



Council of Governors meeting

DATE: Wednesday 4 October 2023
TIME: 18.30– 20.50
VENUE: MS Teams

<u>Item</u>	<u>Action</u>	<u>Time</u>
OPENING BUSINESS		
1	Chair's Welcome and Apologies for Absence Keith Willett	Verbal To note
2	Declaration of Interests Keith Willett	Verbal To note
3	Minutes from Meeting on 31 July 2023 Keith Willett	Page 3 To approve
4	Action Log Daryl Lutchmaya	Page 8 To note
ACCOUNTABILITY FOR BOARD PERFORMANCE		
5	Chief Executive's Report David Eltringham	Page 12 To note
6	Improvement Plan update Mike Murphy	Page 16 To note
7	ICB Update Mike Murphy	Verbal To note
8	Follow up on External Audit Findings Stuart Rees	Page 47 To note
9	Questions from Governors All	Paper To note
COMMITTEE UPDATE		
10	Membership and Engagement update Mark Davies, Margaret Eaglestone	Page 55 To note
ANNUAL BOARD COMMITTEE REPORT		
11	Finance and Performance Committee Report Les Broude	Page 59 To note
ITEMS FOR DISCUSSION & NOTING		
12	Financial Performance Report (including Estates) Stuart Rees	Page 62 To note
13	People Directorate Report Melanie Saunders	Page 69 To note

<u>Item</u>		<u>Action</u>	<u>Time</u>
14	Quality Directorate Update Helen Young	Page 87 To note	19.40
15	Digital Directorate Update Steve Clarke	Page 98 To note	19.45
16	Operations Update - 999, 111 & Other Paul Kempster	Page 103 To note	19.50
17	Governance Directorate Update Daryl Lutchmaya	Page 113 To note	19.55
<i>Executive Directors to leave</i>			
COG OPERATIONS			
18	Lead Governor's Report Helen Ramsay	Page 117 To note	20.00
19	NED Report Les Broude	Page 119 To note	20.05
20	Council of Governor's Development Action Plan Daryl Lutchmaya	Verbal To note	20.10
CLOSING BUSINESS			
21	Any Other Business Keith Willett	Verbal To note	20.20
22	Questions from Members/Observers Keith Willett	Verbal To note	20.35
23	Review of Meeting Keith Willett, All Governors	Verbal To note	20.40
24	CoG Forward Planner Keith Willett	Page 127 To note	20.45
25	Date and Time of Next Meeting Keith Willett Wednesday 31 January 2023	Verbal To note	20.50

Please note that some of these agenda items were received by the Trust Board on 28 September 2023.



Draft Unapproved minutes of the meeting in public of the South Central Ambulance Service (SCAS) NHS Foundation Trust Council of Governors (CoG) held on Monday 31 July 2023 at Newbury College (Monks Lane, Newbury, England, RG14 7TD); - Forum Meeting Room

Governors present

Andy Bartlett (Public Governor – Hampshire); Loren Bennett (Staff Governor); Rachael Cook (Staff Governor); Anne Crampton (Partner Governor - LA); Mark Davis (Deputy Lead Governor and Public Governor – Berkshire); Claire Dobbs (Partner Governor – Air Ambulance) by TEAMS; Tim Ellison (CFR Governor, Romsey); Hilary Foley (Public Governor – Hampshire); Mike Charles (Governor-Buckinghamshire); Stephen Bromhall (Public Governor – Buckinghamshire); Charles McGill (Public Governor – Hampshire); David Lockett (Governor-Hampshire); Tony Nicholson (Public Governor – Hampshire); Helen Ramsay (Public Governor – Oxfordshire); Alan Weir (Staff Governor); Tariq Khan (Staff Governor) .

Governors not in attendance

Mark Perryman (Public Governor – Hampshire); Ian Sayer (Staff Governor); Graeme Hoskin (Appointed Governor).

Directors/Others in attendance

Professor Sir Keith Willett CBE (Chair); David Eltringham (Chief Executive); Les Broude (NED); Nigel Chapman (NED); Dr Anne Stebbing (NED); Professor Helen Young (Chief Nurse Officer); Mike Murphy (Chief of Strategy); Dhammika Perera (NED) by TEAMS; Daryl Lutchmaya (Chief Governance Officer); Margaret Eaglestone (Membership and Engagement Manager) ;Nora Hussein (Interim Assistant Trust Secretary) ; Sarah Thompson (Associate Director of Safeguarding); Simon Mortimore (Assistant Director of Business Information).

Directors / Executives' apologies received.

Aneel Pattni (Chief Finance Officer) Melanie Saunders (Chief People Officer); Paul Kempster (Chief Operating Officer); Dr John Black (Chief Medical Director); Sumit Biswas (NED and Deputy Chair); Mike McEnaney (NED) Stuart Rees (Interim Director of Finance); Jill Lanham (Director of Digital);

Observers

There were no observers at this meeting.

OPENING BUSINESS

1. Chair's Introduction, including Apologies for Absence

The Chair welcomed everyone to the meeting and noted apologies for absence as above.

The Chair informed the Council that a well-attended Council of Governors Board Strategy Session had taken place prior to the Council of Governors formal meeting.

2. Declarations of Interests

No declarations of interest were received.

3. Minutes of the meeting held on 5 April 2023

The minutes of the meeting held on 5 April 2023 were **APPROVED**, subject to minor editorial amendments which would be addressed following the meeting.

- Remove from the agenda: The Board resolves that in the interests of public order, the meeting adjourn to enable the Board to complete business without the presence of the public.
- Amend date.
- Page 7- Governor name to be corrected.

The Council were informed that papers would be made available to public via the internet following technical problems being resolved.

4. Action Log

The Council of Governors Action Log was **noted**. It was agreed to close Action 4- Representation by Sustainability and Transformation Programme (STP) or Integrated Care System (ICS) to be included in the stakeholder session as this represent the citizen that SCAS serves.

Holding the NEDs to account for the performance of the Board

5. Chief Executive's Report

The Chief Executive extended his thanks to the Governors and Non-Executive Directors who attended the Board Strategy workshop prior to the Council of Governors meeting which had reviewed the long-term strategy and had looked at relevance and appropriateness. The workshop had also considered the 10 Point Plan that had launched on 6th June 2023, coinciding with the first 100 days of the CEO. Engagement sessions were being held internally with all stakeholders in respect of the Trust's 3-5 year strategic ambitions and priorities, with a view to re-launching the strategy in the Autumn of 2023.

The Chief Executive highlighted:

- Hampshire & Isle of Wight ICB had been placed into NOF4 status and applied to all partner organisations including SCAS in respect of financial governance. Additional support from NHSE was being provided to the local system and the Trust was collaborating fully with the ICB and partners.
- In May 2023 the Trust accepted that a balanced budget would be delivered although significant challenges lay ahead. A cost improvement programme had been put in place that would deliver against the gap (approx. £30m). A Financial Sustainability and Recovery Group had been established and was chaired and lead by the Chief Strategy Officer to identify efficiency and savings.
- In June 2023 Category 1 performance was 9 minutes and 15 seconds against the 7-minute standards whilst Category 2 performance was adrift of trajectory at 34 mins 8 seconds. Whilst performance was strong for most of June, there had been a period between 9 and 18 June where demand and performance had presented challenges due to excessive heat and pollen. July figures had continued to be behind trajectory and a recovery plan had been implemented.
- At his fifth month in post, the Chief Executive had been welcomed by staff at all those sites that he had visited and who he described as resilient, committed, and focussed during challenging times. He had spent some time on the front line and had witnessed great work from staff. He had also visited call centres and had noted the impressive work being done whilst also acknowledging the hard work being achieved by the corporate teams in the background.
- Ongoing difficulties with Electronic Patient Report Forms due to issues with the supplier and service. The downtime was expected to remain for a number of weeks however business continuity plans were in place to ensure record keeping and a solution was being sought in the interim.
- The SCAS Long Service Awards had been held and coincided with the NHS 75th anniversary. A number of staff had received long term service awards, some of which were for the Queens Medal for 20 years' service and conduct, SCAS Medal for 20 years' service and good conduct. He expressed his pleasure in being able to thank long term staff for their long-term service.

Council **noted** the report.

6. Improvement Plan update

The Chief Strategy Officer informed the Council that the improvement plan focus had moved to a strategic focus:

- stakeholder engagement where it is required to provide assurance of delivery,
- staff engagement in which staff are involved to develop and support the plan to ensure that there is internal as well as external expertise, and

- regulators that the strategic focus that the strategic focus is required to invite to ensure clear set of exit criteria in order to align the plan.

He gave an overview of the SCAS Tripartite Provider Assurance Meeting (TPAM) that focuses on supporting the team to move towards longer term thinking 3-5 years down the road, building and developing the ten-point plan, engaging with staff and reconnecting to SCAS's strategy. Further development of the Improvement Programme during the month had included assurance and how SCAS updates TPAM.

A significant amount of work had been underway in terms of governance and strengthening internal assurance and accepting improvements where needed.

The Chair responded to the request for further clarity of the work with South East Coast Ambulance Service NHS Foundation Trust (SECAMB) saying that there was a fertile and constructive relationship between both organisations. There was a view from NHS England, that as a region there was a lot to be gained from stronger working relationships.

The Chair expressed that the Trust should be looking at ways others are working and communicating with other Ambulance Trusts.

Council **noted** the update.

7. Governance Update

The Council received a report from the Chief Governance Officer in respect of governance matters, the following key points being noted:

- The Annual Members Meeting (AMM) was scheduled to take place in September 2023 and that invitations would be sent out. The annual report would be received at the AMM alongside the Trusts plans for the year ahead.
- As reported previously, Hampshire & Isle of Wight ICB had been placed into NOF4 and this had been extended to all partner organisations (including SCAS) in respect of financial governance. Additional support from NHSE was being provided to the local system and the Trust was collaborating fully with the ICB and partners.
- At an extraordinary meeting of the Council of Governors on Friday 30 June, Governors had approved the recommendation from the Nomination Committee to appoint Mr Ian Green, Non- Executive Director, for a second term of three years, effective from 1 July 2023.
- At the Trust Board meeting held on 29 June 2023, the four ICBs' Joint Forward Plans (HIOW, BOB, BLMK and Frimley) had been received and considered. The Board had been satisfied that SCAS had actively been involved in the development of the Joint Forward Plans and had endorsed them. The Joint Forward Plans are available on each of the ICBs' websites.

There was request for the Council to receive a detailed paper including actions and progress to governance matters at the meeting in October.

Council **noted** the update.

8. System Special Notifications update

The Chair informed the Council that the System Special Notifications update was an action of the Public Trust Board in which the Lead Governor had requested to receive additional feedback on the 'special notes' assurance process following a patient story received at the meeting.

The Associate Director of Safeguarding informed the Council that there were approximately 76,000 special notes in the service that were managed by the Special Notes team. There were approximately 20,000 that were managed by the Complex Care Team. The special notes also contained danger alerts that were also accessed by other healthcare medical professionals e.g Mental Health Nurses and GPs.

It was explained that there were safeguarding challenges within the special notes and that the notes sat within the patient's accommodation/address and not patient's file. Danger alerts such as violence and aggression also sat within the special notes and created alerts to staff.

It was questioned whether with assurance could be given to the management of the special notes. The Associate Director Safeguarding responded that there are systems and processes in place within the team for the appropriate management and governance of SCAS hosted Special Notes and CAD Alerts

The Associate Director Safeguarding also responded that there is a large piece of work required to be done to align to the modernisation of SCAS special notes.

Council **noted** the update.

9. Annual Accounts and Annual Report 2022/2023 including Auditors' Reports

The Council received a update from the Chief Governance Officer about the 2022/23 Annual Accounts and Annual Report:

- The Annual Accounts and Annual Report had been signed off by the Audit Committee on 13 July 2023.
- Following completion of the audit of the annual report and accounts, the Trust's external auditors Azets have given the following opinions:
- An unqualified opinion that the accounts gave a true and fair view of the financial position of the Group and of the Trust as at 31 March 2023
- A qualified opinion of the Remuneration Report and the Staff Report.

The Chair informed the Council of Governors that the Audit Committee had had concerns around internal and external audit recommendations not being implemented and that the Chair of Audit Committee had specified that the Committee would ensure the recommendations were followed up.

There was a request to share the external audit findings on value for money to be circulated to the Council of Governors. **Action 1.**

Council **noted** the update.

10. Questions from Governors

There were no questions.

(Executive and Non-Executive Directors left the meeting at this point). The Chief Governance Officer remained in the meeting.

COMMITTEE UPDATE

11. Report from the Membership and Engagement

The Chair of the Membership & Engagement Committee and the Stakeholder and Engagement Manager presented his report to Council as follows:

- **The Recruitment and Membership Roadshow had been presented as case study at NHS Providers Governor Focus Conference in May-** NHS Providers had invited SCAS to present a case study of its recruitment and membership roadshow at the Governor Focus Conference held in London in May. Helen Ramsay, Loretta Light, Loren Bennett and Margaret Eaglestone had attended. SCAS had visited ten sites across the south-central area to promote recruitment and advertise vacancies at the Trust.
- **Health inequalities-** Governors attending the MEC on 18 May had participated in a workshop with data on demand and deprivation presented by Simon Mortimore, Business Information, and had been led by Keith Willett, to explore engagement opportunities and to develop a plan to engage with under-represented communities across the SCAS area.
- Terms of Reference had been updated.

Council **noted** the update.

ITEMS FOR DISCUSSION & NOTING

12. Communication Strategy for Governors update

The Lead Governor informed the meeting that the new Governance Team had held two introductory sessions with Governors since the previous Council of Governors meeting with the view of identifying ways of improving interaction and engagement with Governors. The term 'reset' was used to highlight that a concerted effort and a plan would be put in place to formalise a new way of working.

The Council received the Communication Strategy for Governors.

Council **noted** the update.

13. CoG Development Action Plan Update

The meeting received the CoG Development Action Plan update.

The Council requested that they were kept updated with change of Board members. A discussion was held around the benefits of hybrid meetings. It was noted that hybrid meetings were not always effective due to technical difficulties and costs.

Council **noted** the update.

14. Non-Executive Director Update

Non-Executive Director Nigel Chapman provided an update that detailed his role at SCAS, and meetings attended as well as activities that he had participated in. Within his presentation he highlighted his views of areas of opportunity and challenges within SCAS.

