
M12 PWR tab "1.WTE" "Total WTE all Staff"

M12 PFR Tab "12 Staff Costs Detail" - "Total Pay Bill all staff"

Forecast data from M4 "Assurance Review Meeting Template - BHT 160824"

23-24 data from SE region pay and WTE analysis

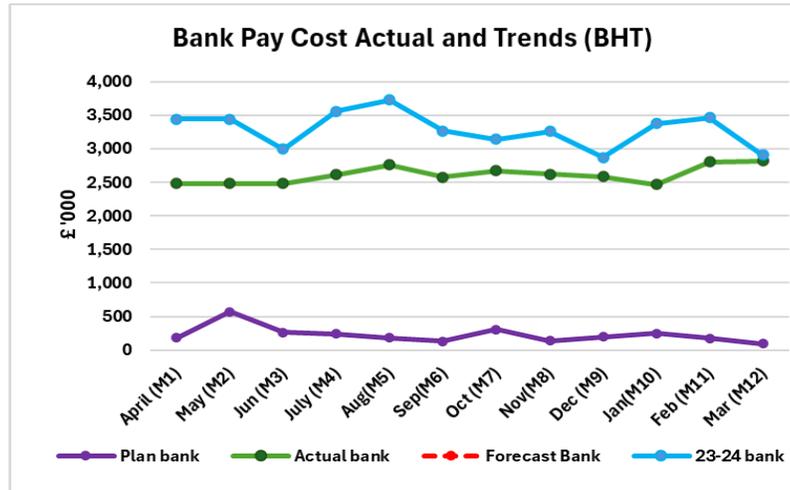
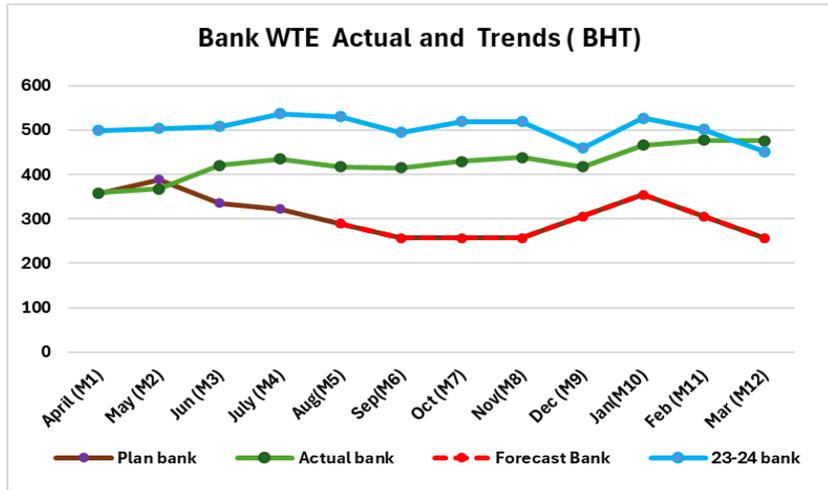
Substantive workforce BHT



Substantive WTE is 186 over plan . Excluding capitalised staff costs substantive pay is £1 m over plan (this is partly accounted for by annual leave accrual costs)

Source
M12 PFR "12. Staff costs detail" Total pay bill substantive staff
M12 PWR "1. WTE" Total WTE Substantive Staff

Temporary workforce BHT

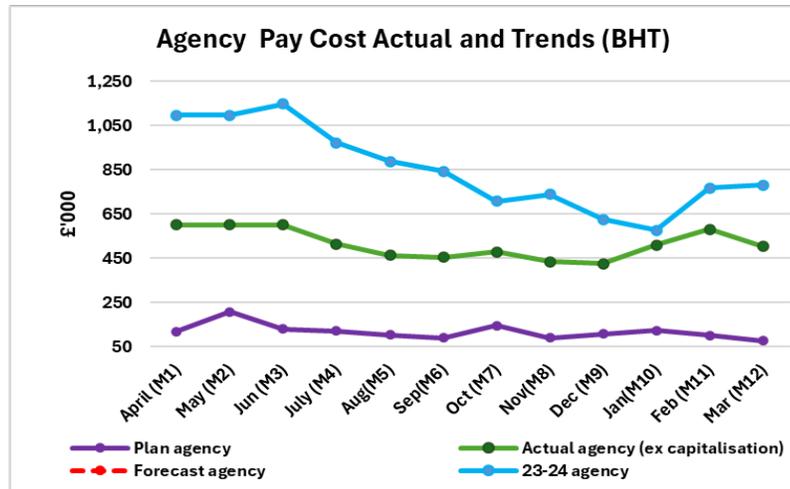
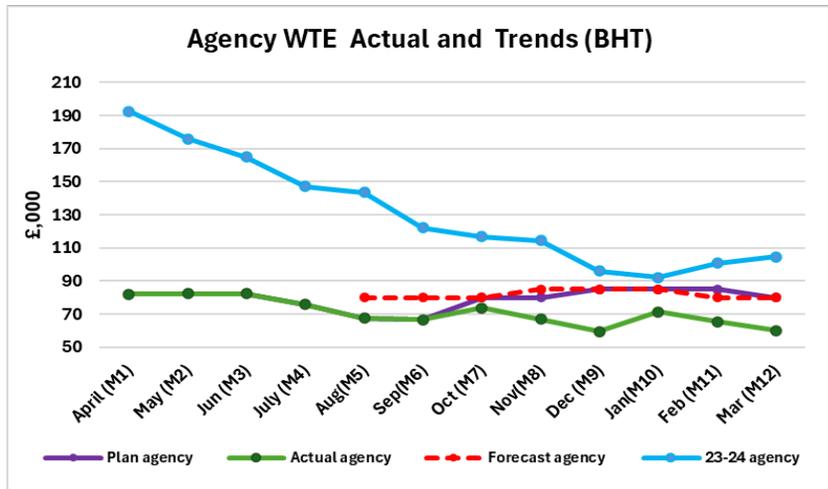


Bank

In M12 WTE Bank usage is 219 WTE above plan, and in month bank cost is £2.7m above plan.

Agency

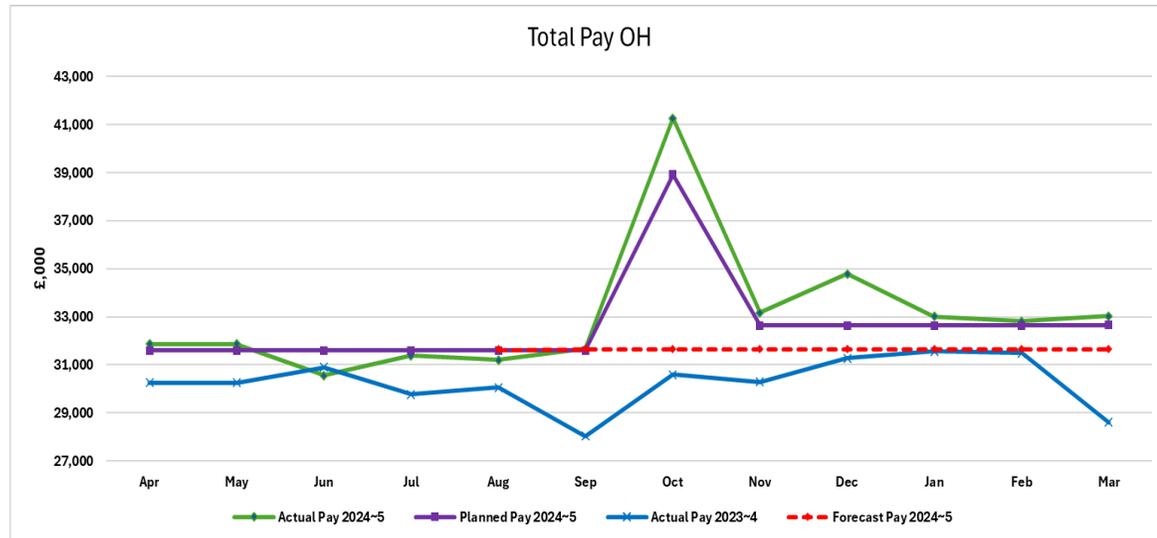
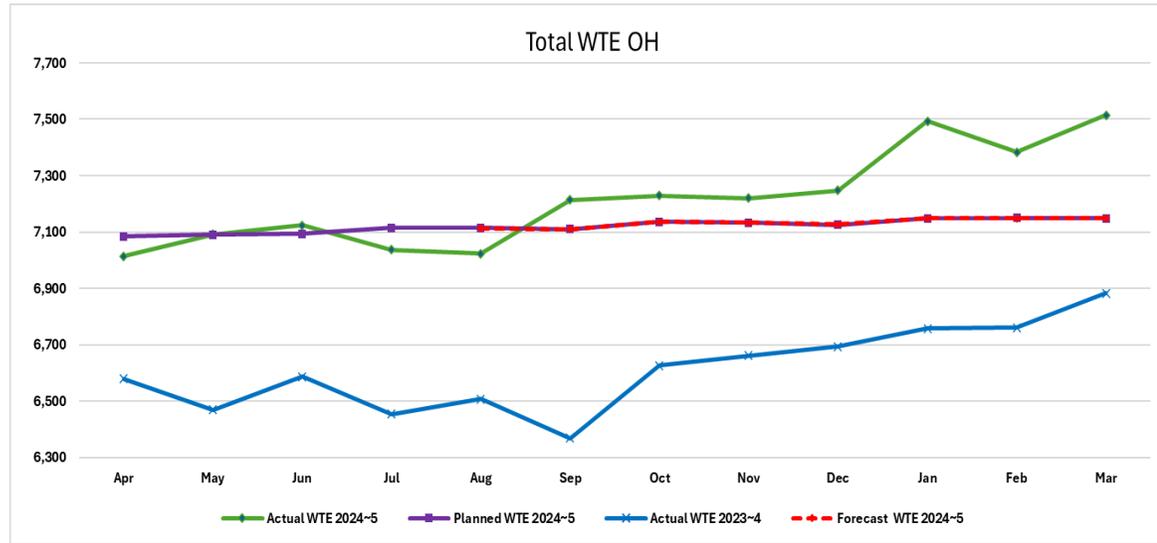
In M12 Agency WTE is 20 WTE below plan pay costs are 0.4 above plan



Whilst over plan, we continue to have strong year-on-year reduction in temporary staffing spend. Tighter workforce controls as indicated above are starting to impact on total WTE numbers.

Source M12 PWR "1.WTE" "Bank Staff" and "Agency Staff (including, agency and contract)"
M12 PFR "12. staff costs detail" "Bank staff including any capitalised bank staff" and "Agency and contract staff including any capitalised staff costs".

Total Workforce WTE and Pay Costs OH



Summary of M12 position

WTE is 133 WTE higher than last month of which 107 WTE is an increase in temporary staffing. Significant acuity on mental health/forensic mental health wards has driven the requirement to provide enhanced staffing to manage violence and self-harm against planned levels, this temporary staffing was required to supplement planned levels on occasion patients requiring 2 to 1 or 3 to 1 support. February is also a shorter month.

Core reasons for variation from plan (WTE)

WTE is higher than plan due to some changes not included in the plan such as the TUPE transfer of PFI Facilities staff, additional students in the Oxford Institute of Psychology Training funded through Education & Training income and additional posts in Oxford Pharmacy Store funded through increased sales. In addition, vacancies have been recruited to quicker than expected especially in areas with mental health investment funding. The 2025/26 Workforce plan uses February WTE as the baseline. The existing workforce controls will continue, including an Executive panel to approve recruitment requests. This is being expanded with Directorate vacancy control panels being introduced. Directorate CIP plans include plans to manage vacancy levels and this will ensure greater scrutiny of workforce numbers to ensure Directorates are able to stay within budget. Workforce numbers will be reported by Directorate against plan to ensure greater accountability at Directorate level for performance against the workforce plan.

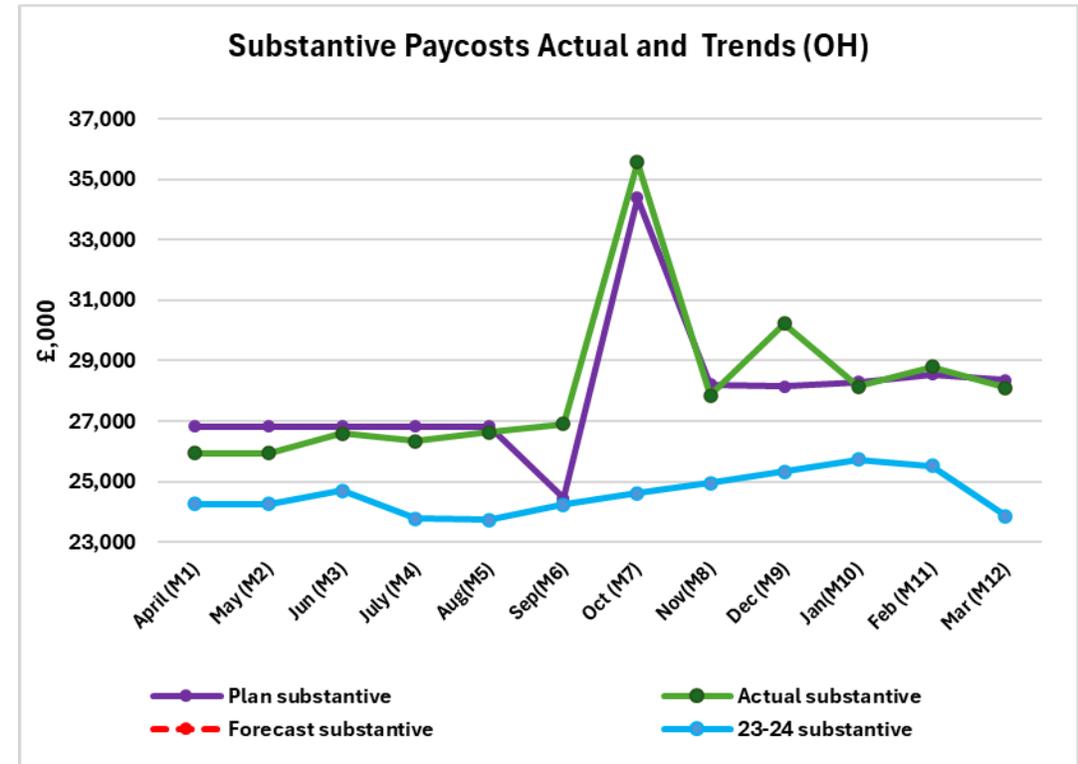
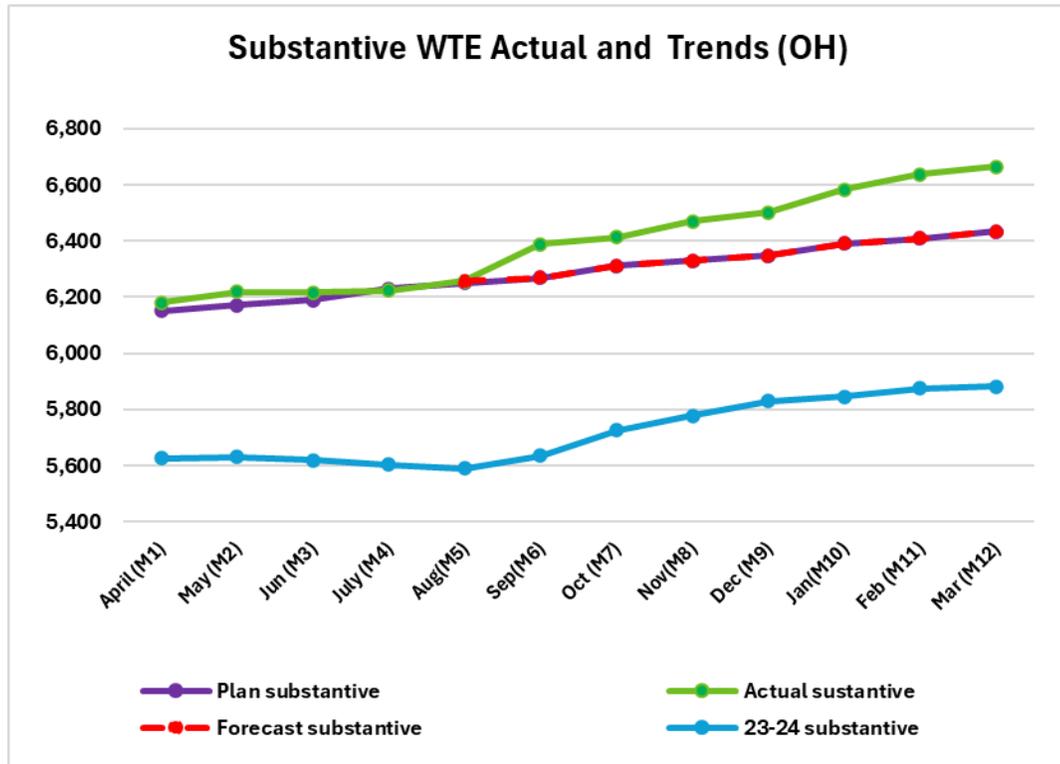
Core reasons for variation from plan (pay)

At the end of the financial year workforce costs are £4.8m over plan. The reasons for this and the remedies going forward are as above. This has not created an overall financial pressure though as it has been funded through increased income and the Trust finished the year £2.3m better than plan overall.

Data source

M12 PFR /PWR
 PWR tab "1.WTE" "Total WTE all Staff"
 PFR Tab "12 Staff Costs Detail" – "Total Pay Bill all staff"
 Forecast data from M4 "Assurance Review Meeting Template – BHT 160824"
 23-24 data from SE region pay and WTE analysis
 Narrative from trust returns

Substantive workforce OHFT



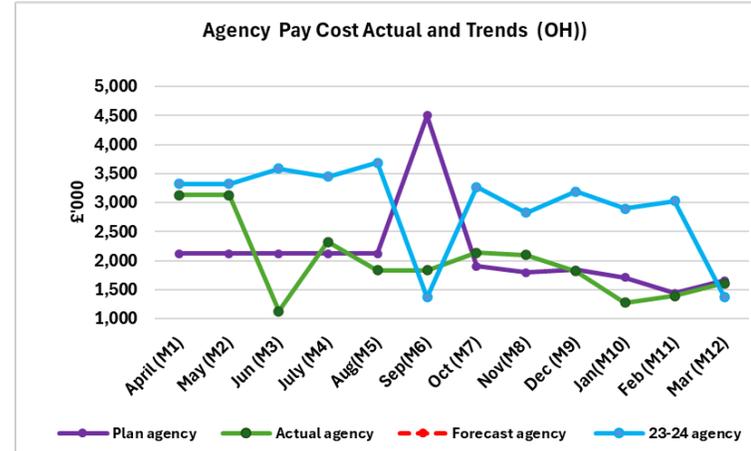
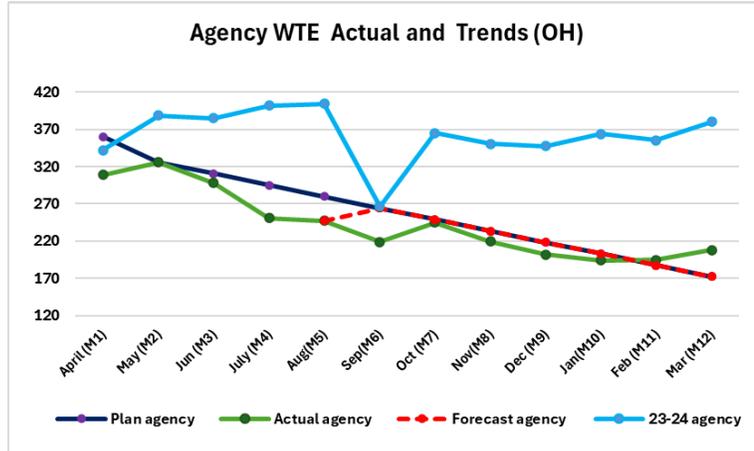
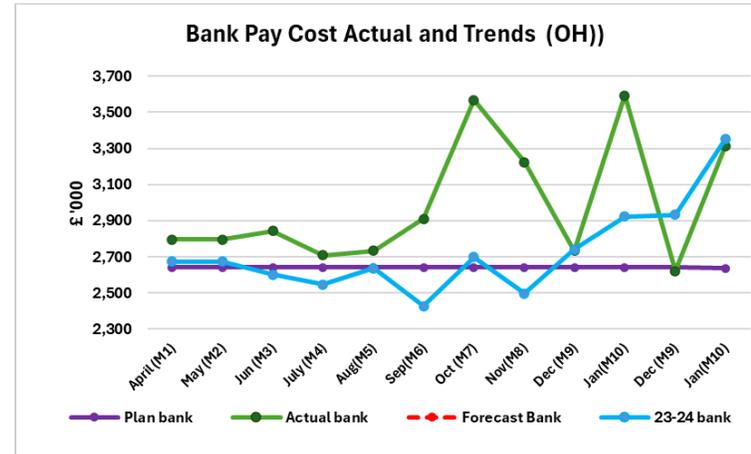
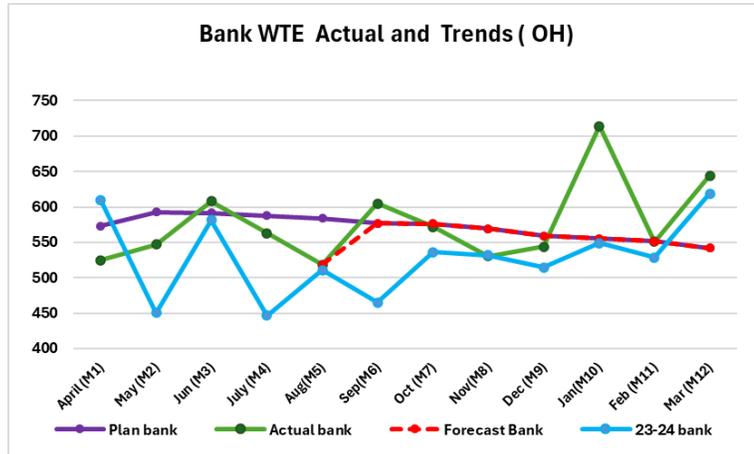
In M12 Substantive workforce is 229 WTE over plan, and £0.36m over plan.