There was a conversation around ensuring SCAS Volunteers were included within the wider strategy.

Council **noted** the update.

15. Lead Governor's Report

The Lead Governor presented an update highlighting the activities carried out within the past three months.

Council **noted** the report.

CLOSING BUSINESS

16. Any Other Business

There was a query around Governor involvement with the ICB. The Lead Governor responded that that there had been a Governor involved at a meeting with Buckinghamshire, Oxfordshire and Berkshire ICB (BOB) and involvement with the recruitment of the Chair. The Chair also responded that it was important to note that the establishment of ICBs was relatively new and Governor involvement would be yet to be established. **Action 3.**

The Chief Governance Officer informed the meeting that work on Governor Elections would commence in October 2023 and that the Council would be updated with plans and arrangements as the work would commence ahead of the next CoG meeting.

17. Questions from Members/Observers

There were no questions.

18. Review of Meeting

There was no review.

19. CoG Forward Planner

The Council **noted** the CoG Forward Planner.

Council of Governors Meeting 4 October 2023

Council of Governors Action Log

Ref No/Item	Action Required	Lead	Date Raised	Due Date	Status
Action 1	KPI's and milestones for the enabling plans to be shared with the CoG.	MM	16/06/2022	31/03/23 April 2024 Date tbc	<u>Open</u> KPI's and milestones will be available at the end of the financial year and the conclusion of the budget cycle. <u>4/10/23</u> Board Seminar on strategy/annual cycle of business October 23 and annual work plan training in March 24 to plan KPI's and milestones.
Action 2	A meeting of the CoG Development Working Group to be convened to review the SCAS Council of Governors Appointed Partner Governor positions, following the abolition of Clinical Commissioning Groups on 30 June.	DL	27/07/2022	30/01/23 31/01/24	<u>Open</u> To be discussed between the Lead Governor, the Company Secretary and the Chair and reported at the next CoG meeting. <u>4/10/23</u> Lead Governor, Chair and CGO have had a discussion regarding coverage of the 2 appointed Governors who represent the former CCG's/ now 4 ICB's.
Action 3	A briefing session on urgent care pathways and on clinical assessments at 111 to be provided to the Governors.	MA	06/10/2022	31/07/2023 Autumn 23 Date tbc	<u>Propose to close</u> To be presented at the July CoG meeting. <u>4/10/23</u> briefing to be delivered at Autumn 23 Workshop, date tbc.

Ref No/Item	Action Required	Lead	Date Raised	Due Date	Status
Action 4	Assistant Company Secretary to take forward the arrangements for patient stories be available to the Governors via their portal.	DL	06/10/2022	17/02/2023 04/10/2023	<p><u>Propose to close</u> IT has confirmed that the Governor Portal is now working and users should reset their password. Contact co sec for support if you continue to struggle.</p> <p>Board Patient Story content will be uploaded if received (normally it is a verbal report).</p>
Action 5	There was a request to share the external audit findings on value for money to be circulated to the Council of Governors.	SR	31/07/23	04/10/23	<p><u>Propose to close</u> The Auditors Annual Report 22/23 was received at the AMM on 13 September and included the External Auditors findings on VFM.</p>



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	5
Title of Paper:	Chief Executive Report
Presented by:	David Eltringham, Chief Executive Report
Paper for Debate, Decision or Information:	For Information
Main Aim:	To update the Council of Governors about important events since the last quarterly meeting.
Summary of key points for consideration	Updates on operational, financial, quality and safety and people issues. Current issues and ongoing matters are discussed.
Recommendations or Outcome Required :	The Council of Governors are asked to note the content.
Previous Forum:	Some content has been received at the Public Board meeting held on 28 September 2023
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Daryl Lutchmaya, Chief Governance Officer

CHIEF EXECUTIVE'S REPORT

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

Modernisation Programme

Having joined the Trust in March 2023 and taken over as Accounting Officer on 1st April 2023, I embarked on a programme aimed at getting to know the organisation and understanding what was driving some of the key challenges. By early April the Trust declared that it had identified a significant financial challenge, resulting in a projected deficit for the 2023/24 financial year in excess of £30m. Throughout June, I spent considerable periods of time out and about working alongside staff, and publishing a 10 Point Plan. This plan was aimed at getting the organisation to focus on getting the basics right as we undertook a review and reconnection exercise with a long-term strategy. In June and July the Trust failed to meet the targets it had set against the Category 2 mean response time recovery plan leading to further discussions with NHSE's national and regional teams; culminating in the Trust presenting an operational recovery and improvement plan to NHSE. The Trust has committed to simultaneously deal with its financial challenge, to sustain and improve its operational performance, to deliver a high quality, safe service to its patients and to look after its staff.

As a result of these commitments, SCAS has begun an ambitious programme of modernisation which is underpinned by a strategic requirement to ensure the services we provide are 'fit for purpose' and deliver the best possible, high quality and safe services for the communities we care for. Whilst recovering our financial position and ensuring optimal operational performance are certainly two of the key drivers for reforming the organisation, we need to take measures to future proof services, taking account of economic factors, sustainability and environmental responsibilities and changing societal needs.

Senior leaders have already met and engaged in positive initial discussions about what will be needed to deliver this transformation. Setting out the roadmap to achieve sustainable change as quickly as possible will require a structured programme with individuals dedicated to it. Work has also begun on the development of the governance structures required to support this programme.

Internal communications have gone out to staff to raise awareness and ensure staff can contribute to the generation of new ideas as well as the delivery of them. Briefings to our Council of Governors, commissioners, external partners and stakeholders have also gone out and regular updates will be issued. Much of this programme of work cannot be delivered in isolation and SCAS values and appreciates the partnership working that it has in place across the health and social care economy. These relationships will be critical as we transform our patient care offer and work to further develop its care navigator role.

As of 1st October 2023, the current Chief Operating Officer role will be split. The day-to-day operational management role together with the development of the modernisation agenda, is far too great for one role to deliver. Paul Kempster, our Chief Operating Officer, will solely focus on the modernisation programme and Mark Ainsworth will join the Executive Team (initially for three months) in his role of Director of Operations, during this period Mark will also lead the Contact Centres and Planning teams. This change will allow Paul the bandwidth to really embrace and lead the transformation agenda, working closely with Executive colleagues.

Paul will be responsible for planning and implementing a radically different service model through the reconfiguration of the workforce, estate and fleet whilst Mark will have responsibility for the call centres, despatch, planning & scheduling as well as our front-line response. Mark will run the day-to-day operation and ensure that this remains resilient whilst we plan and deliver radical changes to the way we run our services. Both will report directly to the CEO.

We are all committed to traversing the difficult path to financial and operational transformation. It is the right thing to do for the organisation, our staff and our patients but we need to do it carefully, considerately and quickly.

Electronic Patient Record outage

On Tuesday 18 July our SCAS electronic patient report form (ePR) went offline due to a cyber event affecting our ePR provider Ortivus. This meant that our electronic means for recording the care of our patients and sending that, and accompanying information to receiving units, became unavailable. The Trust took swift action and we reverted to using a paper-based system to record instead. The unavailability of the system required many contingency measures to put in place and questions to be answered to ensure that information could continue to be shared with the appropriate people, in a timely manner.

The issue was flagged by our on-call director out of hours and as a result, SCAS declared a Business Continuity (BC) incident. This was communicated to all staff in the early hours of the following day. From the 19 July we commenced regular internal and external briefings which are still on-going. The ePR system is vitally important to the operation of 999 and supports our frontline colleagues in the delivery of patient care, it is part of their normal day to day working. Internal communication has been key to ensuring that those impacted have been kept up to date and supported in continuing to do their jobs. Equally it has been important for the wider organisation to be aware that a Business Continuity had been declared. Frequently Asked Questions were put together and updated, processes for the reporting of safeguarding concerns were put in place and new arrangements for the sharing of Electrocardiograms (ECGs) communicated.

As this was an issue that was affecting not only SCAS, it was important that we kept our partners and other stakeholders informed and that we reassured our regional and national colleagues of the actions that we had taken to manage the situation. We have received a number of local and national media enquiries that were responded to by NHS England regional and national colleagues. We have also been working closely with Ortivus to ensure open lines of communication, to share updates on the latest situation and to provide consistent responses to queries about the issue.

This has been a prolonged business continuity incident that initially required intensive communications support to ensure that our staff had all the information they needed to allow them to continue responding to patients. It proved to be an evolving situation, as we worked to understand with our providers and partners what the issues were and the associated impact that these might have. As we are now in the recovery process, with ongoing testing ahead of standing up ePR once again, communications will continue with all parties as we return to normal functioning once again.

SCAS clinical, educational, operational and digital teams have been continuing to work together over the last few weeks to test the Ortivus ePR functionality in advance of a decision to resume services. Operationally, the decision has been taken that all terminals within all Acutes must pass testing prior to the 'go-live'.

We are continuing with the technical testing. We are in a strong position within Hampshire to proceed with go-live. We have less certainty in acutes' preparedness in BOB ICS. However, we continue to push strongly to complete testing within the Acutes with the aim of achieving our deadline of the 10th October.

There are some technical issues currently being experienced with the Ortivus datafeed to the SCAS systems and efforts are ongoing to resolve these ASAP, however, this does not represent a 'showstopper' with alternative solutions available as an interim measure. Isle of Wight returned to live operations with Ortivus ePR on Monday 2nd Oct, with no issues encountered.

Lucy Letby

Lucy Letby committed appalling crimes and our thoughts are with all the families who are affected and who have suffered pain and anguish. The Trust is complying with the many safeguards to prevent such patient harm occurring at SCAS including implementing the new Patient Safety Incident Response Framework representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients; the strengthened Fit and Proper Person Framework and the revised Freedom to Speak Up (FTSU) policy based upon new NHSE guidance.

Operational performance

Following a challenging June performance we saw this continue into July with our category 2 performance at 33 minutes 10 seconds, however we have seen a significant improvement in August delivering 27 minutes 33 seconds. This improvement has been achieved following the implementation of the Operational Performance Improvement plan at the start of August. There were a number of immediate actions taken to increase operational staffing levels and reduce our abstractions which were then supported with short and medium term actions to develop a more sustainable level of operational hours to meet the 999 response demand. These actions included increasing our private provider hours, increasing SCAS staff hours through overtime, incentivising specific shifts and bank shifts. This plan is being closely monitored by the senior operations team and additional actions being added. We have also set up a formal agreement with WMAS to take a percentage of our 999 calls when the calls breach 60 seconds waiting for SCAS to answer. This is improving our call answer performance along with on going actions to increase our own ECT staffing levels. 111 performance has remained positive through July and August.

Finance

The Trust's forecast outturn is £38.5m deficit. The forecast deficit has increased by £2.6m from M4, mostly driven by a re-alignment of income assumptions to exclude all non-confirmed income. In addition, the current forecast does not include any costs of organisational structure changes that may be required as part of the financial recovery plan.

The Trust's cash balance at the end of August at £36.1m. The Trust's cash balance has decreased by £13.9m since the start of the financial year. At the current expenditure run rate, the Trust will require cash support from July 2024 to support continuing operations.

Quality and Safety

The Patient Safety Improvement Plan consists of specific workstreams which include, Safeguarding, Patient Safety and Experience, Management of Medical Devices and Equipment, Medicines Management and Infection Prevention and Control (IPC). The actions are managed and monitored through the Patient Safety Improvement Plan which reports and provides assurance to the Patient Safety Delivery Group and the Integrated and Oversight Board.

All oversight and assurance meetings were held throughout the reporting period and progress against actions and assurance provided.

Level 3 face to face Safeguarding training was suspended for two weeks during the reporting period to release capacity and support operational performance. It is still anticipated that the target will be achieved at year end following the implementation of remedial actions.

Any requests to suspend or cancel training are formalised through a weekly Executive training review panel and recorded in an action log.

As mentioned above, during July, a business continuity incident was declared following the outage of the Electronic Patient Record System. This has required staff to use paper records to record care and manual referral processes have been instigated. We continue to monitor any patient safety incidents or issues as a result of the outage.

There have been two Zoll incidents reported, which are currently under investigation and the devices are being forensically analysed by Zoll. An audit of vehicles is in progress to ensure a secondary device is on every vehicle. Secondary devices added to the critical check list for staff at the start of shift.

People

Following the launch of the Trusts People Strategy; progress against the objectives set for the first 6-18 months of the Strategy include:

“People Voice” feedback channels have been agreed and a process for collating data, triangulating, acting on feedback and governance is in place. We now need to demonstrate action on feedback and impact.

Leadership programmes continue, with new modules including the collation of facts investigation training.

Wellbeing conversation workshops and education are in place.

Winter wellness pack has been launched, including QR code sticker on vehicles to improve signposting to H&WB portal. A Financial wellbeing guide has also been launched.

Additional MH and Physio support is now available. We are continuing to engage leaders in developing compassionate culture, through the development of communications, education, coaching & the JLC toolkit. There is close collaboration between PSIRF and HR leads in respect of the impact of culture on patient safety.

Change to the South Central Ambulance Service NHS Foundation Trust (SCAS, the trust) planned exit date from the Recovery Support Programme (RSP)

The Trust received notification that the original planned exit date of the end of Quarter 2 2023/24 for SCAS from the RSP, was extended following approval, to the end of Quarter 4 2023/24 by NHS England. This recommendation for extension was also supported by the Hampshire and Isle of Wight Integrated Care Board (HloW ICB) and SCAS. NHS England national and regional teams and colleagues at HloW ICB recognised the hard work that has been taking place across the Trust and the progress made to date, especially around the CQC requirements, patient safety and safeguarding. By allowing this extension to the exit date given the recent change in leadership, it is to be expected that the Trust will have sufficient time to deliver on the improvements required across the range of exit criteria.

Hampshire and Isle of Wight system entry into the Recovery Support Programme

In June 2023, HloW ICB and its seven NHS Trusts were placed into NOF4 (National System Oversight Framework - segment 4) and will receive assistance in the form of the Recovery Support Programme specifically relating to Financial Governance. NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. HloW ICB has begun the journey of significant transformational change, working closely with partners across the Integrated Care System (ICS) to ensure greater efficiency and long-term sustainability of services.

The RSP is a nationally-led programme of mandated, focused and integrated support for Trusts and systems in Segment 4, which works in a coordinated way with system partners and regional and national NHSE teams. What this means in practice is that the national and regional teams will work collaboratively with SCAS and the seven Trusts to agree key drivers of the concerns that need to be resolved.