Source

PFR "12. Staff costs detail" Total paybill substantive staff.

PWR "12. WTE" Total WTE Substantive Staff

Temporary workforce OHFT



Bank

In M12 Bank usage is 102 WTE over plan

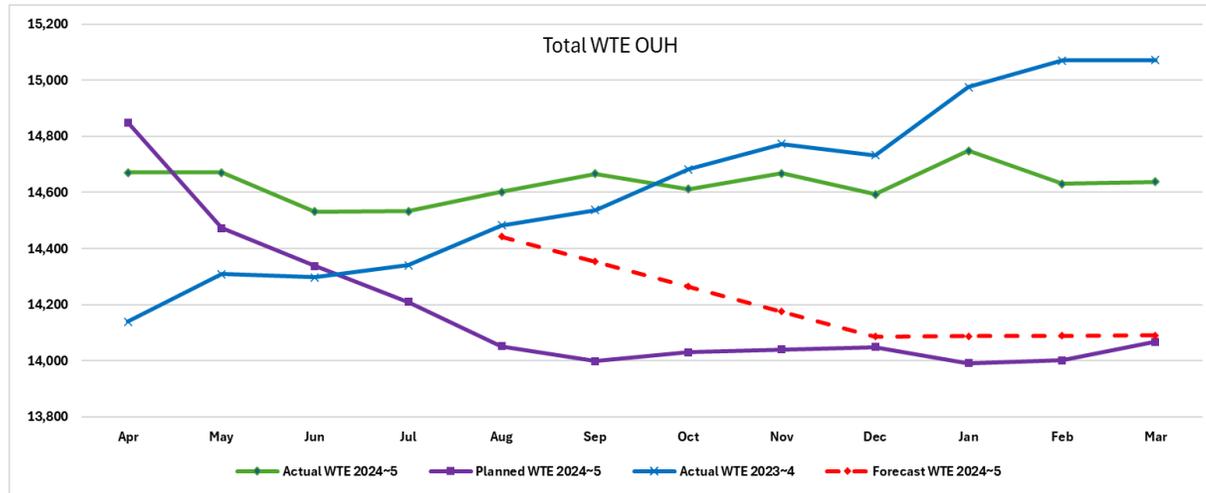
Agency

Agency WTE is 36 WTE above plan, costs are aligned to plan

There has been a continued trend to replace Agency use with Bank staff with Agency activity substantially less than in 23-24

Source PWR "1.WTE" "Bank Staff" and "Agency Staff (including, agency and contract) PFR "12. staff costs detail" "Bank staff including any capitalised bank staff" and "Agency and contract staff including any capitalised staff costs".

Total Workforce WTE and Pay Costs OUH

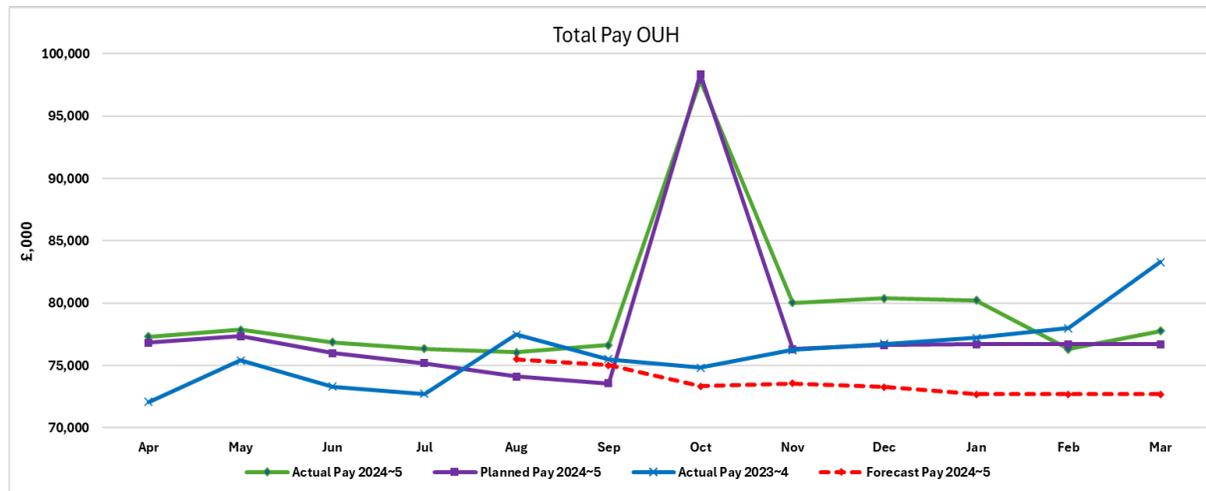


Summary of M12 position

WTE use is 571 over plan which is an improvement of 59WTE from M11.
Ex capitalised staff costs are 0.39M below plan

Core reasons for variation from plan

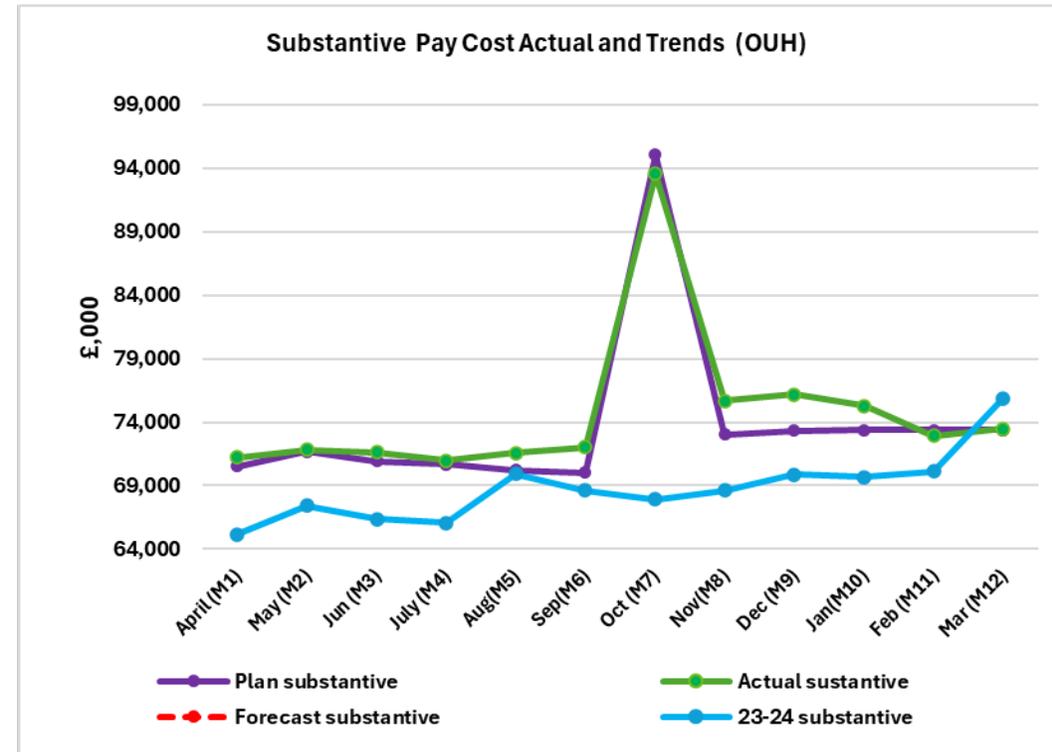
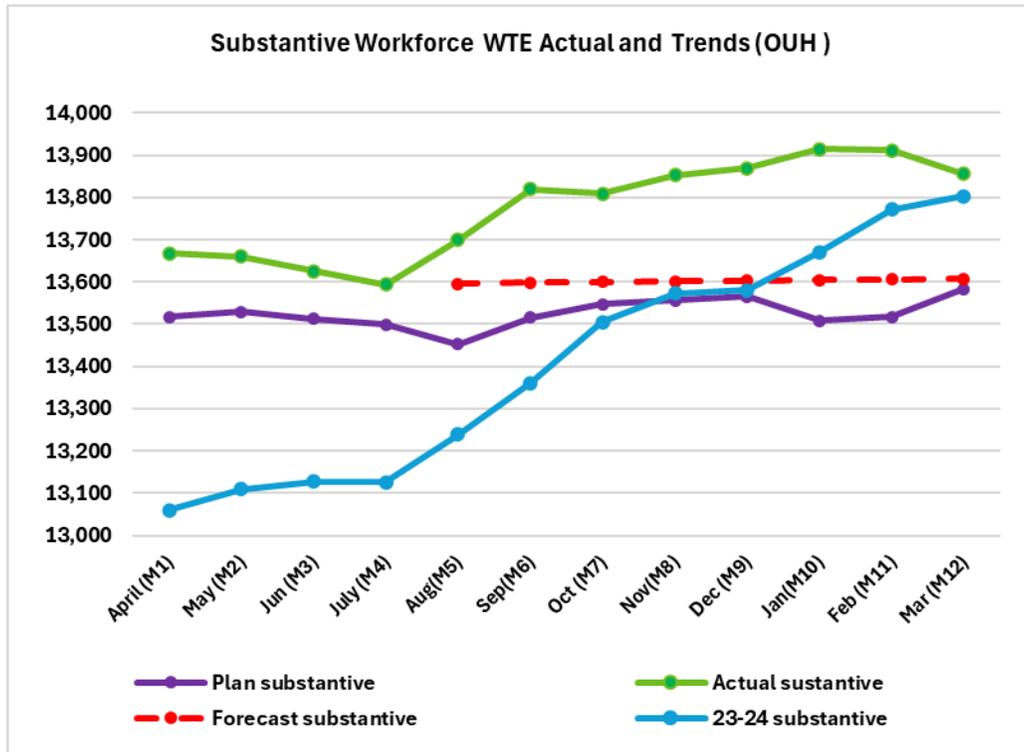
No trust narrative was received by submission deadline



Data source

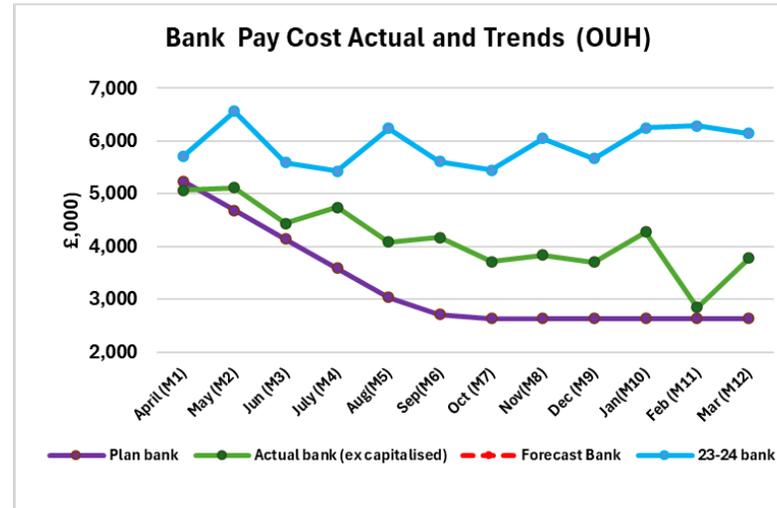
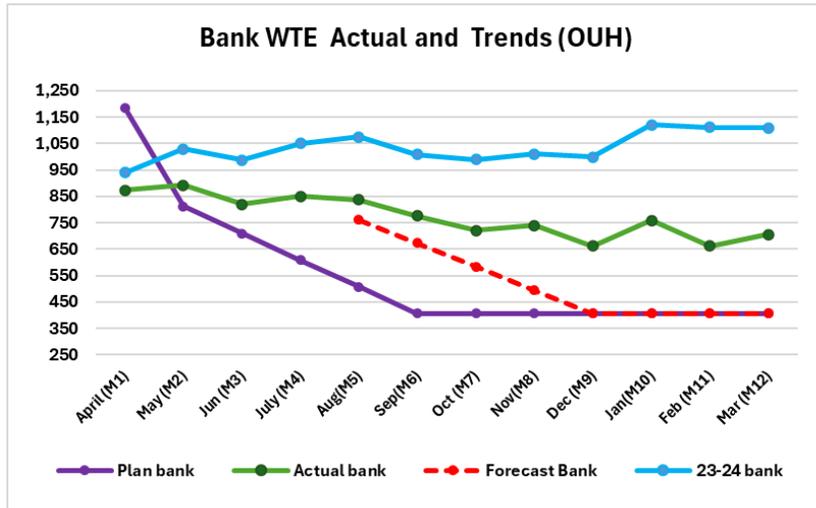
M12 PFR /PWR
PWR tab "1.WTE" "Total WTE all Staff"
PFR Tab "12 Staff Costs Detail" – "Total Pay Bill all staff"
Forecast data from M4 "Assurance Review Meeting Template – BHT 160824"
Narrative from trust returns and WA meetings 23-24 data from SE region pay and WTE analysis

Substantive workforce OUH



M12 Substantive workforce is 272 WTE over plan

Temporary workforce OUH

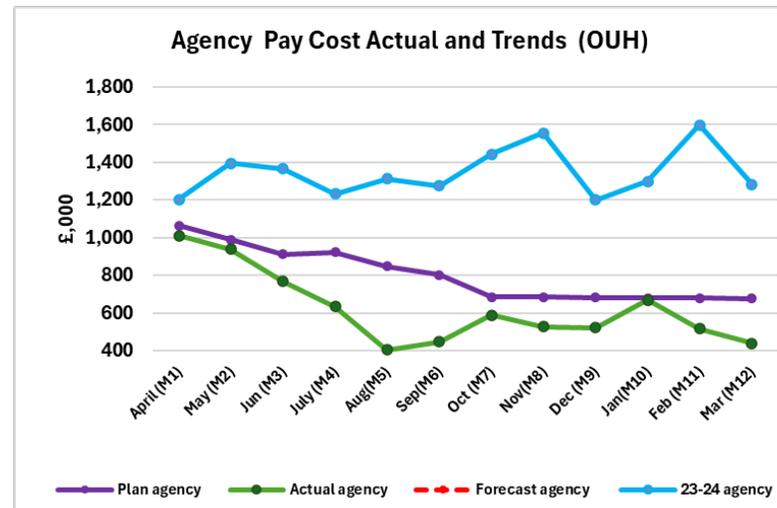
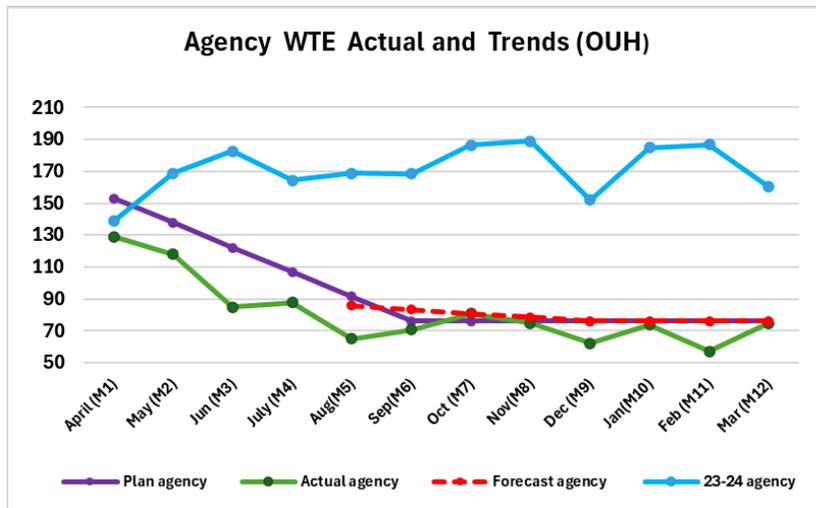


Bank

Bank WTE is significantly less than 23/24 levels, however as at M12 it is 300 WTE above plan.

Agency

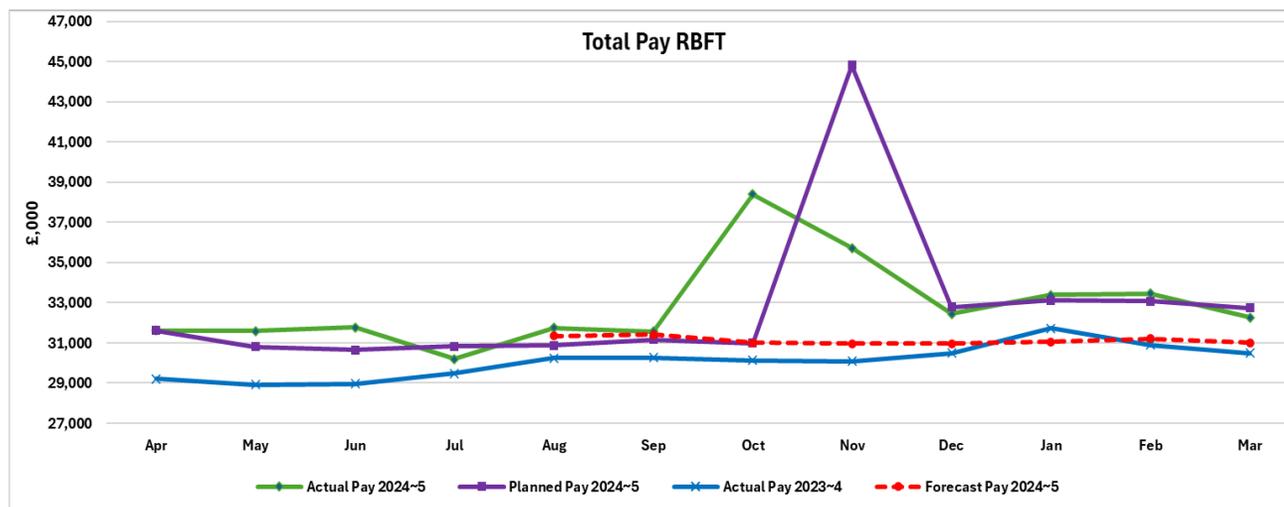
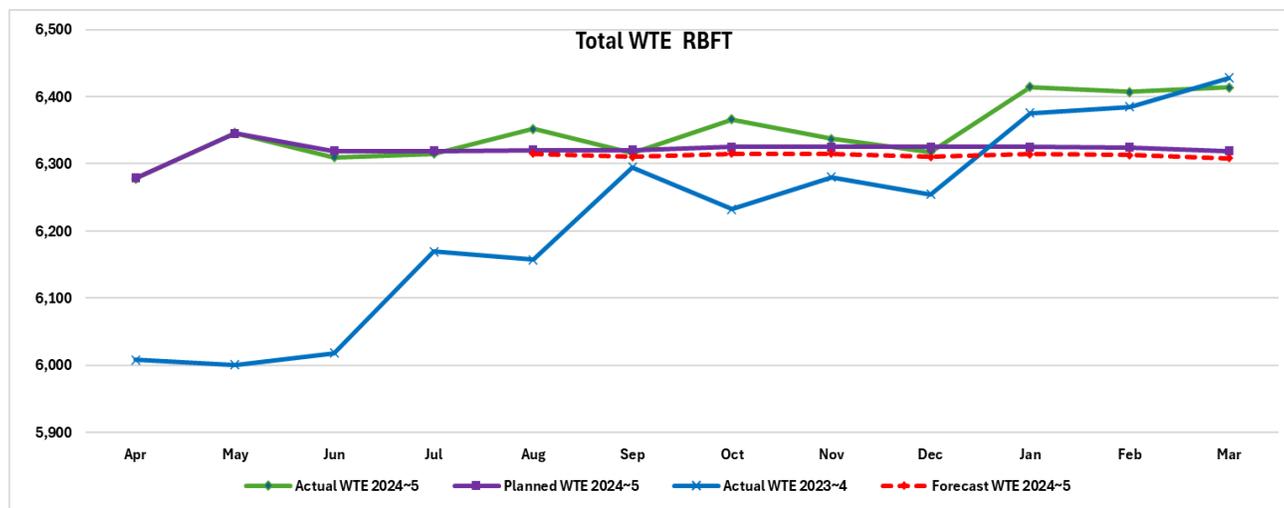
Agency WTE use is on plan and spend is £0.2m under plan.