The system-wide governance and oversight arrangements to lead and oversee recovery progress have been developed with the regional team and shared with NHSE. This includes embedded regional involvement in the ICB's Executive Leadership Group, which will have Chief Executive-level oversight of system recovery. This will be complemented by monthly system oversight led by our NHSE regional team. The entry Meeting with the NHSE National Executive Team will be on Friday 29 September 2023. The exit criteria will include developing a system wide recovery plan, including a financial improvement trajectory, which aims to secure financial sustainability and recovery.

Annual Members Meeting

The Trust held its 2022/23 Annual Members Meeting on 13 September. It was well attended and the Annual Report and Accounts and Annual Auditors Report were presented to the Council of Governors, members and the wider public.

Council of Governors Elections

The Trust will be holding Governor elections in 17 seats during November and December with the declaration of results due on Wednesday 13 December 2023.



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	6
Title of Paper:	Improvement Plan update
Presented by:	Mike Murphy, Chief Strategy Officer
Paper for Debate, Decision or Information:	Information
Main Aim:	Update on progress, risks and issues regarding the SCAS Improvement Plan.
Summary of key points for consideration	Previously the full Board have been kept fully informed of progress, risks and issues regarding the SCAS Improvement Plan through attendance at, and the operation of, the Improvement Plan Oversight Board (IPOB). The purpose of this document has been to keep the Board apprised of information pertinent to that programme since the last IPOB.
Recommendations or Outcome Required :	To note.
Previous Forum:	
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Mike Murphy, Chief Strategy Officer

Improvement Programme Oversight Board

Terms of Reference

1. Improvement Programme Oversight Board Objectives

- 1.1 To review progress against the Improvement Programme plan
- 1.2 To review progress against Workstream plans
- 1.3 To agree actions to deliver the programme
- 1.4 To oversee and hold to account the delivery workstreams
- 1.5 To act as a decision-making forum for escalated workstream related actions
- 1.6 To review key programme risks and issues, and agree further mitigating action(s).

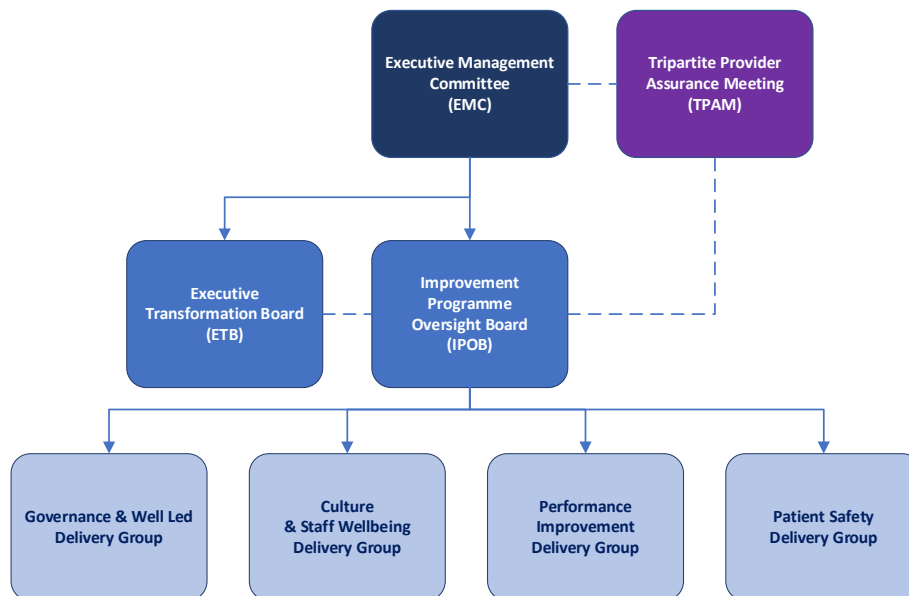
2. Improvement Programme Oversight Board Aim

The Improvement Programme Oversight Board has been established to align the Trust improvement and recovery actions and ensure Board level oversight of the programme.

3. Improvement Programme Oversight Board Organisation

- 3.1 The Improvement Programme Oversight Board will be chaired by the Chief Executive Officer and will be composed of the Executive and the Senior Responsible Officers aligned to the Workstreams/Delivery Groups. Additionally, the Transformation Programme Director, Programme Managers and Communications Director/Manager will be in attendance.
- 3.2 The programme is organised into 4 workstreams as follows:
 - 3.2.1 Governance & Well Led
 - 3.2.2 Culture & Staff Wellbeing
 - 3.2.3 Performance Improvement
 - 3.2.4 Patient Safety.

Role	Governance & Well Led	Culture & Staff Wellbeing	Performance Improvement	Patient Safety
Executive Lead	Daryl Lutchmaya	Melanie Saunders	Paul Kempster	Helen Young
Senior Responsible Officer(s)	TBC	Nicola Howells	Mark Ainsworth / Luci Stephens	Sue Heyes
Programme Manager	Amy Carden	Emma Manaton	TBC	Dai Tamplin
Executive Lead – Improvement Programme:		Mike Murphy		
Improvement Programme Lead:		Dai Tamplin		



4. Improvement Programme Oversight Board Membership

4.1 Full Membership:

David Eltringham	– Chief Executive Officer (Chair)
Mike Murphy	– Chief Strategy Officer (Deputy Chair)
Stuart Rees	– Chief Financial Officer
Paul Kempster	– Chief Transformation Officer
Melanie Saunders	– Chief People Officer
John Black	– Chief Medical Officer
Helen Young	– Chief Nurse
Daryl Lutchmaya	– Chief Governance Officer
Mark Ainsworth	– Chief Operating Officer (Interim).

4.2 **Co-opted Members.** Other members may be co-opted to IPOB as the need arises. These will routinely include Union Representatives, and may include Non-Executive Directors and Subject Matter Experts, both internal and external to SCAS as necessary.

4.3 Programme Delivery:

Sue Heyes	– SRO Patient Safety
Nicola Howells	– SRO Culture & Staff Wellbeing
TBC	– SRO Governance & Well Led
Luci Stephens	– SRO Performance Improvement
Gillian Hodgetts	– Director of Communications, Marketing and Engagement
Heather Moore	– Transformation Programme Director
Dai Tamplin	– Programme Manager (Improvement Programme Lead/Patient Safety)
Amy Carden	– Programme Manager (Governance & Well Led)
Emma Manaton	– Programme Manager (Culture & Staff Wellbeing)
TBC	– Programme Manager (Performance Improvement)
TBC	– Programme Support Officer (PSO).

5. Quoracy and Responsibilities

5.1 **Quoracy.** The meeting will be quorate when the following are present:

- No less than two Executive Directors which must include either:
 - Chief Executive Officer (Chair) and/or
 - Chief Strategy Officer (Deputy Chair)
- Two SROs, and
- Two members of the Improvement Programme team (which may include the Transformation Programme Director and/or Improvement Programme Lead/Managers).

5.2 Deputies may attend on behalf of Executives if nominated and agreed in advance by the Chief Executive Officer or Chief Strategy Officer.

5.3 Improvement Programme Oversight Board Responsibilities:

- Ensure successful delivery of the programme and required improvements, including provision of resources.
- To review progress against Improvement Programme plan
- To agree actions to deliver against the plan
- To oversee and hold to account delivery of all workstreams
- To act as a decision-making forum for programme related actions where required
- To review key programme risks and issues, and agree further mitigating actions
- To review the weekly upward report
- Provide updates at Board, Board Seminar and through the ETB
- Provide overall guidance and direction ensuring the programme remains viable.
- Communicate with stakeholders and brief the Executive Board on progress.
- Authorise the Board closure when the programme is agreed to have concluded
- Be accountable for any activity for which each member is attributed
- Actively engage and contribute to the meetings (phones on silent; laptops used for meeting business only)
- Be open and honest with regards to progress with workstreams
- To escalate any risks or issues promptly to the Executive team meetings as required on operational matters and to the Executive Transformation Board (ETB) for transformational portfolio alignment decisions
- It is expected that the members of the Board shall commit their involvement throughout the length of the project or until it is closed by the Board Chair

6. Frequency of Meetings

The Board will meet monthly, and these meetings are intended to occur with alignment to the four Delivery Groups and the Tripartite Provider Assurance Meeting (TPAM). The meeting will last ninety minutes.

7. Reporting, Agendas and Record Keeping

7.1 The Senior Executive Assistant (EA) to the CEO will minute all meetings of the Board

7.2 Standard agenda items for the Board meetings will be:

- Review of Previous Actions
- Review of Highlight report
- Review of the Board Risk and Issues Log
- Budget
- Benefits
- Items for Discussion
- Date, Time and Location of next meeting

7.3 Papers will be issued 72 hours prior to the meeting.

7.4 Escalation is to the Executive Management Committee and or Trust Board as required.

7.5 Lines of communication are to be maintained with the Executive Transformation Board for transformation portfolio alignment decisions.

7.6 Workstream Highlight Reports will be produced by the Programme Managers for IPOB.

7.7 The Programme Managers will complete PMO monthly reporting as required.

8. Board Documentation

8.1 All Board documentation produced will be stored centrally in a controlled access folder within MS Teams/MS SharePoint.

8.2 All relevant Board documents, or links to documents will be maintained by the Programme Managers (assisted by the Programme Support Officer).

9. Approval

These Terms of Reference have been agreed and authorised by the Improvement Programme Oversight Board by way of authorisation and approach to deliver the programme of improvements.

Board (Chair)

Name: D Eltringham

Signature:

Date: 26/09/2023

Improvement Programme Lead

Name: D N Tamplin

Signature:

Date: 22/09/2023

South Central Ambulance Service

Improvement Programme Review

Background

The Improvement Programme (The Programme) at SCAS has been in place since September 2022. Over the past several months efforts have been made to strengthen The Programme; including defining the aims and objectives of each workstream, agreeing trajectories and metrics, and increasing programme governance and reporting.

During this time there have been discussions regarding a more structured review of The Programme to ensure the infrastructure is as streamlined as possible with appropriate engagement and leadership of individual workstream areas. The trust financial position means that review is timely in terms of on-going resource and support for The Programme going forwards.

Scope of the review

The review covered the governance and reporting of The Programme and proposes a set of recommendations for further discussion.

Findings

Reporting:

- The internal governance for The Programme is at workstream level through to IPOB, then Trust Board and TPAM for external assurance
- Each workstream has an overall improvement plan, an action plan outlining specific deliverables and set of metrics aligned to trajectories. Action owners report progress to the workstream meetings. Programme managers manage this process and attend the workstream meetings. They complete a monthly workstream highlight report and populate a metric scorecard which is presented at IPOB. Updates are given in the workstream meetings, many of which are given by the Programme Managers. This process varies slightly depending on workstream
- The highlight report process is newly established and is iterative. Narrative in the highlight reports would benefit from active engagement and direction from SROs/Executive Leads to enable a more strategic focus.

Workstream governance and leadership

- The governance processes in place in the workstreams seem not to follow a standard approach and are consequently not entirely clear
- Each workstreams project documentation is slightly different
- Workstream project plans seem to be quite fluid rather than agreed and fixed, with formal review dates, and new actions are added continually which makes delivery against the plan difficult to understand. For most there was evidence of no firm milestones which makes it difficult to assess any progress against the 'Improvement Plan' and associated reporting
- Risks are managed differently in each workstream
- A previous version of the improvement plan exists that has been closed and classed as implemented, it is unclear how this was agreed / approved
- Interdependencies between workstreams are listed in the Plans on a Page (PoaP) but it is unclear how they work together in practice as little reference is given to collective working
- There have been instances where some actions are changed within workstreams but no discussion or notification to the other workstreams. This could cause issues as it

may have an impact on the progress of the other workstream. Additionally, the governance surrounding approval to change agreed plans and trajectories needs to be strengthened with IPOB ratifying any recommendation

- There is a lack of detailed clarity on the activities being undertaken in workstreams regarding communications and engagement and it feels like this is a missed opportunity.

Must and should do actions:

- For each must do and should do, we understand a form has been completed which describes action taken and detail of the evidence there is
- A due diligence review of these has been agreed and planned (agreed in June) but due to lack of access despite repeat requests means this has yet to be completed.

Plans on a page / scorecard due diligence:

- A due diligence review has been undertaken to cross check all Plans on a Page (to ensure measures are clear and covered and that alignment between workstreams is clear), this highlights several gaps and discrepancies between the PoaP and Scorecards. This is with the programme team for review with support from NHSE but has yet to be addressed, which means they are not finalised and further work in the workstreams is required.

Improvement team and PMO function:

- Our understanding is that the Leadership for the Improvement Programme is as follows:

Executive Lead - Mike Murphy			
Improvement Programme Lead – Dai Tamplin			
Culture	Performance	Patient Safety	Governance
1x Programme Manager FT (fixed term)	1x Programme Manager FT	1x Programme Manager	1 x Project Manager
2x Project Managers (1.8 WTE)	3x Assistant Project Managers 1x FT	1x Assistant Project Manager FT	
		1x Project Support Officer FT	

- The team has had a lot of change. Of the 11 team members, 5 are on fixed term contracts, most of which are due to end in September 2023
- It is unclear around the process of allocation of team members to each workstream.

Recommendations

1. Executive team discussion and agreement around the on-going governance, leadership and resource for The Programme is required, including flow between workstreams, communications and engagement and membership
2. Terms of Reference for all groups need strengthening, including around reporting and decision making
3. Workstream plans are needed which are aligned to the overall PoaP which can be monitored and reported upon in terms of progress

4. A review of reporting would be beneficial, including:
 - a. how progress is reported, monitored, and assurance is achieved, using standard templates
 - b. how actions are logged, including the recording new tasks that arise from workstream meetings, including which key action / milestone they relate or whether they are a new initiative.
 - c. how the workstreams work together, particularly where the programmes and themes overlap
5. A review of the workstream risks and the monitoring processes for each workstream is required, with an overarching Risk Register
6. Reporting needs simplifying and streamlining, being clear who is responsible for what (including Workstream, IPOB and TPAM)
7. Scorecard metrics should be reported in a visual way where possible, following a consistent approach
8. Leadership of the Programme would benefit from discussion with regards to programme support as well as clarity regarding roles and responsibilities of the Executive Lead and SRO
9. A review of closed actions on previous Improvement Plan and analysis of the impact needs to be undertaken to provide internal assurance that the changes made are sustainable and effective. This is in line with the 'must do/should do' piece of work.