Source M9 PWR "1.WTE" "Bank Staff" and "Agency Staff (including, agency and contract)

M9 PFR "12. staff costs detail" "Bank staff including any capitalised bank staff" and "Agency and contract staff including any capitalised staff costs".

Total Workforce WTE and Pay Costs RBFT



Summary of M12 position

As at month 12 position there was a pay cost overspend against plan of £23.1m, mainly driven by the 2024/25 employer pension adjustment, £23.7m was covered by the income.

Core reasons for variation from plan

Substantive

Substantive workforce has decreased in M12 by 26.58 WTE this has been a continued effort of pushing start dates back to April 1st and the introduction of further controls of overtime and additional hours. In March our Workforce Control panel reduced the number of starters to roles that would avoid backfill with temporary staffing if start dates were delayed.

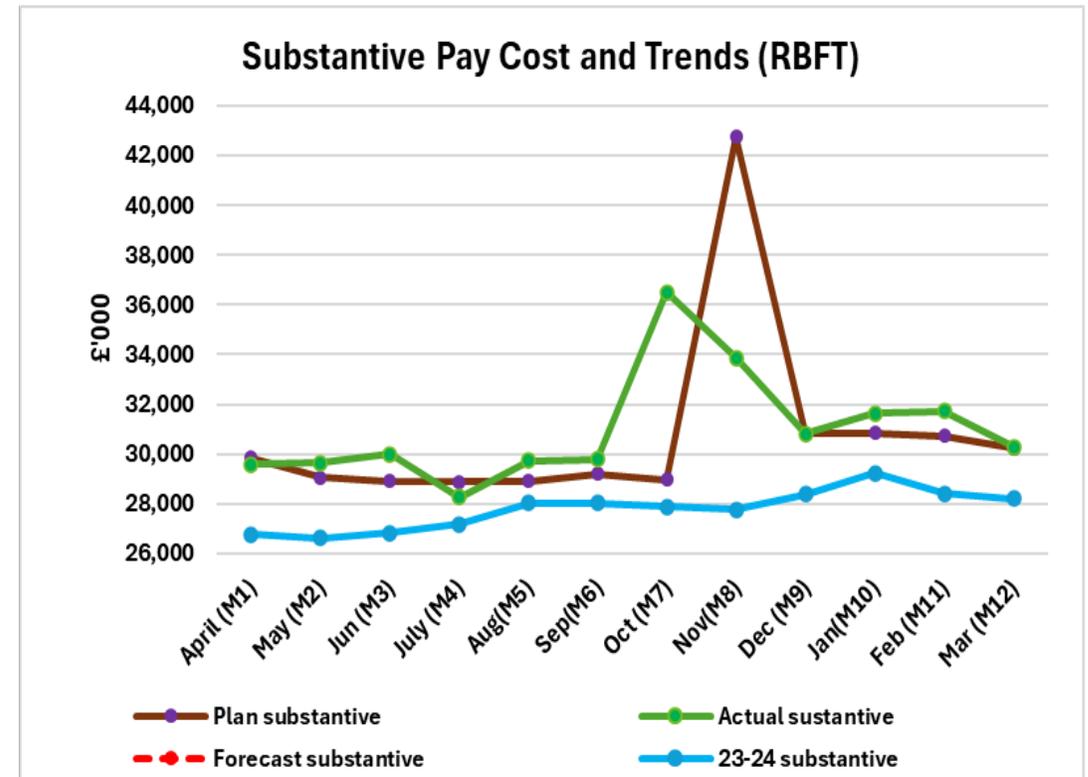
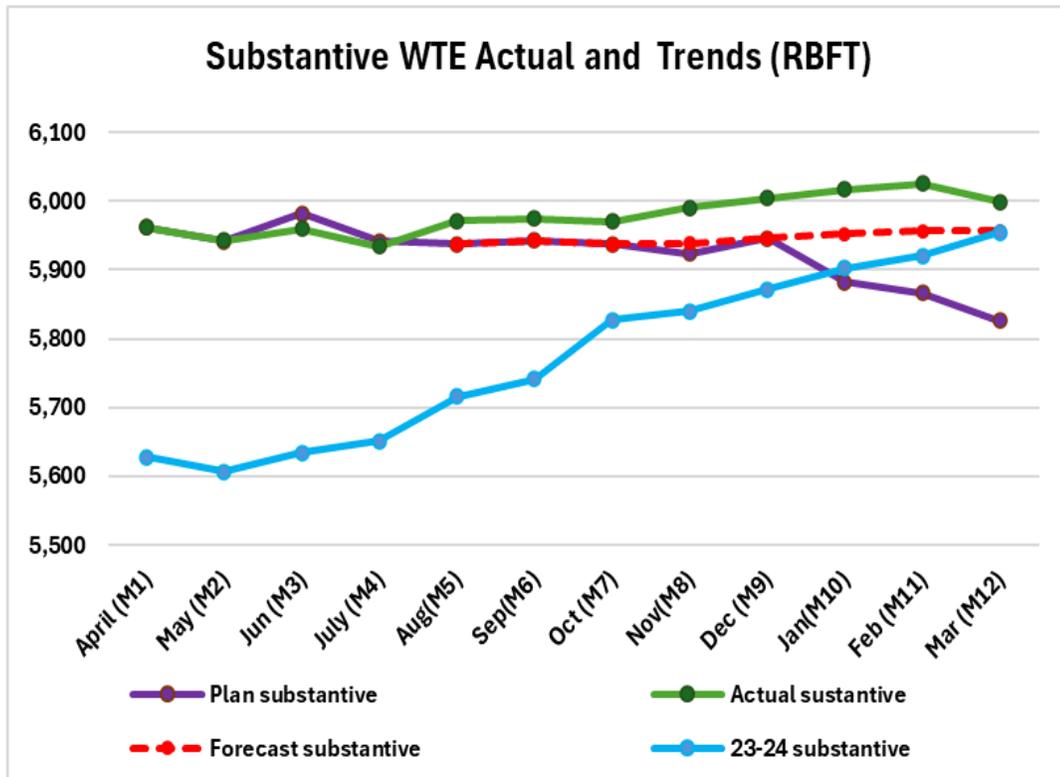
Temporary staffing

The bank workforce has increased by 32 WTE. This rise is due to several factors, including increased acuity, staff sickness, and annual leave aligned with previous years. Additionally, the trust bank provider, NHSP, released all outstanding shifts for payment before the end of the financial year to ensure they entered M1 clear of any previous timesheets.. Month 12 is always the trusts highest month for temporary staffing usage for the reason outlined above. The trust has seen a significant year-on-year reduction of 100 WTE for M12 across both bank and agency. Looking ahead to the new FY, the Bank & Agency forecast is now more aligned with expectations, though it remains challenging—particularly with the additional 10% reduction target for bank and 30% for agency. Agency workforce increased by 2 WTE this was due increased demand for Sonographers

Data source

M12 PWR tab "1.WTE" "Total WTE all Staff"
M12 PFR Tab "12 Staff Costs Detail" – "Total Pay Bill all staff"
Forecast data from M4 "Assurance Review Meeting Template – BHT 160824"
23-24 data from SE region pay and WTE analysis

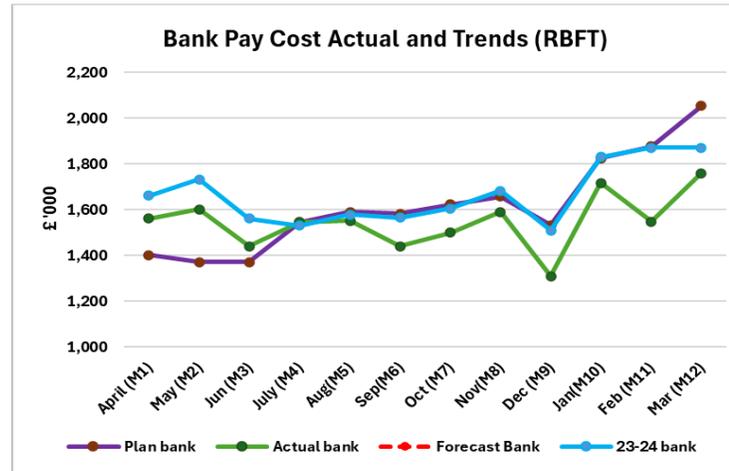
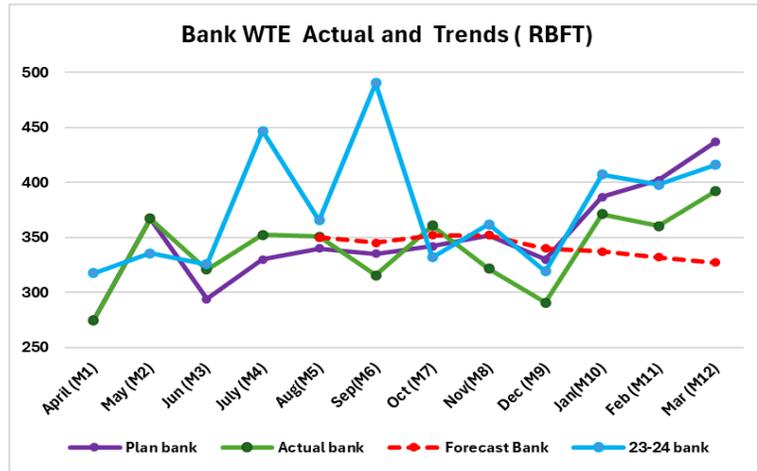
Substantive workforce RBFT



Substantive WTE is 173 over plan in M12.

Source
M12 PFR "12. Staff costs detail" Total paybill substantive staff.
M12 PWR "1. WTE" Total WTE Substantive Staff

Temporary workforce RBFT

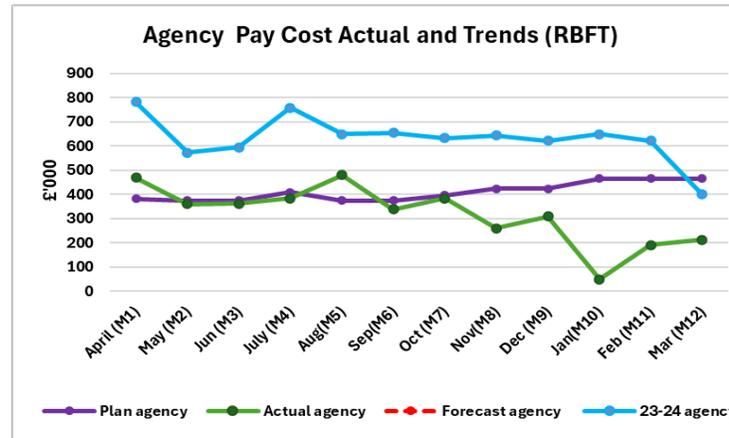
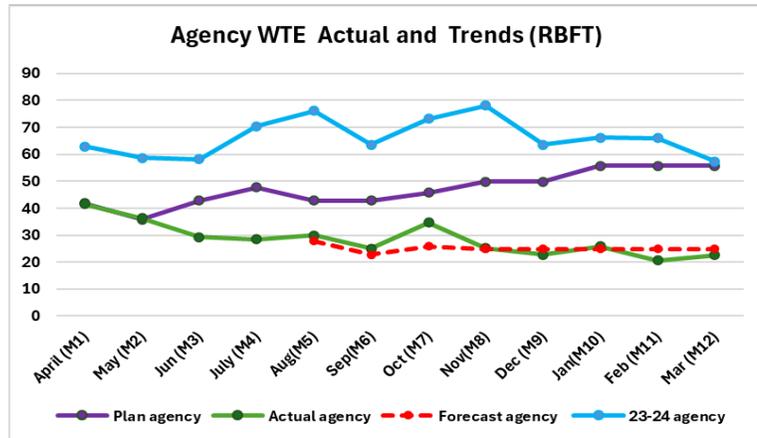


Bank

In M12 WTE Bank usage is 45 WTE under plan.
 Total Bank Cost (including capitalised staff costs) is £0.3m under plan.

Agency

Agency WTE is 33 WTE under plan and total agency cost is £0.3 M under plan.



Source M12 PWR “1.WTE” “Bank Staff” and “Agency Staff (including, agency and contract) M12 PFR “12. staff costs detail” “Bank staff including any capitalised bank staff” and “Agency and contract staff including any capitalised staff costs”.

Notes

- Apart from the Headline slide, figures used for charts within the Workforce slides are gross workforce numbers from PFRs/PWRs e.g. topline Substantive, Bank, Agency pay without consideration of capitalised costs.
- This is in line with the NHSE approach to workforce tracking
- Some Providers have internal plans which are misaligned to the original NHSE submitted plans, related to updated efficiency trajectories. This can cause slight variances to the finance slides



Upward Report of the – Add Name of Meeting

Date Meeting met 21st May 2025
 Chair of Meeting Les Broude, Non-Executive Director
 Reporting to Board of Directors Meeting 29th May 2025

Items	Issue	Action Owner	Action
Points for escalation			
Key issues and / or Business matters to raise			
Finance Report: CIP Delivery/Risk and Commissioner Contractual Issue	Additional CIP delivery/risk and the BOB/Frimley and BLMK contractual issue.	Relevant Executive Directors	Update to be provided to the next meeting in relation to additional CIP delivery/risk, with Executives also build in further CIPs for a contingency.
CAD Business Case	Schematic to be presented to the board detailing the various feeds that go into the CAD and the aspiration for its development over a 5-years' time horizon.	Craig Ellis	Present the schematic to the board and the aspiration for 5-years' time

Integrated Performance Report	<p>The committee noted progress on the development of the IPR and discussed the Trust's performance across various measures. It was observed that it was indicating assurance levels of:</p> <ul style="list-style-type: none"> - Pass: Will consistently meet the target (4) - Fail: Will consistently fail to meet the target unless a process change is implemented (9) - Hit or Miss: The monthly performance and the target sit within the process control limits and the metric is as likely to hit the target as miss (23) <p>There are 16 metrics that do not have a target but have sufficient data points to plot as an SPC chart. Variation level:</p> <ul style="list-style-type: none"> - Special cause: Metric has consistently improved (8) or declined (2) and may indicate that a process or input has changed - Expected or common cause: The metric for the previous period may have improved or declined but doesn't represent a significant change. (42) 	Relevant Executive Director	<p>Continuous review of the IPR and in particular when the change to the IPR reporting process changes which will clearly indicate which Committees are responsible for following up on IPR items</p>
Areas of concern and / or Risks			
Finance and Operational Performance Update	<p>WTE/Headcount Controls Assurance Issue: Assurance report on whether the controls in place around WTE/Headcount are adequate.</p>	Natasha Dymond	<p>Assurance report to be provided to the PAAC around whether the controls in place around WTE/Headcount are adequate.</p>
Items for information and / or awareness			

Digital Update	Cyber-Attack Insurance Update Issue: Potential for insurance relating to cyber-attacks.	Craig Ellis	Update to be provided to the board around the potential for insurance relating to cyber-attacks.
3-5 Year Plan Update	Extraordinary FPC to be arranged in early August to discuss the draft 3-5 year plan ahead of formal board approval and submission requirements.	Rebecca Southall	An extraordinary FPC will be arranged in early August to discuss the draft plan ahead of formal board approval and submission requirements.
Estate Plan	Development of the Estate Asset Management Plan including a GANTT chart detailing the timeline for key developments such as lease expiry/renewal.	Stuart Rees	Further develop the Estate Asset Management Plan with a GANTT chart detailing the timeline for key developments to ensure early action is taken where appropriate
Financial Position	The Committee discussed the financial position, where the Month 1 Trust's I&E position shows a £0.2m surplus position against its planned surplus of £0.2m. This is after accounting for a reprofile of Commissioner income	Relevant Executive Director	Required action by all to ensure grip and control remains in place and review of CIP opportunities..
Best Practice and / or Excellence			
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: Les Broude

Title: NED

Date: 23/05/25



Upward Report of the – Audit Committee

Date Meeting met **23/04/25**
Chair of Meeting **Mike McEnaney - NED**
Reporting to **SCAS Board**

Items	Issue	Action Owner	Action
Points for escalation			
Key issues and / or Business matters to raise			
Data Security & Protection Toolkit (DPST) – internal audit	An update on progress with compliance with the new expanded national requirements for DPST was received and significant progress from the December position was noted. It is now expected that SCAS will meet the expected levels by the June 25 submission.		
Internal Audit Annual Report and Statement of Assurance.	A draft report was received from BDO summarising the work carried out in 24/25 and reviewing the overall results in relation to assessing the level of assurance gained. This statement is a formal and key part of providing assurance to the veracity of the year end accounts. The draft statement is for “Moderate”		

	assurance which is a more robust level than the previous year.		
Counter Fraud Annual Report and Functional Standard Return.	RSM provided the annual report for 24/25 summarising the work carried out during the year and the incidents that had been reported and investigated. Overall, SCAS is in a satisfactory situation to date, although continued vigilance is essential. The mandatory Functional Standard Return has been submitted with areas judged as compliant except for two which are assessed as being partially compliant – access to & completion of training and the completeness of policies and registers for gifts, hospitality and conflicts of interest. The 25/26 counter fraud plan includes actions to improve these two aspects.		
Year End and External Audit	Progress on the production and audit of the 24/25 financial statements and the Annual Report were received with no material concerns reported by Azets or the CFO.		
Areas of concern and / or Risks			
Items for information and / or awareness			
Health & Safety Annual Report 24/25	The full and comprehensive Health & Safety annual report 24/25 was reviewed and the committee was assured that the arrangements in place are appropriate and effective, A plan for improving these was included within the report.		

Senior Information Risk Officer (SIRO) Annual Report 24/25	The SIRO annual report 24/25 was reviewed and the committee was assured that the arrangements in place are appropriate and effective, although the area of information sharing, and supplier data processing agreements was recognised as an area for improvement.		
Best Practice and / or Excellence			
Internal Audit Follow-up Actions	The Executive and their teams have cleared all overdue actions leaving none outstanding. This is the first time in three years or more that this has been achieved. A good result and one to be maintained.		
Compliance with Terms of Reference			
	Papers on time and of good quality.		
Policies approved*			

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

Author: Mike McEnaney

Title: Chair of Audit Committee

Date: 23/05/25

Upward Report of the Charitable Funds Committee

Date Meeting met **27 April 2025**
Chair of Meeting **Keith Willett, Trust Chair**
Reporting to **Trust Board**

Items	Issue	Action Owner	Action
Points for escalation			
ELearning for Volunteers	<p>Elearning for volunteers continues to be sporadic and inconsistent. CFRs have access to ESR via a separate route to staff. Volunteer Car Drivers have a booklet to complete which is not captured, assessed or reassessed. All other volunteers currently have no access to any eLearning.</p> <p>We have created a matrix of the eLearning offered via ESR with the relevant modules for each volunteer cohort. Education colleagues have said it is not possible to deviate from the full ESR package so we cannot tailer a package based on role.</p> <p>Some volunteers, such as our CFRs undertake over 20 hours of eLearning which can impact</p>	Volunteer Manager	<p>A longstanding issue raised in January 2024 that needs to be escalated for action.</p> <p>A more tailored approach to each volunteer opportunity needs to be made available. This needs the buy in and leadership of the education team to work with the Volunteer Manager and the matrix that has been created.</p>

	<p>recruitment and retention. We need to ensure training is relevant and necessary to the volunteer opportunity.</p> <p>Volunteers moving into a paid role are not able to transfer their eLearning being told they have to start and complete all modules again even when 100% compliant as a volunteer.</p>		
Key issues and / or Business matters to raise			
Year End Position	<p>The Charity had agreed a deficit budget for the year taking in to account expenditure relating to the legacy received the previous year. End of year income was £368k some £50k below budget. Expenditure was £668k, £28k ahead of budget. This resulted in a year end deficit of £300k which was £21k ahead of plan.</p> <p>At year end our unrestricted years stood at £652k which is ahead of our reserves policy agreed unrestricted reserve level of £350k</p>	Charity CEO	Independent Examination of the Charity's accounts will take place in September and be approved by the CFC in October.
Areas of concern and / or Risks			
Items for information and / or awareness			
CFC Members	Two new NEDs have been appointed and will join the Charitable Funds Committee with one acting as Chair. It was also agreed that Craig	Trust Chair	New NEDs to be introduced to the CFC. BS to attend future meetings.