Next Steps

- Executive Team discussion required to agree the forward approach to the Improvement Programme including leadership, governance, and resource requirements
- Linking to the governance point above, strengthening internal governance through IPOB ASAP

August 2023



SCAS Improvement Programme Oversight Board

Improvement Programme Report Pack

22 Sep 2023

Contents



Item	Page(s)
Update on CQC Must and Should Dos	3 – 7
Update on Exit Criteria	8 – 9
Improvement Programme Highlight Reports and Scorecards	10 – 23
Plans on a Page (For Reference)	24 – 28

Update on CQC Must and Should Dos

Overview

Change this period:

- Performance Improvement Should Dos:
 - Monitoring of outcomes for patients remains Red: User testing of the technical solution for users of SCAS Connect has been delayed by the ePR outage recovery work, no new launch date currently available.
- Statuses for embedding remaining MD & SD items remain the same as last period

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

Performance Improvement [Paul Kempster]:

		Actions	Embedding
Should	The trust should ensure that staff have enough time to report adverse incidents	Green	Green
Should	The trust should ensure that staff, particularly newly qualified staff, receive appropriate clinical support and supervision to enable them to provide safe patient care	Green	Green
Should	The trust should continue to identify ways to recruit staff according to their current strategy in order to improve the call handling times	Green	Yellow
Should	The trust should improve response times in line with the Ambulance Response Programme	Green	Yellow
Should	The trust should act to ensure the clinical welfare calls are completed within the targeted timeframes	Green	Yellow
Should	The trust should optimise information systems to make less labour intensive for staff and improve efficiency in reporting	Green	Green

Patient Safety [Helen Young]:

		Actions	Embedding
Must	The trust must ensure all staff complete safeguarding training at the role appropriate level and any additional role specific training in line with the trust target. Regulation 18 (2) (a)	Green	Green
Must	The trust must ensure that incidents are identified, reported and investigated in line with the NHS Serious Incident Reporting Framework, that action is taken to mitigate risks and that learning is shared across the organisation. Regulation 17 (2) (b) (e)	Green	Green
Must	The board must be sighted on accurate information about serious incidents occurring at the trust to enable strategic oversight and planning. Regulation 17 (2) (b) (e)	Green	Green
Must	The trust must ensure that where trends in adverse incidents are known that these are fully investigated, and action is taken to reduce future risks. 17 (2) (b) (e)	Green	Green
Must	The trust must ensure that it meets the statutory requirements of the duty of candour. Regulation 20	Green	Green
Must	The trust must provide a separate Mental Capacity Act (2005) Policy and ensure that staff understand the principles and application of the Mental Capacity Act (2005) Regulation 17 (1)	Green	Yellow
Must	The trust must ensure medicines are managed in accordance with the national guidance and that only authorised persons have access to controlled drugs. Regulation 12 (2) (7)	Green	Green
Must	The provider must ensure that systems and processes for managing safeguarding within the trust are adequately resourced, effective and monitored by the board. Regulation 13 (1) (2) (3)	Green	Green
Should	The trust should ensure that medicines are always kept safely, whether in stations or on vehicles	Green	Yellow
Should	The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed	Green	Yellow

Update on MD/SD Actions Rated RED

Governance & Well Led [Daryl Lutchmaya]:		Delivery	Impact
Must	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b)	Red	Red
Explanation:	Mitigation:		
While the Regulation 17 gap analysis has now been completed and recorded the overall governance and risk processes of the Trust are not fit for purpose. Limited resource capacity within the teams has meant action completion has been delayed.		Recruitment is in progress for additional resource for the Governance and Risk Teams. Once onboarded, this additional capacity will be reflected in an increase in momentum within the workstream and the foundations of the teams required to deliver the changes will be in place.	
Performance Improvement [Paul Kempster]:		Delivery	Impact
Should	The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest	Red	Red
Explanation:	Mitigation:		
Technical solution delivery has been delayed due complexity of challenge/systems involved. Alternative measures also being assessed but these are partly reliant on the technical solution.		Testing of technical solution for users of SCAS Connect was meant to be piloted in August and implemented on the 31 st August 2023 but the ePR outage recovery work has delayed this work, as both these tasks require the same resources. Currently no new date is available	
Should	The trust should act to ensure the clinical welfare calls are completed within the targeted timeframes	Green	Yellow
Explanation:	Mitigation:		
This Action has been closed as a fully automatic solution to ensure 999 welfare calls are actively monitored cannot be achieved until the Trust is able to implement the next CAD solution (not expected before 2025). This functionality requirement is included in the requirements gathering/specification for the new CAD.		A partial (technical) solution for the existing CAD has been prepared which will allow the Trust to more accurately identify 999 welfare calls made. Updated SOP processes are in place. This interim solution will allow identification of the number of welfare calls made where a patient's condition has not changed or has worsened/ deteriorated.	

Update on Exit Criteria

SCAS Improvement Programme: Exit Criteria Update

August 2023

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



Improvement Programme Highlight Reports and Scorecards



Executive Lead: Daryl Lutchmaya

Senior Responsible Officer: Daryl Lutchmaya

Programme Manager: Amy Carden

Workstream Summary (Incl. RAG Assessment):

The additional resource that has been provided by the NHSE Intensive Support Team has supported in the development of a priorities piece that details a commitment to complete outstanding actions from the Independent Governance Review by the end of December 2023 and will subsequently increase assurance around Regulation 17. The Governance and Well Led Workstream is assessed as Red Rag but substantial progress will be evident once the inflight recruitment is complete, with successful candidates planned to be in post by December 2023.

Progress Against Key Outcomes / Success Criteria:

- The development of the SharePoint site for the Digital Risk Management Platform is underway and on track to be built by the end of September, with current risk registers planned to be migrated over the following months.
- The approach for partnership working has been drafted and is currently being reviewed. This will allow us to support system stakeholder engagement to prevent unwarranted variation in messaging and to make best use of intelligence gathered from various system meetings.
- NHS Elect joined the recent Executive away day and following this, an Executive development plan is being produced for the rest of the year. This is in addition to the updated Board Development and Training Plan that will further support the Well Led element of the Trust.

Key Activity, Month Ahead:

- The Risk Management Policy and Framework is being updated based on the SharePoint platform and is due to be reviewed and approved at RACSC on 13th October.
- The updated Board Development and Training Plan will be considered and approved at the Board meeting on 28th September.
- Rollout to all Committee meetings of a QR code which will collate vital feedback on the timeliness and quality of papers. This data will form part of measures used to review the progress and effectiveness of Board and Committees’ papers and processes.

What’s Gone Well:

- Offers have been accepted for 75% of the open recruitment within the Governance and Risk teams. This will support accelerated progress towards implementation of key governance actions .
- The external desktop review of the Intranet/365 has been completed and the report submitted. Conversations are underway as to how the recommendations will be incorporated into the overarching Internal Communications Plan.
- New governance folder structures being created, and records are being located to ensure a fit for purpose directory of information.

What’s Not Gone So Well:

- Important internal work to ensure that governance standards are met has fallen short of expectations due to a shortage of staff resources.
- The recent review of policies across the Trust shows that 64% are out of date as of September 2023. Work is ongoing to contact all policy owners and agree review dates.
- QR code response rate for the August Board Seminar was low.

Workstream Key Risks:

- Although recruitment to the Governance Team is underway and will support achieving accelerated progress towards implementation of key governance actions, notice periods are required and a period of embedding will be needed.
- The development of the Governance Framework (detailing internal approval processes, reporting and assurance and structure) is delayed.

Workstream Issues:

- The resource requirement detailed in the business case for the talent and succession planning has not yet been approved. It is not yet known if this will be approved or if a priority review of work in the directorate will need to be undertaken. There is currently not enough resource to complete all work.

Metric 8: Governance modules completed as part of leadership development

Amendment: Removal of this metric.

Justification: Supported at Delivery Group that this metric was initially added to measure the attendance of Governance training modules provided by NHS Providers. These modules are now complete and there is no current plan to add additional sessions, meaning there will be no data to report on moving forward.

Metric 9: Effective use of the BAF

Amendment: Proposal to amend the wording of this metric to, *Monthly updating of the BAF ensuring links to extreme risks*, with the measure being a Yes/No response.

Justification: The current measure for this metric does not reflect the level of assurance required that the BAF is being utilised effectively as a working document.

SCAS Improvement Plan Scorecard:

Governance & Well Led

July 2023

No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Average timeliness of papers received by the Board and Committees per month (5 working days before meeting)	50% Q4 22/23	90% Q1 24/23	Aim	N/A	N/A	50%	80%	80%	80%	90%	100%	Manual count for Q1 data. Moving forward a QR code is to be implemented to collate data and feedback.
				Actual	N/A	N/A	50%						
2	Quality of papers for Board and Committees (as above) ('P' – Poor; 'A' – Average; 'G' – Good; 'E' – Excellent)	Average Q4 22/23	Excellent Q2 24/25	Aim	N/A	N/A	A	A	A	G	G	E	No data available for Q1 as obtaining manual retrospective data did not generate responses. Moving forward a QR code is to be implemented to collate data and feedback.
				Actual	N/A	N/A	-						
3	Board Effectiveness review by survey Quality of papers for Board and Committees (as above) ('P' – Poor; 'A' – Average; 'G' – Good; 'E' – Excellent)	Average Q4 22/23	Excellent Q3 23/24	Aim	N/A	N/A	N/A	N/A	E	N/A	N/A	N/A	Well-led review in Q3 - Focus: Strengths of the board/ Composition of the Board/Ability to resolve conflicts/ Regular reviews and reflections/vision, goals and focus of the Board/ Clear definition of roles & responsibilities / Level of constructive challenge
				Actual	30%	64%	N/A						
4	Partners' satisfaction with joint working from SCAS (from 6 monthly survey) (Dissatisfied – 'D', Satisfied – 'S', Very Satisfied – 'V')	Satisfied Q4 22/23	Very Satisfied Q3 23/24	Aim	N/A	N/A	S	N/A	VS	N/A	VS	N/A	This metric will be reviewed following the decision on the approach the Trust will take to measure partnership working. Initial plans are currently being reviewed.
				Actual		3%	-						
5	Internal audit activities are being completed to plan No (<50%) Minimal (50% - 74%) Partial (75% -89%) Substantial (90% - 99%) Yes (100%)	Minimal Q3 22/23	Yes	Aim	N/A	N/A	95%	95%	95%	95%	100%	100%	Measured by the percentage of completed audit actions in RACC minutes.
				Actual	Minimal	Minimal	Partial 76%						

SCAS Improvement Plan Scorecard:

Governance & Well Led

July 2023

No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
6	Effectiveness of committees (based on observation work and independent review) ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Average Q4 22/23	Excellent	Aim	N/A	N/A	A	A	A	G	G	E	No data available for Q1 as obtaining manual retrospective was not possible. Moving forward a QR code is to be implemented to collate data and feedback.
				Actual	N/A	N/A	-						
7	Effective accountability structures through organisation (link to performance improvement) ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Poor Q4 22/23	Excellent Q2 24/25	Aim	N/A	N/A	A	A	A	G	G	E	Chief Governance Officer's view based on progression of Governance Framework implementation.
				Actual	N/A	N/A	P						
8	Governance modules completed as part of leadership development	40% Q4 22/23	95% Q1 24/25	Aim	N/A	N/A	50%	65%	75%	80%	95%	100%	Proposal to remove this metric as it was initially added to measure the attendance of Governance training modules provided by NHS Providers. These modules are now complete and there is no current plan to add additional sessions, meaning there will be no data to report on moving forward.
				Actual	N/A	N/A	-						
9	Effective use of the BAF ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Poor Q1 23/24	Excellent Q3 23/24	Aim	N/A	N/A	A	A	A	G	G	E	Proposal to amend the wording of this metric to, <i>Monthly updating of the BAF ensuring links to extreme risks</i> , with the measure being a Yes/No response.
				Actual	N/A	N/A	P						
10	Board development attendance	60% Q4 22/23	100% Q1 23/24	Aim	N/A	N/A	100%	100%	100%	100%	100%	100%	Percentage of eligible colleagues that attend Board Development sessions.
				Actual	N/A	N/A	71%						

SCAS Improvement Plan Scorecard:				Governance & Well Led								July 2023		
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories										Comments
				Aim/Actual	2022/23		2023/2024				2024/25			
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
11	Number of attendees at Leadership Development sessions?	80% Q4 22/23	95%	Aim	N/A	N/A	60%	75%	75%	75%	95%	95%	Percentage of eligible colleagues that have completed or are in the process of completing SCAS Leader and ESPM.	
				Actual – SCAS Leader	N/A	N/A	47%							
				Actual - ESPM	N/A	N/A	61%							
12	Feedback from Leadership Development sessions ('P' -Poor, 'A' - Average, 'G' - Good or 'E' - Excellent)	Average Q4 22/23	Excellent Q1 24/25	Aim	N/A	N/A	A	A	G	G	E	E	Data not yet available. It is currently being reviewed how feedback from both SCAS Leader and ESPM can be collated, and this will be added when available.	
				Actual	N/A	N/A	-							
13	Numbers of Executive visits per month to sites (expectation is one visit per month by each) (9 Executives)	50% Q4 22/23	95% Q1 24/25	Aim	N/A	N/A	50%	65%	75%	80%	95%	100%	Tracked through completion of online forms and EAs calendar feedback.	
				Actual	N/A	N/A	63%							
14	Number of NED visits to sites (8 NEDs – expectation is one visit per month by each)	Poor Q1 23/24	Excellent Q3 23/24	Aim	N/A	N/A	50%	65%	75%	80%	95%	95%	Tracked through reports provided to Marie Gittings.	
				Actual	N/A	N/A	42%							

<i>Executive Lead: Melanie Saunders</i>	<i>Senior Responsible Officer: Nicola Howells</i>	<i>Programme Manager: Emma Manaton</i>
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Workstream Summary (Incl. RAG Assessment):

Progress continues and we close and gather evidence for EC. Positive recognition for the Sexual Safety campaign in a recent HSJ article has attracted interest from several trusts and Frimley ICB. People Voice process flow finalised with clear steps on how we will take action. FTSU team are starting to face challenges as workload increases in both case volume and number of complex cases. Planning for October speak-up month underway, Executives and Senior Leaders have been asked to support and attend events across the month. Completion of both the Culture Improvement Plan and the 1yr smart actions are delayed and well overdue so move from Amber to Red, activities are underway to finalise the plan by end Sept. Important to note that a large number of the items within the plan are already in flight and as such finalisation of the plan is not hindering improvement progress. Workstream tracks Amber overall with actions in place to address the red & amber items.

Progress Against Key Outcomes / Success Criteria:	Key Activity, Month Ahead:
<ul style="list-style-type: none"> Staff Network offering expanded with a New Military Champion Network established, already has 50 members, Executive sponsor also agreed. 	<ul style="list-style-type: none"> Deliver July People Voice Report to PACC. Establish the new People Voice Oversight Group and start to track actions and monitor improvements. Launch the People Voice SharePoint.
<ul style="list-style-type: none"> FTSU Champion training course complete, taking number of Champions to 27 in total. 	<ul style="list-style-type: none"> Sessions with Cherron Inko-Tariah to engage with the Staff network chairs, deputies.
<ul style="list-style-type: none"> Finalised the People Voice process flow, which will include a new PV oversight group to agree what themes to act on, assign owners, track progress and provide feedback to staff. 	<ul style="list-style-type: none"> Finances to be worked up once the 5-year plan is complete.
<ul style="list-style-type: none"> Launch of Good Start Programme, a simplified onboarding process with improved local induction to stations and new civility & kindness elements (sexual safety & FTSU), giving new joiners a better start. 	<ul style="list-style-type: none"> CCC Retention plan to go to September Workforce Board for sign off. Review PTS Retention plan considering uncertainty re contracts.

What's Gone Well:	What's Not Gone So Well:
<ul style="list-style-type: none"> Sexual Safety Campaign – positive recognition for the Sexual Safety Campaign in a recent Health Service Journal (HSJ) article has attracted interest from several trusts. Additionally, The EDI and FTSU leads are due to present at the Frimley ICB conference. They will highlight the Sexual Safety Campaign's achievements and advancements in promoting a culture of speaking up. 	<ul style="list-style-type: none"> FTSU Champion virtual training course cancelled, and 3 walkabout Wednesdays postponed due to work pressures within the team due to illness and an increase in case volume number of complex cases. Secured FTSU deputy for a further 6 months and will seek to include as a substantive resources in 24/25 staffing budgets.
<ul style="list-style-type: none"> Retention Plans - collaboration between the directorates has led to the adoption of initiatives in different areas, availability of mentorship through Internal coaches during PDRs being an example. 	<ul style="list-style-type: none"> The business case for the talent and succession plan, which encompassed recruiting of a band 4 and 8a position, has not been authorised due to increased Vacancy Controls. Reviewing next steps options.

Workstream Key Risks:	Workstream Issues:
<ul style="list-style-type: none"> Capacity of existing People Services Directorate resources increasingly a challenge, 2 additional vacancies within the HR team and increasing competing priorities both within BAU and organisational change. Capacity currently hindering progress with delivery of retention plans, commencement of talent management programme. 	<ul style="list-style-type: none"> Sexual Safety Posters to help further high-light the campaign and provide assurance to our teams, unable to progress due to capacity within communication team. Desire is to have these to hand out during speak up month in Oct. Seeking alternative options.

SCAS Improvement Programme Scorecard:

Culture & Staff Wellbeing

August 2023

No	Metric/s	Baseline (30/08/22)	End Target	Quarterly Trajectories										Comments
				Aim/ Actual	2022/23		2023/2024				2024/25			
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
1	Reported cases of bullying and harassment	1	2	Aim	N/A	N/A	3	3	3	3	2	2	Q2 data due October 2023. Continuing to place emphasis on mediation (as appropriate), thus closing cases without recourse to more formal procedures. HR are looking into possibility to track this mediation activity to triangulate with the drop in ER cases.	
				Actual	3	2	1							
2	Reported cases of sexual harassment	5	2	Aim	N/A	N/A	5	7	8	8	7	7	Trajectory reflects Impact of sexual safety charter & campaign on trajectory numbers. Q2 data due October 2023.	
				Actual	4	4	4							
3	Casework (investigation) completion timeline completion against policy	35	35	Aim	N/A	N/A	60	58	50	45	40	35	Q2 data due October 2023. Q1 - Casework average doubled to 63 days in Q1. Due to 3 complex cases taking over 100 days. If exclude these 3 cases the average time is 39 days.	
				Actual	41	31	63							
4	FTSU: case numbers (overall and across service areas)	36	N/A	Aim	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Propose use Speak up sub score as a forecast measure for speak up culture. Continue to monitor the number of FTSU cases so can triangulate with other speak up sources but <u>NOT</u> providing a trajectory or end target. Q2 data due October 2023	
				Actual	29	38	27							
5	FTSU: Freedom to Speak Up Sub Score	5.9 (Oct 22)	6.4	Aim	N/A	N/A	N/A	5.9	5.9	6.0	6.0	6.1	Baseline is NSS from Oct 22 (5.9). Forecast Q2 24/25 (6.1) is best in sector, end target (6.4) is national average. No data available prior to Q2 while we gather data. Based on NSS we are already ahead of the sector average (5.8).	
				Actual	N/A	N/A	N/A							

SCAS Improvement Programme Scorecard:

Culture & Staff Wellbeing

August 2023

No	Metric/s	Baseline (30/08/22)	End Target	Quarterly Trajectories										Comments
				Aim/ Actual	2022/23		2023/2024				2024/25			
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2		
6	FTSU: audit of time taken to complete initial investigation (% within guidelines)	93 (Q1 23 figures)	93	Aim	N/A	N/A	N/A	93	86	86	93	93	Q2 data due October 2023. Baseline figures are Q1 23 (not measured previously). No guideline for this figure, suggest we maintain at this level while we build data. Number of cases is low and as measuring by % will see big differences if 1 case breaches. Logic behind the forecast drop to 86% is potential combination of winter pressures on managers & possible increase in FTSU cases during / after speak up month in Oct (86% is 2 cases breaching).	
				Actual	N/A	N/A	93							
7	Appraisal and PDR: completion (%)	89	95	Aim	95	95	95	95	95	95	95	95	Q2 figure as at month 8, PDR's gone down likely as a result of increased reap level. Action to review and improve towards 95% trajectory. Q1 - Down by 7%, although up from 59% this time last year. Reviewing trajectory to recover back to 90 and to 95% by Dec 23.	
				Actual	88	89	84	81						
8	Q21c – would recommend the organisation as a place to work (%)	36.5 (July 22)	59.4	Aim	37	38	39	40	41	42	43	44	Forecast: Q2 24/25 is sector average (44%), end target is best in sector (59.4%). 46% in Q3 due to higher survey completion rate as NSS - suggesting NQPS may not be a true reflection of staff view & to treat as indicative only. Q1 – above trajectory.	
				Actual	46	36	41							
9	Staff feeling able to make suggestions to improve the work of their team/department (%)	47.7 (July 22)	61.7	Aim	48	48	50	50	50	52	52	54	Forecast: Q2 24/25 is sector average (54%), end target is the best in sector (61.7%). 53% in Q3 due to higher survey completion rate as NSS, suggesting NQPS may not be a true reflection of staff view & treat as indicative only. Q1 – recovering towards trajectory. Lots of ongoing work in speak up space, J&LC and safety culture.	
				Actual	53	44	46							
10	Retention / Stability Index Rate (%)	82	82	Aim	82	82	82	82	83	83	84	84	Q1 Improved by 2%, staff turnover has seen a steady improvement, rising to 85% in month 8.	
				Actual	82	82	84	85						
11	Vacancy Rate (%)	15	10	Aim	13	14	14	13.5	12	11	10	10	Q2 – is on-track with workforce plan and controlled improvement since Q1	
				Actual	13	13	12	12						



Executive Lead: Paul Kempster

Senior Responsible Officers: Luci Papworth, Mark Ainsworth

Programme Manager: Stephen McGarry

Workstream Summary (Incl. RAG Assessment):

The end user testing of technical solution for the final Should Do action (CQC_39 – Monitoring non-conveyed patient outcomes) is currently being held up by the ePR outage recovery work.

The work to develop the Operational Development Plan (ODP) is being reviewed in light of the current performance improvement planning work stood up to resolve the immediate performance issues. However, while the RAG status remains at amber it is evident the lessons being learnt over this recent work will have a positive impact on the continuation of the ODP.

Progress Against Key Outcomes / Success Criteria:

- The focus continues to be Operations' current performance improvement plan (PIP) actions and closely monitoring the Cat 2 response and EOC call answer times.

Key Activity, Month Ahead:

- As part of the next Delivery Group the intention is to develop and action plan to progress the Operational Development Plan.
- Monitoring the progress of the ePR outage recovery work to allow the completion of the Should Do, CQC_39, technical solution (SCAS Connect).

What's Gone Well:

- As part of the detailed work resolving the current performance issues there has been a significant increase in understanding across the team, at a detailed level of granularity, over of the causes of these issues. This knowledge will be used to further develop and refine the ODP initiative.

What's Not Gone So Well:

- Partis House: Although still on track to open the site in Sept 2023 a holdup in the installation of new generators will delay the migration of staff by 1 week.
- The impact of the ePR outage has impacted the user testing and implementation of the final Should Do, CQC_39.

Workstream Key Risks:

- Cat 2 Segmentation project. This is an NHSE mandated piece of work, but the delivery timescales will be tight for a September Go-Live as it will need ICB, Exec and Trust Board approval prior to launch
- Cat 2 Segmentation project. The implementation proposal for a part time solution (12 hours per day) is awaiting approval.

Workstream Issues:

- Operational Development Plan. Although good progress has been made there is currently a focus on performance improvement plan (PIP) actions which impacted the expected progress to date.
- ePR Outage: This has already delayed the implementation of the final Should Do , CQC_39, and currently no Go-Live date is available

No	Metric/s	Baseline H2 – 22/23	End Target	Quarterly Trajectories										Comments
				Aim/ Actual	2022/23		2023/2024				2024/25			
					Q3	Q4	Q1	Q2 to date	Q3	Q4	Q1	Q2		
1	Improved category 2 ambulance response times	00:34:08	00:18:00	<i>Aim</i>	00:18:00	00:18:00	00:27:59	00:26:43	00:28:56	00:29:37	00:25:00	00:20:00	Assumptions behind these trajectories include no demand growth and hospital delays at agreed levels. Q2 performance behind plan while performance improvement plan action progressed.	
				<i>Actual</i>	00:40:33	00:26:53	00:29:42	00:32:56						
2	Increase in Hear and Treat rates	12.20%	14%	<i>Aim</i>	13.5%	12.5%	10.5%	11.5%	12.0%	12.5%	14.0%	14.0%	Impact of Cat 3/4 validation in 111 not being seen in H&T. Cat 2 Segment planned to launch end September (as per NHSE directive) with the 9s GP CAS project soon afterwards	
				<i>Actual</i>	13.4%	10.8%	10.6%	11.1%						
3	Increased See and Treat rates	34.8%	35%	<i>Aim</i>	34.0%	34.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	Impacted by the performance improvement plan action work.	
				<i>Actual</i>	34.9%	34.7%	34.3%	33.6%						
4	Improved Mean 999 call answer time	00:00:51	00:00:10	<i>Aim</i>	00:00:10	00:00:10	00:00:24	00:00:11	00:00:20	00:00:11	00:00:10	00:00:10	Q2 performance behind plan. WMAS support commenced 11.08.23	
				<i>Actual</i>	00:01:06	00:00:32	00:00:25	00:00:23						

No	Metric/s	Baseline H2 – 22/23	End Target	Quarterly Trajectories										Comments
				Aim/ Actual	2022/23		2023/2024				2024/25			
					Q3	Q4	Q1	Q2 to date	Q3	Q4	Q1	Q2		
5	Improvement in % of staff having meal breaks	54.9%	85%	<i>Aim</i>	85.0%	85.0%	63.0%	64.0%	65.0%	66.0%	75.0%	80.0%	Changes are being planned to re-design of seven SCAS operational nodes, to implement new work patterns during Q3/Q4 2023-24, that will support improving meal break "windows" built into the rosters.	
				<i>Actual</i>	48.1%	61.5%	58.7%	55.1%						
6	Improvement in % of staff shifts finishing no later than 30 minutes past finish time.	71.8%	90%	<i>Aim</i>	66.0%	66.0%	85.0%	85.0%	87.0%	88.0%	89%	90%	Project to design new rosters to incorporate 'overlapping shifts patterns' across all 23 resource centres is underway, this will support improved resource cover throughout the 24/7 period, so that 'oncoming shifts' will aid staff finishing on time at the end of their shift in Q3/Q4 - 2023/24.	
				<i>Actual</i>	69.0%	83.0%	84.0%	82.4%						
7.	Progress against infrastructure development programme			<i>Aim</i>	N/A	N/A	Programme Brief	Programme Plan	Initial Board Approval of Plan	Final Board Approval of Plan			An operational development plan for SCAS 999 Ops Services is now in development with project workstreams, as part of the Trust improvement programme. Performance Improvement Plan 2023-24 actions approved by Exec.	
				<i>Actual</i>	N/A	N/A	Complete							



Executive Lead: Helen Young

Senior Responsible Officer: Sue Heyes

Programme Manager: Dai Tamplin

Workstream Summary (Incl. RAG Assessment):

The impacts of operational pressures and the ongoing ePR outage continue to have wide-reaching impact on Patient Safety workstream activity. Cancellation of training (incl. SG L3) is being monitored but there is potential risk of wider training compliance being affected as we move from sustained pressure now to Winter Pressures in the short to medium term. Impact also being felt around IPC compliance. ePR outage continues to introduce risk around manual processes incl. welfare concerns for the teams managing the impact. This is being closely monitored by respective leads.