	Ellis will no longer attend the committee and Becky Southall will join Stuart Rees as Executive representation.		
Best Practice and / or Excellence			
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: Vanessa Casey

Title: SCAS Charity CEO

Date: 8/5/2025



Trust Board of Directors Meeting in Public
29 May 2025

Report title	Communications, Marketing and Engagement Update
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Agenda item	22
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Report executive owner	Gillian Hodgetts, Director of Communications, Marketing and Engagement
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Report author	Gillian Hodgetts, Director of Communications, Marketing and Engagement
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Governance Pathway: Previous consideration	N/A
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Governance Pathway: Next steps	N/A
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Executive Summary

Care Quality Commission (CQC) inspection

The first inspection team arrived unannounced at our north Emergency Operations Centre (EOC), on Tuesday 6 May and were then joined by four more teams over the rest of the week. This first stage is now complete and we await the report and the next part of the inspection focusing on 'Well-led'.

Intranet improvements

In mid-May we successfully rolled out an improved intranet, giving all staff an improved search function and rearranging departments under the new executive structures. Monthly spotlight sections on the home page will keep content fresh and direct people to items of strategic and operational importance.

Proactive media

Our efforts continue in informing and educating others about our service, what it does and the challenges it faces. We have been working on delivering both support for a national communications campaign against violence and one more locally developed, focusing on

reducing falls. Falls continue to be one of the most frequent reasons for the service being called to attend.

Alignment with Strategic Objectives
With which strategic theme(s) does the subject matter align?
All Strategic Objectives

Relevant Business Assurance Framework (BAF) Risk
To which BAF risk is the subject matter relevant?

Financial Validation	Capital and/or revenue implications? If so: Checked by the appropriate finance lead? (for all reports) Considered by Financial Recovery Group (for reports where the financial impact is not covered within existing budgets)
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Recommendation(s)
What is the Committee/Board asked to do:
Please amend as appropriate. The following is intended as a guide only.
<ul style="list-style-type: none"> • Approve a recommendation/paper/proposal • Receive a report/paper and take assurance from it • Discuss a report/paper and establish what further action is required • Receive a report/paper for noting

For Assurance		For decision		For discussion		To note	✓
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1. Background / Introduction

- 1.1 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.
- 1.2 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.

1.3 CQC unannounced inspection

The first inspection team arrived at our north Emergency Operations Centre (EOC), on Tuesday 6 May and were then joined by four more teams over the rest of the week.

They visited north and south EOCs and resource centres across the patch, with 17 site visits in total. They spoke with a wide range of teams, visited the control rooms; meeting dispatchers and crews, spoke with staff on station, accompanied crews on ride outs, and spoke with a range of people from support services including 'Make Ready' and Education.

The inspection team gave us some initial feedback on the Friday morning and passed on their thanks to everyone they spoke with, and those who helped to co-ordinate their visits. Whilst their main on-site work is now complete, the inspectors could return for further drop-in visits at any time of the day or night over the coming weeks if they want to gather more insights on specific areas.

We will of course receive detailed recommendations for improvements in a final report, but it is a positive signal that the inspectors have not raised any immediate significant concerns. This has been a great opportunity to highlight many improvements we have made and the excellent care our staff provide every day. The inspectors noted the pride and commitment that they heard in the many conversations they had.

Next steps

Documents and additional information the inspectors have asked for is being collated and sent on. A further visit will be arranged to cover the 'Well-led' domain in due course. The inspection team will draft their report and we will receive a copy for fact checking, then the final report will be published. Timings for these stages aren't yet known.

David Eltringham, CEO and Professor Helen Young, Chief Nurse hosted an online briefing session for all staff last week and this provided more feedback on the inspection and next steps.

Thanks go to everyone for welcoming the inspectors, sharing what we're proud of and what we're concerned about. Open and honest feedback is what the inspection teams want and need, and we're pleased we've provided them with that.

1.4 Intranet improvements

In mid-May we successfully rolled out an improved intranet, giving all staff an improved search function and rearranging departments under the new executive structures. Monthly spotlight sections on the home page will keep content fresh and direct people to items of strategic and operational importance.

These improvements come as a result of staff feedback in recent surveys, but also consistent work with over 100 Hub contributors across SCAS, who have been diligently working to improve departmental pages, information available and create engaging content for staff.

Initial feedback from staff has been positive. We have an on-going action plan for further improvements to continue making the intranet an effective and 'easy to navigate' platform for sharing key messages and hosting information people need to do their jobs.

In the first couple of weeks of the refreshed Hub we have shared content created by our Health and Wellbeing team for Health and Wellbeing Week, ensured that information was made freely available in relation to our Care Quality Commission (CQC) inspection and our focus for May, was on Patient Safety.

With the recent updates it has been possible to give Community First Responders (who have South Central Ambulance Charity email accounts) access to the intranet, which is a hugely positive development.

1.5 Proactive media

Violence

In late April, we supported an Association of Ambulance Chief Executive (AACE) campaign highlighting the issue of continued violence against ambulance service staff. We published a local press release and identified operational leads for interview across a range of TV and radio broadcast outlets. Analysis of the media coverage shows we reached 5.7million people, generating the equivalent of £216,000 of 'paid for' advertising. A Facebook post on the issue reached a further 237,500 people.

On a similar theme, in early May, we published media and social media messages welcoming new guidance from the Crown Prosecution Service designed to speed up trials of people accused of assaulting emergency services workers.

We have also published a new series of video reels featuring staff highlighting inappropriate calls to 999 and encouraging people to think wisely and choose appropriate alternatives. The first messages in April reached 500,000 people on Facebook and a further 33,500 on Instagram. This will be an on-going campaign with regular repeat messaging.

Falls and frailty

The next communications campaign that we are running, is focused on falls and frailty, as this is one of the most common reasons for callouts to our service. We are aiming to highlight what resources we have in SCAS to help i.e. falls cars and Community First Responders, as well as sharing how to reduce the risk of falling in the first place.

We will highlight the specialised resources we have to support frontline crews who attend these patients, the first of which is the falls and frailty car. We spent the day with staff and interviewed them and their patients about their role. The team consists of a specialist paramedic and an occupational therapist who can assess the patient at scene, do immediate blood tests, refer patients onto community teams and provide equipment such as walking frames.

We also spent the day with two different Community First Responders (CFRs), filming and interviewing them. CFRs are not only trained to attend high category calls but can also attend non-injury falls. In collaboration with the emergency control room, they can then help patients off the floor and leave them on scene without the need for a frontline crew to attend. We are also planning to use this as an opportunity to promote the work of the SCAS charity.

The next phase of the campaign is to highlight what people can do within their own homes to prevent falls in the first place. We have developed some graphics to show the risks that are often responsible for causing falls and will be using these to illustrate our messaging.

2. Quality Impact
N/A
3. Financial Impact
N/A
4. Risk and compliance impact
N/A
5. Equality, diversity and inclusion impact
N/A
6. Next steps
N/A
7. Recommendation(s)
7.1 The Board is asked to:
7.1.1 Receive a report/paper for noting.
8. Appendices
N/A



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Fit and Proper Persons Assurance Report
Agenda item	24
Report executive owner	Becky Southall, Chief Governance Officer & Natasha Dymond Interim Director of People
Report author	Kofo Abayomi, Head of Corporate Governance & Compliance & Sarah Lewis, Asst Head of Resourcing
Governance Pathway: Previous consideration	Executive Management Committee
Governance Pathway: Next steps	N/A – report is for board assurance

Executive Summary

The purpose of this paper is to provide assurance to the Board that the Trust is compliant with the NHS England Fit and Proper Person Test (FPPT) Framework issued in August 2023, and the progress made by the Governance and HR/Recruitment teams against the recommendations made in the audit of FPPT records that was undertaken in January 2024.

Alignment with Strategic Objectives

This report aligns with the Well-Led Strategic objective.

Relevant Business Assurance Framework (BAF) Risk

SR6 - Sufficiently Skilled and Resourced Staff

Financial Validation	Not required
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Recommendation(s)
The Committee is asked to NOTE the report.

For Assurance	✓	For decision		For discussion		To note	
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1. Background / Introduction

The purpose of this paper is to provide assurance to the Board that the Trust is compliant with the Fit and Proper Person Test (FPPT) Framework issued in August 2023.

As a healthcare provider, the Trust has an obligation to ensure that directors and relevant senior managers meet the requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the 'Fit and Proper Persons Test' (FPPT).

The purpose of strengthening the FPPT is to prioritise patient safety and good leadership within NHS organisations. A portfolio of evidence is required to be collected for board members to demonstrate that each director meets the stated requirements.

The Trust's Fit and Proper Persons Policy specifies the scope of the staff who are included as:

- a) the Chair of the Board,
- b) Non-Executive Directors appointed to the Board (including Associate Non- Executive Directors),
- c) the Chief Executive of the Trust,
- d) Executive Directors appointed to the Board (voting and non-voting),
- e) Senior Managers / Directors who attend the Board,
- f) SCFS Ltd Managing Director.

The framework requires a full FPPT to be completed on appointment. It also requires ongoing assurance including an annual self-declaration process that is undertaken at the start of each new financial year. Additionally, DBS checks are required to be conducted at least every three years, and these will be aligned to the annual self-declaration.

The Chief People Officer will ensure that the results of the annual self-declaration are recorded on the Electronic Staff Record (ESR) and will draft an assurance report to the Board on behalf of the Chair.