Progress Against Key Outcomes / Success Criteria:

- Compliance against SAAF remains above trajectory (at 94.5%). Peer (Quality) Review deferred to Sep 2023 due to manual processes implemented/capacity impact during ePR outage (agreed with ICBs)
- Safeguarding server penetration testing completed 11 Aug 2023. DocWorks now prioritising high/medium priority tasks. Reputational impact with MASH – stakeholder management in place
- Quality audit of 10 randomly selected SI/Dis completed. Learning shared internally with assurance/approval from internal governance routes and ICB leads.
- Patient Panel task and finish group established to facilitate development of the role. Volunteer management system (Assemble) updated with key documents to support Patient Panel recruitment
- Medical Devices Asset Management System full business case development underway. Expected for presentation to Oct 2023 ETB for approval

Key Activity, Month Ahead:

- External Quality Review of SCAS Safeguarding Service
- PSIRF plan for mitigating actions to recover progress in light of resource challenges (seen as recoverable at this time – internal deadline slippage only)
- PSIR Plan drafted in readiness for submission to ICB lead(s)
- Chief Pharmacist recruitment (requirement for CD dispensing licensing)
- Preparation for International IPC Week (15-22 October 2023) to follow on from Professional Standards campaign including IPC roadshows

What’s Gone Well:

- Positive feedback on quality of investigation reporting from BOB PSS Network
- Continuing engagement around PSIRF – ‘All SCAS’ webinar and EMC briefings completed
- IPC system-working with SUH, PUH, NHSE and UKHSA regarding *C.Auris*. Seeking consistency of approach, incl. winter planning of Covid guidance across sector/partner organisations

What’s Not Gone So Well:

- L3 face to face safeguarding training remains suspended due to performance recovery activity. Impact analysis being conducted
- Ongoing effects of ePR outage still being felt. Impacting team capacity/welfare. Mitigations in place
- Move to new Medicines facility delayed to Oct 23 but Ch Pharmacist role approved and SoPs (all meds under review) progressing well

Workstream Key Risks:

- Competing priorities for AD Patient Safety and the PSIRF Implementation Lead responsibilities (Must dos only at this time). APM PSIRF role not yet confirmed beyond Oct 2023
- Secondary defibrillator provision on frontline vehicles. Recent incident (where not available) demonstrates refinement to processes (incl. Make Ready/Pre shift start checks) required

Workstream Issues:

- SG L3 compliance due to cessation of F2F sessions. May be wider impact on training compliance due to ongoing operational pressures



SCAS Improvement Programme Scorecard:				Patient Safety							August 2023		
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									Comments
				Aim/Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Increased number of Safeguarding referrals indicative of +ve reporting	12153 (30/09/22)	17956 (30/09/24)	Aim	12761	13399	14069	14772	15511	16287	17101	17956	Baseline Q2 2022 figures. 5% target increase per Qtr. Q1. Above trajectory (^14.7%)
				Actual	13728	14221	16311						
2	Compliance against trajectory of Level 3 Safeguarding training	6% (30/09/22)	90% (31/03/24)	Aim	20%	30%	46%	60%	70%	90%	>90%	>90%	Trust-wide compliance figure Q1. Above trajectory (+3%)
				Actual	18%	31%	49%						
3	Self-assessed compliance against SAAF to safeguard children, young people & adults	20% (30/09/22)	100% (Q4 23/24)	Aim	30%	60%	70%	80%	90%	95%	>70%	>80%	Calculated percentage against tasks aligned to SAAF Q1. Above trajectory (+24.5%)
				Actual	30%	64%	94.5%						
4	Improvement in Patient Safety Culture Survey (MaPSaF) response rates	3% (28/02/23)	7.5% (30/09/24)	Aim	N/A	3%	N/A	N/A	5%	N/A	N/A	7.5%	Repeated every 6/12 Next report in Q3
				Actual	N/A	3%	N/A	N/A		N/A	N/A		
5	Incident report audit using a Quality & Maturity tool to evidence Well Led and cultural change	0 (31/03/23)	40 (31/03/24)	Aim	N/A	N/A	10	10	10	10	10	10	22/23 year-end position 96 SIs reported (SCAS: 85 / System: 11) Q1. Data finalised
				Actual	N/A	N/A	10						
6	Medical Device Audit – % compliance against schedule (Zoll X-Series)	Not Known (30/09/22)	>95% (Q1 24/25)	Aim	>80%	>90%	>90%	>90%	>90%	>90%	>95%	>95%	Increase dependent on introduction of RFID Q1. Above trajectory (+3%)
				Actual	80%	90%	93%						
7	Decrease in number of medicines unaccounted for/loss	New for 23/24 IPR	TBC (Post Q2)	Aim	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC	IPR compliance data (new for 23/24) Trajectory TBC after Q2 data Q1. Data reflects no. of reported CD incidents, unaccounted losses
				Actual	N/A	N/A	34						
8a.	IPC audit: % compliance against buildings cleanliness target	80% (30/09/22)	95%	Aim	N/A	95%	95%	95%	95%	95%	95%	95%	IPR compliance data Q1. Trajectory requires review (IPR compliance set at 80%)
				Actual	N/A	74%	80%						
8b.	IPC audit: % compliance against vehicles cleanliness target	91% (30/09/22)	95%	Aim	N/A	95%	95%	95%	95%	95%	95%	95%	IPR compliance data Q1. Above trajectory (+1.5%)
				Actual	N/A	91%	96.5%						



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	8
Title of Paper:	Lessons Learned report 2023
Presented by:	Stuart Rees, Interim Director of Finance
Paper for Debate, Decision or Information:	For information
Main Aim:	To update the Council of Governors on external audit findings.
Summary of key points for consideration	Lessons Learnt received from External Auditors Azets.
Recommendations or Outcome Required:	The Council of Governors are asked to note the report.
Previous Forum:	Audit Committee 21 September 2023
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Stuart Rees, Interim Director of Finance

South Central Ambulance Service NHS Foundation Trust

Lessons learned External Audit 2022/23

September 2023



Summary

After completion of the 2022/23 audit, an audit debrief meeting was held to consider the audit process for the year just completed. This included understanding;

- what went well,
- what could be improved, and
- what action points will be taken forward to ensure that the external audit in 2023/24 and beyond is as efficient and smooth as possible.

We have set out on the following pages a summary of items discussed, related actions and the team/individual responsible for owning each action.

What went well

Area identified of what went well	Response
Consistent audit team	<p>As part of the 2021/22 debrief, we identified a point to take forward to ensure a consistent audit team was in place for 2022/23 to ensure that knowledge obtained during 2021/22 could be taken forward in 2022/23 to help provide efficiency to the audit process.</p> <p>Whilst Laura Hinsley (Key Audit Partner) was on maternity leave in 2021/22, and therefore was unable to act as a Key Audit Partner during our first-year audit for the Trust, she is the Partner responsible for the Trust's subsidiary audit and was always intended to be involved with both audits upon her return to work.</p> <p>The audit manager, Bethany Hincks, was also consistent along with the audit senior, Cameron Penwill, who worked on the Trust's audit in 2021/22 as a trainee, stepping into the senior role upon qualifying.</p>
Working with the Trust	<p>We noted improvements in the cooperation of the finance team, working alongside audit. Particularly, with Sam Dukes as the Deputy Chief Financial Officer who was a driving force in helping to close down the audit.</p>
Working paper improvements	<p>As part of planning, some example working papers were discussed with management to set out improvements needed for the final accounts stage of the audit.</p> <p>We noted various improvements in working papers during the 2022/23 final accounts process.</p>
VFM signed together with the accounts	<p>We recognised the positive achievement of completing our Value for Money work alongside signing the opinion of the financial statements.</p>
Regular catch ups	<p>Both the audit team and management at the Trust agreed that our regular catch ups throughout the audit were beneficial.</p>

What went well (continued)

Area identified of what went well	Response
Flexibility	<p>During the lessons learned meeting, both the Trust's management team and the audit team recognised the positive attitude and flexibility of different stakeholders throughout the audit process.</p> <p>Specifically, the audit committee's flexibility for reviewing and approving the financial statements along with the flexibility of both the finance team and audit team to adapt quickly to ensuring regular catch ups were completed as needed.</p>
Use of Inflo	<p>The use of our audit software 'Inflo' was notably improved during 2022/23.</p>
Progress made early in the audit	<p>Whilst the audit was paused for reasons outside of our control, we acknowledge that good progress was made with the audit up until the point it was paused. This included about 75% of the volume of our transactional testing.</p>

Improvement points & related actions

Improvement area	Action	Responsible team / individual
<p>IFRS 16</p> <p>Discussions held on various errors identified by the Trust and audit in relation to IFRS 16 as a result of a temporary member of staff being used to complete this. We noted this took up a considerable amount of Nicola Bateman's time in order to correct this.</p>	<ol style="list-style-type: none"> 1. We recognise that the implementation of IFRS 16 is only relevant for 2022/23, however, the Trust should ensure that any changes to leases or new leases are considered in a timely manner in advance of the audit commencing to minimise any errors being identified. 	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p>
<p>Valuation of land and buildings</p> <p>We experienced difficulties in obtaining sufficient and appropriate audit evidence from the Trusts valuer to back up the valuation of land and buildings contained within the financial statements.</p>	<ol style="list-style-type: none"> 1. Sam Dukes recognised that the revaluation process needs to be reviewed, especially given that a full revaluation of the asset base is required in 2023/24. The Trust to consider engaging valuers early as well as determining appropriate experts to provide such valuation services. 2. The Trust to ensure that leased assets are considered as part of the valuation process and to consider IFRS 16 requirements. 3. Azets to work with the Trust to ensure early engagement is made with the Valuers at the interim stage of the audit. 	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p> <p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p> <p>Azets – Cameron Penwill</p>
<p>Onsite audit visit</p> <p>The Azets audit team spent two weeks onsite at the Trust's offices in Bicester. There were issues with staff availability whilst onsite given the Trust's flexible working from home arrangements. This meant that not all staff were available for face to face discussions when required.</p>	<ol style="list-style-type: none"> 1. Whilst the onsite dates were agreed with the finance team in advance and a timetable of planned work was sent to the finance team on a week by week basis, consideration should be made to book in specific meetings in advance of the onsite time. 2. The Trust should ensure that they have shared the working from home / office working days with the audit team well in advance of the onsite audit visit to allow for the audit team to plan their work as efficiently as possible. 	<p>Azets – Cameron Penwill</p> <p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p>

Improvement points & related actions (continued)

Improvement area	Action	Responsible team / individual
<p>Remuneration report</p> <p>Considerable changes were identified to the remuneration report as part of the audit work undertaken in this area which caused a significant amount of time and review for the audit team.</p> <p>Exit packages disclosures were also missing.</p>	<p>1. The Trust should ensure that a detailed review is undertaken of the remuneration report and sense check to satisfy themselves that it is complete before sending to audit.</p>	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p>
<p>Lack of ownership of the Annual Report</p> <p>A lack of ownership in relation to the Annual Report was noted during the audit which made resolving queries and issues challenging. At one point, five staff members at the Trust were included on emails in relation to the annual report, meaning the overall ownership structure was unclear.</p>	<p>1. The Trust should ensure that there is one executive lead who is responsible for completion of the annual report and who fields audit queries in relation to this internally at the Trust.</p>	<p>SCAS – TBC</p>
<p>FT Annual Reporting Manual (FT ARM) checklist not completed</p> <p>In April 2023, the audit team shared with the Trust a checklist for completion to ensure compliance with the FT ARM. Whilst this was returned in June 2023 with some answers completed, it was not fully complete. This meant additional time by the audit manager was invested which was not efficient.</p>	<p>1. The individual responsible for completion of the annual report should ensure that the FT ARM checklist is fully complete and use this as a tool when satisfying themselves that the annual report is compliant with the guidance.</p>	<p>SCAS – TBC</p>
<p>Version control of accounts</p> <p>Numerous versions of the accounts were being updated throughout the audit, making adjustments difficult to track.</p>	<p>1. Finance team and Azets are in agreement that there should only be one set of draft accounts and one set of final accounts with amendments to them made once.</p> <p>2. To ensure that changes are communicated to the client, agreed with audit and made to one version of accounts at the end of the audit moving forward.</p>	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p> <p>Azets – Cameron Penwill</p>
<p>Pause of audit</p> <p>Communication of the pause of the audit was not clearly made to the wider finance team members.</p>	<p>1. Whilst we do not anticipate circumstances to arise in future which would cause the audit to be paused, we recognise that a clearer communication line should have been in place and agreed between the senior executives at the Trust and the external audit team to communicate to the finance team the pause of the audit.</p>	<p>n/a</p>

Improvement points & related actions (continued)

Improvement area	Action	Responsible team / individual
<p>IT incident</p> <p>We were made aware of an IT incident at the start of the audit which caused a delay in submitting draft accounts to audit and NHSE.</p> <p>Whilst instances like this can't be helped, there was also a delay in receiving the IT incident report from the Trust.</p>	<ol style="list-style-type: none"> 1. Management should ensure that timely information is sent to audit team to enable the audit to progress efficiently. 	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p>
<p>Income</p> <p>This was noted as a challenging part of the audit and resulted in a number of control recommendations being reported in the ISA 260.</p>	<ol style="list-style-type: none"> 1. Management to take on board and monitor the control recommendations made in the ISA 260. 2. Azets audit team and management to work together on completing elements of income testing during interim audit visit. 	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p> <p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p> <p>Azets – Cameron Penwill</p>
<p>Board and Audit Committee dates</p> <p>Discussion held around timings of the Audit Committee and Board meeting dates to ensure they are appropriate and achievable.</p>	<ol style="list-style-type: none"> 1. Whilst the 2023/24 national deadline has not yet been confirmed, early oversight is needed by the Azets audit team to ensure we are included in agreeing 2023/24 dates. 	<p>SCAS – Daryl Lutchmaya Exec Lead: Daryl Lutchmaya</p> <p>Azets – Laura Hinsley</p>
<p>Value for Money (VFM)</p> <p>A considerable amount of documents were shared with the audit team in relation to VFM with limited context as to how they were being used internally.</p> <p>We also sometimes experienced information being updated, but not being shared with audit, which sometimes meant we did not have the most up to date picture to report.</p> <p>We also noted numerous meetings which were cancelled or postponed with little notice which indicated the lack of importance that the trust placed on the VFM assessment.</p>	<ol style="list-style-type: none"> 1. Continued early engagement to be made for VFM, which will include early requests of documents and completion of meeting at planning and interim. 	<p>SCAS – Sam Dukes Exec Lead: Stuart Rees</p> <p>Azets – Bethany Hincks</p>

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	10
Title of Paper:	Membership and Engagement Update
Presented by:	Mark Davis & Loretta Light
Paper for Debate, Decision or Information:	Information
Main Aim:	To provide an update on the activities of the MEC and involve Governors in public and membership engagement.
Summary of key points for consideration:	<ul style="list-style-type: none"> • Expressions of interest for MEC • Support the public and staff Governor Elections 2023 • Suggestions for Your Health Matters public talks
Recommendations or Outcome Required :	To note.
Previous Forum:	
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Margaret.Eaglestone@scas.nhs.uk

Membership and Engagement Update

The last MEC was held on May 18 in person in Berkshire and a full update was provided at the last COG. We welcomed Hilary Foley, who recently joined the MEC and value her input on engagement.