2. Fit and Proper Person: New Appointment and Annual Assurance Checks

All new appointments are subject to a full FPPT that includes:

- Standard employment checks as per the Trusts Recruitment and Selection Procedure,
- References, using the board member reference template that cover a six-year continuous employment history,
- An enhanced DBS for individuals acting in a role that falls within the definition of a 'regulated activity',
- Search of insolvency and bankruptcy register,
- Search of Companies House register to ensure that no board member is disqualified as a Director
- Search of the Charity Commission's Register of Removed Trustees,
- Web/social media search,
- Satisfactory completion of the self-declaration.

The annual assurance process comprises:

- Annual self-declaration,
- DBS check at least every 3 years

3. Detail

In preparation for the implementation of the new FPPT Framework, the Governance and Recruitment teams audited board member records for gaps and took actions to ensure compliance with the new framework during December 2023 to January 2024.

An independent audit of board member records was completed by a member of the NHSE Recovery Support Team, and a report was issued on 29 January 2024. The trust's response to the recommendations from this audit is attached at appendix 1.

The following individuals listed below were tested against the new FPPT guidance and were deemed fit and proper for the year ended 2023/24:

- Professor Sir Keith Willett (Chair)
- David Eltringham (Chief Executive Officer)
- Les Broude (Non-Executive Director/Senior Independent Director)
- Sumit Biswas (Non-Executive Director)
- Dr Anne Stebbing (Non-Executive Director)
- Ian Green (Non-Executive Director)
- Dr Dhammika Perera (Non-Executive Director)
- Nigel Chapman (Non-Executive Director)
- Mike McEnaney (Non-Executive Director)
- Daryl Lutchmaya (Chief Governance Officer)
- Paul Kempster (Chief Transformation Officer)
- Helen Young (Chief Nursing Officer)
- Melanie Saunders (Chief People Officer)
- Mike Murphy (Chief Strategy Officer)
- Dr John Black (Medical Director)
- Craig Ellis (Chief Digital Officer)
- Stuart Rees (Interim Director of Finance)
- Mark Ainsworth (Director of Operations)
- Gillian Hodgetts (Director of Communications, Marketing and Engagement)

To further satisfy requirements of the framework, the Governance and HR/Recruitment teams carried out the following actions:

- Privacy Notices issued to Board members on 25 March 2024 and filed in the FPPT records
- Self-attestation forms sent to Board members on 11 June 2024. The Chief Executive Officer reviewed the signed declarations for Executive Directors and the Chair for Non-Executive Directors and determined that the Directors continued to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and Proper Persons Test.
- Compliance of the FPPT framework was confirmed to the Council of Governors at CoG meeting held on 3 April 2024.
- Outcomes of the FPPT checks was validated by the Chair as required by the framework. The Senior Independent Director (SID) confirmed the Chair's fitness and signed the relevant section of the annual submission template, the Chair signed the template following the validation of checks and compliance recorded on ESR.
- The Head of Governance & Compliance completed the annual submissions on 26 June 2024
- Acknowledgement of the submission was received on 1 July 2024. The Chair and Interim Director of People were notified of this on 1 July 2024.

3.6 In conclusion, the Trust has strictly adhered to the FPPT guidance and applied this to 19 Board members and Directors in 2023/24. Relevant checks will be updated for 2024/25 for the yearly submissions at the end of June 2025.

4. Quality Impact

The board is accountable for the provision of sustainable, high-quality care and the calibre and standing of the directors has the potential to impact this.

5. Financial Impact

There is no direct financial impact as the Fit and Proper Persons test is carried out internally.

6. Risk and compliance impact

The annual Fit and Proper Person Test complies with the Care Quality Commission's regulatory standards for the Fit and Proper Person Requirements (FPPR) of Directors to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3): Regulation 5

The FPPT relates to BAF risk, Safe and effective care, along with ensuring to meet the Trust's strategic objective of Well Led. Without this process in place, there is a risk the Trust could appoint an unfit person that should be prevented from holding office.

7. Equality, diversity and inclusion impact

There is no EDI impact as the test is applied equally to all relevant directors and officers.

8. Next steps

None – report is for the Trust board and required returns have been made to NHS England.

9. Recommendation(s)

9.1 The Board is asked to **NOTE** the process that has been followed and take **ASSURANCE** that the trust is compliant with the framework and associated regulations.

10. Appendices

10.1 Appendix 1 – Actions in response to audit carried out on FPPT records

Appendix 1

Audit of Fit and Proper Person Test (FPPT) records Recommendations

Recommendation	Status	Comment
The records are held in multiple folders and by multiple teams. It might be helpful to consolidate these. For example, the NED re-appointment letters once agreed by the Council of Governors can be sent to the HR team for central record keeping.	Implemented	HR hold the files for the NEDs in the All Staff folders
The appraisal records are also held in multiple places. NED appraisal records are held in the governance folders, ED appraisal records held by CEO's EA. It is worth considering if appraisal records can be held in the central HR folders. If confidentiality is a concern, a summary record can be held in the folders	Pending	All Appraisal records Executives and Non-Executives will be transferred to HR by 30 April 2025.
Board needs to seek assurance on the preparedness of moving to the new FPPT process from April 2024, including annual returns to the NHSE regional team	Pending	Regular internal checks/auditing carried out throughout the year to maintain reassurance. This report provides assurance
Consider commissioning an internal audit in 25/26 on the robustness of the process of FPPT	Pending	Not in the 25/26 plan but will consider for 26/27.



**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Annual Report – Use of Trust Seal
Agenda item	
Report executive owner	Becky Southall, Chief Compliance Officer
Report author	Kofo Abayomi, Head of Corporate Governance & Compliance
Governance Pathway: Previous consideration	N/A
Governance Pathway: Next steps	To be reported to the Trust Board

Executive Summary		
<p>An annual report to the Trust Board on the use of the Trust Seal as noted on the formal register – for the period 1 April 2024 – 31 March 2025.</p> <p>The report notifies the Trust Board that the Trust Seal was used on three occasions in the reporting period as detailed below.</p>		
Details	Signatories	Date
Lease Agreement between SCAS and DHL for occupation of a SCAS site at Oxford RC.	David Eltringham, Chief Executive and Stuart Rees, Interim Director of Finance.	04.02.25
Licence to reassign between Shama Family, South Central Ambulance Service and ERS Transition Trading EMED Group for the reassignment of	David Eltringham, Chief Executive and Stuart Rees, Interim Director of Finance.	04.04.25

the lease for the property at 111-113 Loverock Road		
Transfer of Registered Title for 111-113 Loverock Road, Transferor South Central Ambulance Service to ERS Transition trading as EMED Group Limited	David Eltringham, Chief Executive and Stuart Rees, Interim Director of Finance.	04.04.25

Alignment with Strategic Objectives
Aligns with all strategic objectives. Finance & Sustainability

Relevant Business Assurance Framework (BAF) Risk
Not Applicable.

Financial Validation	There are no financial validation required for this report.
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Recommendation(s)
The Board is asked to receive and note the content of the report.

For Assurance		For decision		For discussion		To note	✓
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**Trust Board of Directors Meeting in Public
 29 May 2025**

Report title	Board Site Visits 2025 - 26
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Agenda item	25
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Report executive owner	Becky Southall, Chief Governance Officer
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Report author	Kofo Abayomi, Head of Corporate Governance & Compliance
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Governance Pathway: Previous consideration	Not Applicable
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Governance Pathway: Next steps	Not Applicable
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Executive Summary

Board member approachability and visibility to the wider organisation is key to becoming a well-led Trust. As part of this journey, the Governance team is monitoring Non-Executive Directors and Executive Directors site visits accordingly to ensure that the Trust maintains a high level of Board visibility across all of its sites. The attached table provides a record and future site visits that are planned.

One aspect of monitoring Board members' site visits which is reported via a metric in the 'Governance and Well-Led' Improvement Programme workstream, is to ensure that visits are being undertaken by both Non-Executive Directors and Executive Directors and that Visit Reports are being completed and returned to the Compliance Team.

The aim is for each Executive Director to make at least one visit per month to the various SCAS sites. This is also applicable to the Non-Executive Directors. Multiple visits to SCAS sites in a month are discounted, and only one visit is included in the metric.

Alignment with Strategic Objectives

The site visit report aligns with the Well Led

Relevant Board Assurance Framework (BAF) Risk

The report is relevant to all BAF risks.

Financial Validation	Not Applicable
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Recommendation(s)

The Board is asked to **Note** the Report.

For Assurance		For decision		For discussion		To note	✓
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Non-Executive & Executive Directors Site Visits report

Non-Executive Directors

Professor Sir Keith Willett CBE – KW

Sumit Biswas -SB

Les Broude - LB

Ian Green OBE – IG

Katie Kapernaros – KK

Mike McEnaney – MM

Ruth Williams- RW

NED Location visited in 2025/26	NED Visited	Month of Visit	Locations that have had no visits during 2024/25	No. of visits in 24/25	Last Visit
Abingdon Fleet Services OX14 4SD	KK KW	Apr Apr	Adderbury RC OX17 3FG	2	Aug 24
Nursling RC SO16 0YU	LB	Apr	Bracknell RC RG12 7AE	1	Jul 24
Didcot RC OX11 8RY	LB	Apr	High Wycombe RC HP11 2JQ	2	Mar 25
Winchester & Eastleigh RC/HART SO50 4ET	LB	Apr	Kidlington RC OX5 1RF	1	Dec 24
			Milton Keynes Blue Light Hub MK6 4BB	1	May 24
			Newbury RC RG14 1LD	0	
			Oxford City RC OX3 7LH	4	Mar 25
			Reading RC RG1 7DA	1	Apr 24
			Stoke Mandeville RC HP21 8BD	1	Jun 24
			Wexham Park RC SL3 6LT	1	Dec 24
			Alton RC GU34 2QL	2	Sept 24
			Andover RC SP10 3RJ	2	Dec 24
			Basingstoke PTS RG24 8QL	0	
			Basingstoke RC RG24 9LY	0	
			Cosham RC Northarbour RC PO6 3TJ	2	Oct 24
			Gosport PTS PO12 3SR	1	Sept 24
			Havant PTS PO9 2NA	0	
			Hightown RC SO19 0SA	1	Jun 24
			Hythe RC SO45 5GU	0	
			Lymington RC SO41 8JD	2	Nov 24
			Petersfield RC GU31 4AN	1	Dec 24
			Portsmouth PTS PO3 6EJ	0	
			Ringwood RC BH24 3EU	1	Aug 24