Terms of Reference (TOR)

We updated TOR: from September 2023, a governor can sit on the MEC for 2 x terms (excluding appointed and CFR governor). 1 x term is 3 x years in line with Governor term of office. **We request expressions of interest from any governor who would like to sit on the MEC.**

Elections

SCAS elections 2023 communication and engagement campaign launched in September reaching out to staff and public to recruit new Governors across a mix of channels. **Please contact Margaret.Eaglestone@scas.nhs.uk for information on how to support promotion of the elections across your networks.**

SCAS events

This summer, we have collaborated with patient experience, recruitment, SCAS Charity and the CETO team to deliver events over the summer in Hampshire, Berkshire, Oxfordshire and Buckinghamshire. This is a great opportunity to meet the public and share what we do, recruit new members, staff and volunteers. We are often joined by 999 Ted. We thank Governors for their support at events. <https://www.scas.nhs.uk/get-involved/events/>



999 Day, Calshot Activities Centre (organised by Chas McGill)



SCAS visits MK Hindu Association (organised by Nikhyta Patel)

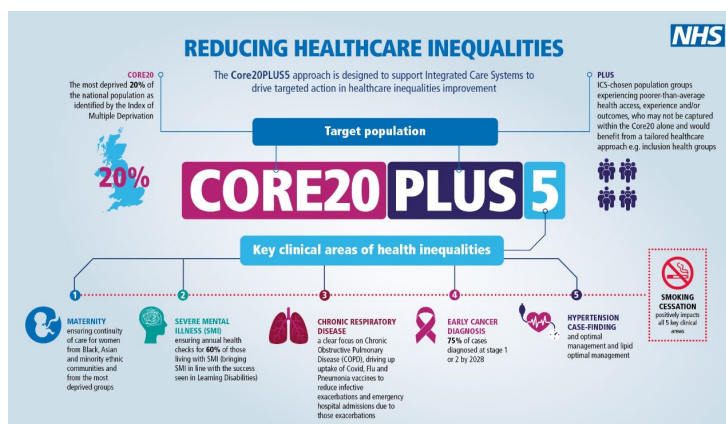
Your Health Matters

A series of public talks which feature expert healthcare professionals from SCAS and other Trusts. In March, we collaborated with UHS to deliver our first virtual talk. Mark Ainsworth-Smith talked about pre-hospital care for heart attack and cardiac arrest and a was joined by Richard Jabour, Consultant Interventional Cardiologist, UHS. Up to 300 members and public registered. Loretta Light, Public Governor, Oxfordshire introduced both talks in person and online. Please contact Margaret Eaglestone if you have any suggestions for topics for public talks.

Health inequalities

Our Business Information team has correlated data on demand and areas of deprivation to help us to understand which communities are most profoundly affected by health inequalities so that we can engage with them for feedback and share information on access to services. We have data on 999, 111 and PTS and healthcare requirements.

We are also taking Core20Plus5 into consideration in the engagement work that we do. Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.



We are now working in partnership with other NHS Trusts, healthcare providers, Resus, BOB/HIOW/BLMK ICB, PCN, local authorities, AHSN, community engagement workers, charities, food banks and food larders to engage with local populations to get a better understanding about how they access healthcare.

Governors attended the Membership and Engagement Committee on 18 May to participate in a workshop with data on demand and deprivation presented by Simon Mortimore, Business Information, and led by Keith Willett, to explore engagement opportunities and develop a plan to engage with under-represented communities. This also provides a good opportunity to recruit new members to SCAS to improve representation of the diverse backgrounds in our area.

Current projects include a partnership with the Academic Health Science Network (AHSN) Wessex on the Innovation for Healthcare Inequalities (InHip) programme which will be delivered in areas of deprivation in Southampton and Portsmouth. ME has attended planning meetings and SCAS will be involved in the programme.

<https://wessexahsn.org.uk/projects/586/innovation-for-health-inequalities-inhip>

<https://www.england.nhs.uk/aac/what-we-do/innovation-for-healthcare-inequalities-programme/>. We are working with MK food bank and Didcot food bank and have attended distribution centres to get feedback from local communities. We joined PO6 Summer Party in collaboration with Portsmouth Council with a vehicle to share information on SCAS and get feedback on how people access healthcare. Please contact Margaret Eaglestone for more information on how you can get involved.



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	11
Title of Paper:	Finance and Performance Committee Report
Presented by:	Les Broude, Non-Executive Director, Chair of Finance and Performance Committee
Paper for Debate, Decision or Information:	For information
Main Aim:	To provide an update of the committees work within the past 6 months.
Summary of key points for consideration:	
Recommendations or Outcome Required:	To note
Previous Forum:	n/a
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Stuart Rees, Interim Director of Finance

Finance and Performance Committee Report to Council of Governors

Purpose

The Board of Directors established the Committee of the Board to be known as the Finance and Performance Committee. The Committee has no executive powers other than those specifically delegated in these Terms of Reference (ToR). With its inaugural meeting on 16 March 2023.

The principle purpose of Finance and Performance Committee is to provide the Board with assurance on financial governance and performance; strategic matters in relation to procurement, estates, information technology and information management; performance; activity and key performance indicators.

Supporting the Board of Directors by providing scrutiny in respect of the delivery of financial and operational performance of the Trust, in accordance with the agreed strategy, plans and trajectories of the Trust. The overall responsibility to scrutinise the Trust's finances, estates matters and operational performance remains with the Board of Directors.

Agenda items covered at the meeting

- Terms of Reference agreed/recommended to Board of Directors
- Committee-specific risks identified and considered risks including the board assurance framework (BAF) and the related Corporate Risks
- Financial Performance:
 - 2023/24 Financial Plan, draft budget for 2023/24 (Both revenue and Capital)
 - Monthly Position
 - Development of Underlying Run Rate to enhance monitoring and assurance.
 - CIP process
- Need to introduce and embed new-style IPR as a priority for assurance purposes.
- Operational Performance
 - Performance indicators
 - Operational Performance Improvement plan
- The Integrated Performance Report (IPR)
- Deep Dives into areas of focus in the IPR
- Development of Operational and Finance Recovery Plan
- Digital Plan
- Estates Strategy and Green Plan

Matters to highlight

Specific areas to highlight are as follows:

- Implications of setting a breakeven budget. The strategy is to operate with a deficit for the first 4 months of the year, and then to breakeven during August and December, with a forecast £4m surplus in Quarter 4, noting how challenging this would be.
- A more detailed review of the BAF of actions to mitigate gaps in assurance and controls need a further review.
- BAF Deep dive into Strategic Risk 5, with controls and assurance tested and need to add medium term financial plan, cash monitoring and contract register to the risk.
- The IPR is critical to the Board's ability to understand the Trust's performance and to take the assurance (or otherwise) that strategic targets are being met. There have been delays in introducing the new-format IPR.
- Significant challenges in the digital area and a priority list of requirements need to be developed.
- The Green Plan was discussed, with agreement that these were a good start and recommendations to further sections to add .e.g., affordability. And these then need to go through the due governance process.

- The committee is about to start reviewing the Annual Plan as part of the Annual Cycle.

New significant issues / concerns escalated including proposals on the next steps to address this

Areas which the Committee escalated as potential areas of non-compliance, that needed addressing urgently, raised to Board of Directors and actions taken:

Operational Performance Improvement plan

- Following a challenging June performance, the Trust was required to develop and implement this plan.
- There were a number of immediate actions taken to increase operational staffing levels and reduce our abstractions which are then supported with short- and medium-term actions to develop a more sustainable level of operational hours to meet the 999-response demand. These actions were discussed and monitored through the committee.

Finance Strategy (Recovery Plan)

- The year-to-date position is showing an adverse variance to plan of £7.9m and early indications and forecast are a continuation of this trend for the year with increased spend to deliver operational performance.
 - Several factors have contributed to the current position which in summary are Operational delivery pressures and historical run rate, with non-recurrent income covering recurrent costs.
- With discussion and agreement that cash monitoring to be increased and monitored by the committee and included in the BAF.
- Regular conversations are now taking place between the Chief Executive, Interim Director of Finance around those areas of most concern.
- Financial Recovery Group set up and will report to the committee, with additional Grip and Control measures introduced in line with organisations in SOF 4.
- Development of a Financial Strategy (Recovery Plan), which was debated and agreed for recommendation to the Board of Directors
- Additionally, a number of actions are currently being considered to improve the position, with recommendations for the committee to the Board of Directors.

Best Practice / Excellence

The committee on behalf of the board, provided in-depth and focussed scrutiny on the financial and performance numbers and forecast, including current run rate and the underlying position. It is escalating the forecast change needed, with challenges on timescales for the recovery plan. This includes one-off items that would be required to address the position together with the associated risks, with the need for this to be clearly understood. (Note the above re Matters to highlight and New significant issues / concerns escalated including proposals on the next steps to address this)



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	12
Title of Paper:	Finance Directorate, Finance Report for the month ended 31 August 2023 (Month 5)
Presented by:	Stuart Rees, Interim Director of Finance
Paper for Debate, Decision or Information:	For information
Main Aim:	To provide the Council of Governors with an update on the current financial status.
Summary of key points for consideration:	To update the Council of Governors for the month ended 31 August 2023 (Month 5).
Recommendations or Outcome Required :	The Council of Governors are asked to note the content.
Previous Forum:	Board in Public meeting held 28 September 2023.
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Stuart Rees, Interim Director of Finance



FINANCE REPORT

EXECUTIVE SUMMARY

1. Underlying financial performance has deteriorated since 2019/20 due to the Trust increasing its recurrent expenditure rate without a corresponding increase in recurrent income. A financial deficit has materialised in 2023/24 as non-recurrent measures previously used to manage performance are no longer available.
2. In August, the Trust recorded an in-month deficit of £2.3m. This was a decrease of £0.7m from the £3.0m deficit recorded in July. The Trust YTD deficit is £11.9m.

	M1	M2	M3	M4	M5	YTD
Plan (£m)	-1.0	-1.0	-1.0	-1.0	0.0	-4.0
Actual (£m)	-1.8	-2.4	-2.5	-3.0	-2.3	-11.9
Variance to Plan (£m)	(0.8)	(1.4)	(1.5)	(2.0)	(2.3)	(7.9)

3. The August plan was a breakeven plan. The Trust planned for a breakeven financial position in 23/24 based on a profile of £4m YTD deficit at Month 4 to be recouped with a surplus plan from Months 10 to 12. From August onwards the monthly plan is breakeven and the monthly variance to plan will therefore increase significantly.
4. Year to date we have recorded £7.8m of benefit from the Financial Sustainability Plans. Of this only £2.6m (33%) is recurrent, the remaining being non-recurrent benefits.
5. Adjusted for non-recurrent benefits already accounted for in the year-to-date position, the Trust's extrapolated outturn using the current run rate would be £29.5m deficit. Incorporating the impact of FSP profiling and known investments planned for later in the year, the forecast outturn is £38.5m.
6. The forecast of £38.5m reflects a worsening of the forecast from the previous month of £2.6m. The changes are detailed in the table below.

	£m
Forecast (Mth4)	(35.9)
Income for Cat 2 costs removed from forecast - not secured	(1.7)
Forecast (Mth4) - assumptions as mth5	(37.6)
PTS income to contract values	(0.3)
Depreciation charges - to recognise Audit recommendations	(0.6)
Reduced attrition for 111 - additional staff costs	(0.3)
Increased costs for Make Ready contract	(0.7)
Forecast run rate improvement (mth5 actuals)	1.0
Forecast (Mth5)	(38.5)

7. The forecast of £38.5m includes costs of £15.2m to increase capacity to improve Category 2 response time performance and 999 call answering times, as agreed by NHS England.

	Costs of Investment	Income in forecast	Net Impact	Comment
UEC Allocation : Ambulance Capacity Funding	(7.3)	7.3	0.0	Income received under HIOW contract, recurrent funding
Cat 2 Improvement: as per NHSE	(3.1)	0.0	(3.1)	Funding yet to be secured
Cat 2 Improvement: as per NHSE, additional measures	(4.8)	0.0	(4.8)	Funding yet to be secured
TOTAL	(15.2)	7.3	(7.9)	£7.9m opportunity to improve forecast if received

£7.3m of funding has already been secured to meet these costs. The balance of £7.9m from NHS England has not yet been included in the forecast as it is still subject to confirmation. There are also opportunities to secure additional income of circa £1m from Isle of Wight NHS Trust for 111 call handlers and from ICBs that commission PTS services from SCAS for additional activity. Should all these opportunities be realised, the forecast deficit would reduce to £29.6m.

	£m
Forecast (Mth5)	(38.5)
Additional Income NHSE	3.1
Additional Income NHSE	4.8
111 Service - IOW for call handlers	0.5
PTS - additional income for activity (tbc)	0.5
"Upside" Forecast (Mth5)	(29.6)

8. From September onwards the monthly spend and variance to plan will increase significantly. Whilst measures continue to manage spend through “grip and control” processes, this will be offset by additional spend in relation to the investment profile primarily for the performance improvement programme which will result in forecast additional spend.

9. The forecast will be reviewed monthly. The current forecast does not yet include any costs of organisational structure changes that may be required as part of the financial recovery plan. As plans are developed and implemented to support, the forecast will be amended and would need to be notified (Schemes may require NHSE Agreement).

10. Externally the Trust continues to forecast achievement of the break-even plan. The Trust has informally indicated to both HIOW ICB and NHS England that this will not be met. The Trust will formally submit a revised forecast to the ICB at Month 6 (at the end of September 2023). The Finance and Performance Committee and the Board are asked to agree to the revised forecast.

11. The Trust’s cash balance at the end of August stood at £36.1m. The Trusts cash balance has decreased by £13.9m since the start of the financial year, an average monthly net cash outflow of £2.8m.

12. The average monthly net cash outflow is expected to increase as most of the Trust’s capital expenditure is phased into the second half of the year, as table below.

2023/24	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	27.7	27.2	38.5	29.4	28.3	28.3	28.6	27.6	27.6	34.1	27.6	39.2
Expenditure	(31.2)	(28.3)	(38.1)	(35.6)	(31.8)	(32.2)	(34.5)	(33.1)	(31.1)	(35.7)	(36.1)	(32.3)
Net inflow/(Outflow)	(3.5)	(1.1)	0.4	(6.2)	(3.5)	(3.9)	(5.9)	(5.5)	(3.5)	(1.6)	(8.5)	6.9
Cash Balance	46.5	45.5	45.9	39.7	36.1	32.2	26.3	20.8	17.2	15.7	7.1	14.0

13. At the current expenditure run rate, the Trust will require cash support from July 2024 to support continuing operations. A total of £27.9m cash support would be required in 2024/25.

2024/25	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income	27.6	27.6	27.6	27.6	27.8	27.8	27.8	27.8	32.8	27.8	27.8	27.8
Expenditure	-30.7	-30.7	-30.7	-31.7	-31.7	-35.2	-32.2	-32.2	-31.2	-32.2	-32.2	-32.2
Cash Support Required					0.6	7.3	4.3	4.3	0.0	2.7	4.3	4.3
Net inflow/(Outflow)	-3.1	(3.1)	(3.1)	(4.1)	(3.3)	0.0	(0.0)	(0.0)	1.7	(1.7)	(0.0)	(0.0)
Cash Balance	13.8	10.9	8.1	4.3	1.0	1.0	1.0	1.0	2.7	1.0	1.0	1.0

14. The cash forecast is sensitive to the timings of income receipts. In the last quarter of 2023/24, £14.5m of income receipts have been assumed in relation to sale and leaseback agreements for new fleet deliveries. Slippage to these receipts could result in the Trust requiring cash support from as early as February 2024.

15. Capital spend YTD is £3.9m. The capital plan is phased based on most of the expenditure taking place from August onwards, particularly for IFRS16 leases. The Trust is still forecasting to utilise its available capital allocation of £22.8m in full, although this is dependent on expected delivery times for new vehicles in Quarter 4 being met.

Capital	Allocation	Spend YTD	Forecast
Internal CDEL	6.5	3.2	6.5
Public Dividend Capital	1.4	0.0	1.4
Leases (IFRS 16)	14.9	0.7	14.9
Total Capital	22.8	3.9	22.8

16. There is £1.8m of Internal CDEL allocation and £9.0m of IFRS16 leases allocation currently uncommitted (although £8m earmarked for 2023/24 DCAs) and therefore available to be allocated against schemes via the Fixed Asset Management Steering Group.

17. The 90-day debtor total stood at £498k at the end of August (down from £571k in July) representing 14.5% of total sales debt (down from 15.58% in July). The residual debt at risk of falling into the 90-day category is £36k.

INCOME AND EXPENDITURE DETAIL

18. The Trust reported a deficit of £2.3m for the month. This was against a break-even plan.

19. For the month, the main factors of the variance to plan can be attributed to:

- Slippage against the FSP (Financial Sustainability Plans) - circa £1.6m.
- PTS contracts operating above budgeted levels – circa £0.8m.
- Higher than budgeted resource cost for 999 – circa £0.4m

Offset by

- Depreciation, interest receivable and other underspends - £0.5m

20. Income for the Trust in June was below plan by £0.3m in the month, due to the timing of the recognition of the £7.3m UEC income. Contract income has been assumed at contract levels. BOB (Buckinghamshire, Oxfordshire, and Berkshire) ICB are not yet paying to contract levels pending the outcome of contract negotiations. £1.4m has been assumed in the month but not yet paid.

21. Externally the Trust continues to forecast achievement of the break-even plan. The Trust has informally indicated to both HIOW ICB and NHS England that this will not be met. A bottom-up assessment of the forecast outturn, based on month 1-5 actual income and spend and best estimates for the remainder of the year, gives a forecast deficit to plan of £38.5m.

22. The forecast position represents a deterioration from the current financial trajectory which, on a straight-line basis, would represent a deficit of circa £29.5m. Additional spend has been forecast for 999 performance that is not all matched by income, the spend on projects is forecast to increase from current run rate and the trajectory of FSP achievement is forecast to worsen over the remainder of the year due to the non-recurrent nature of FSP in the months to date.

23. For the Operational areas, the contribution by service is detailed below.

Service Line	Month			Year to date			Full Year					
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Prior Year	Variance to budget	Variance to Prior Year	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Emergency Services												
Income	17.9	18.5	-0.6	88.8	90.2	-1.4	220.6	220.1	205.6	0.5	15.0	
Direct costs	15.6	15.2	-0.5	75.3	73.7	-1.6	193.0	180.4	170.8	-12.6	22.2	
Gross contribution	2.3	3.3	-1.0	13.5	16.5	-3.0	27.6	39.7	34.7	-12.1	-7.2	
Gross contribution (%)	13%	18%	-5%	15%	18%	-3%	12%	18%	17%			
111 Service												
Income	3.3	3.3	0.0	16.4	16.4	0.0	39.3	39.3	41.5	0.0	-2.2	
Direct costs	3.1	2.9	-0.2	15.2	14.5	-0.7	36.6	34.9	36.6	-1.7	0.0	
Gross contribution	0.2	0.4	-0.2	1.2	1.8	-0.7	2.7	4.4	4.9	-1.7	-2.2	
Gross contribution (%)	6%	11%	-5%	7%	11%	-4%	7%	11%	12%			
Non-Emergency Services												
Income	5.7	5.4	0.3	27.4	27.1	0.2	66.6	65.1	62.4	1.5	4.2	
Direct costs	5.4	4.4	-1.0	28.7	22.0	-6.7	71.4	52.9	55.7	-18.5	15.7	
Gross contribution	0.2	1.0	-0.8	-1.4	5.1	-6.4	-4.8	12.2	6.7	-17.0	-11.5	
Gross contribution (%)	4%	19%	-14%	-5%	19%	-24%	-7%	19%	11%			
Other (Covid)												
Income	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	18.5	0.1	-18.4	
Direct costs	0.0	0.0	0.0	0.1	0.0	-0.1	0.1	0.0	15.8	-0.1	-15.7	
Gross contribution	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.7	0.0	-2.7	
Gross contribution (%)												
Contribution Operational Activities	2.8	4.7	-2.0	13.3	23.4	-10.1	25.4	56.3	49.0	-30.8	-23.5	

Emergency Services (999)

24. The 999 business (excluding 111) made a contribution of £2.3m in the month, which was £1.0m adverse to plan.

25. Staff costs for the month were £0.4m higher than budget. Lower than planned attrition for non-clinical staff continues to be a factor underlying the above budget spend.

26. Abstractions for the month 2.21% below the planned levels.

- 27.** Activity was 2.01% above plan in the month, with an overall demand of 50,539 incidents. Response demand was 3.46% above plan.
- 28.** Performance remains a challenge with national targets missed across all categories. Cat 2 performance for the month was behind trajectory at 27 minutes 32seconds. NHS England have asked the Trust to increase capacity to improve Cat 2 performance and 999 call answering times. This is forecast to worsen the run rate in Emergency Services in coming months.
- 29.** The income and spend in relation to UEC monies have been recognised in line with actual delivery. Year to date, there has been slippage with only £0.3m of spend being incurred to date. The forecast assumes spend of £7.3m in line with funding received to date. Further spend has been forecast for additional initiatives but income recovery has not yet been confirmed.
- 30.** For August, £0.4m of savings have been reported including: reduced spend against budgets on fuel budgets, slippage on lease spend and reduced sickness for 999 and EOC. In month, the delivery of savings was £0.4m lower than the target.
- 31.** In month, additional costs of £0.3m were included to reflect the revised costs of the make-ready contract.

111

- 32.** The NHS 111 service reported a contribution in month of £0.2m which was £0.2m adverse to plan.
- 33.** The service is experiencing lower than planned attrition for Health Advisors, and this is driving pay costs above previously forecast levels.
- 34.** NHS 111 activity of 117,247 calls for the month was 1% below plan and performance for the month was 81.92% against the target of 95.0% within 120 seconds (up from 69.61% in July). The average handling time for the month was 10 minutes 53 seconds.

Non-Emergency PTS

- 35.** The Commercial Division contribution was adverse to plan by £0.8m for the month and £6.4m adverse year to date.
- 36.** The spend in the month was £0.4m less than was forecast for the month. Costs for the make-ready contract were revised downwards by £0.3m in line with the revised contract and there was a release of excess miles provision for returned vehicles of £0.1m.
- 37.** Overall activity for the month was 5% higher than planned. Costs of activity delivery are increasing with use of private providers and taxis to cover demand. There has been no impact to date from engagement with Commissioners on right sizing activity.

Corporate

- 38.** Corporate budgets were £0.4m adverse to plan in the month, as table below. The main driver of this is Estates where there was higher than budgeted costs for utilities (£164k) and unmet savings targets. Within contingency, there are unmet savings targets.

Service Line	Month			Year to date			Full Year				
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	Budget	Prior Year	Variance to budget	Variance to Prior Year
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Clinical Services	0.5	0.6	0.1	2.8	2.8	-0.1	7.5	6.7	5.6	-0.7	1.8
Finance	0.3	0.2	-0.1	1.1	1.0	-0.1	2.7	2.4	3.7	-0.3	-1.0
Estates	1.1	0.9	-0.3	5.3	4.3	-0.9	12.5	10.3	10.6	-2.2	2.0
IM&T	0.9	1.0	0.1	4.6	5.0	0.4	12.3	12.1	8.9	-0.2	3.3
Human Resources	0.4	0.4	0.0	1.9	1.9	-0.1	4.8	4.5	4.4	-0.3	0.4
Education Services	0.6	0.5	-0.1	2.5	2.4	-0.1	6.4	5.8	5.8	-0.5	0.5
Service Development	0.3	0.4	0.1	1.8	2.1	0.3	3.8	4.3	3.2	0.5	0.5
Communications & Public Engag't	0.1	0.1	0.0	0.3	0.3	0.0	0.7	0.7	0.6	0.0	0.1
CEO	0.1	0.1	0.0	0.4	0.3	-0.1	0.7	0.6	0.9	-0.1	-0.2
Corporate	0.0	0.0	0.0	0.2	0.2	-0.1	0.5	0.4	0.0	-0.1	-0.4
Contingency	0.0	-0.2	-0.3	0.3	2.8	2.5	1.2	-2.3	-2.7	-3.5	3.9
Injury Benefit	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.2	0.0	0.0	0.2
Depreciation	0.8	0.9	0.1	4.2	4.3	0.1	11.0	10.4	8.8	-0.6	2.2
Financing Costs	-0.1	0.0	0.1	-0.3	0.1	0.3	-0.2	0.1	-0.2	0.4	0.0
Total Overhead Costs	5.1	4.7	-0.4	25.2	27.4	2.2	64.0	56.3	49.6	-7.7	13.5

Stuart Rees
Chief Finance Officer



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	13
Title of Paper:	People Directorate – People Strategy Update
Presented by:	Melanie Saunders, Chief People Officer
Paper for Debate, Decision or Information:	For information
Main Aim:	To update the Council of Governors on progress against the objectives set for the Strategy.
Summary of key points for consideration:	Following the launch of the Trusts People Strategy this update provides a high-level overview of progress against the objectives set for the first 6-18 months of the Strategy.
Recommendations or Outcome Required :	The Council of Governors are asked to note the content.
Previous Forum:	Board in Public held on 28 September 2023.
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Melanie Saunders, Chief People Officer



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Our SCAS People Strategy

2023-26

Creating a workplace where people feel appreciated, valued, supported and encouraged every day...



Our SCAS Corporate Strategy 2022/27

Our Mission *Why we are here*

**We deliver
the right care,
First time,
Every time**

Our Vision *Where we want to go*

**To be an outstanding
team, delivering world
leading outcomes
through innovation
and partnership**

Our Values *How we are*



Caring



Professional



Innovative



Teamwork

Our Strategic Themes *The core strategic challenge*

Clinically-Led

Service Quality &
Patient Experience

People & Organisational
Development

Partnerships &
Stakeholder Engagement

Technology Transformation

Finance & Sustainability

Our Enabling Plans *How we will deliver our vision*

Clinical / Research

Commercial / Procured
Services

Core Service Delivery
Operations

Quality Improvement

Our People

Volunteers

Communications &
Stakeholder Engagement

Digital & Management
Information

Finance

Sustainability (Inc. Estates)

All KPIs / Milestones

The National Context: The NHS People Plan for 2022/2023 and beyond

Looking After Our People:

Quality Health and Wellbeing support for everyone. Focusing on the actions we must all take to keep our people safe, healthy and well – both physically and mentally.



Belonging in the NHS:

Highlighting the support and action needed to create an organisational culture where everyone feels they belong with a particular focus on tackling the discrimination some staff face.



New Ways of Working and Delivering Care:

Emphasising the need to make effective use of the full range of our people's skills and experience to deliver the best possible patient care.



Growing for the Future:

How we recruit and keep our people. Building on the renewed interest in NHS careers to expand and develop our workforce as well as retaining colleagues for longer.



People Promise



The plan includes a “people promise” which sets out in their own words, what our NHS people said would make the greatest difference in their working lives...



Looking After Our People

We have a healthy workforce who feel well supported

We have a culture in which we learn from events that haven't gone to plan

Long term vision

Our people are led by skilled leaders who demonstrate civility, respect and compassion

Our people feel physically and psychologically safe in the workplace

Our people have greater flexibility in how, where and when they work

Measures of Impact:

- Staff survey results concerning compassion/caring
- Sickness absence rates and reasons
- Number of formal employee relations cases
- People Voice narrative describing working environment and culture
- Benchmarking against other Trusts

Looking After Our People:

Quality health & wellbeing support for everyone



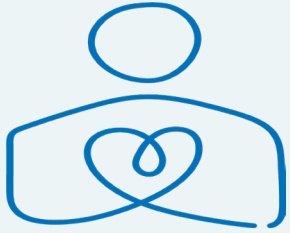
Short term actions:

(6 – 18 months)

- Establish/consolidate our “People Voice” feedback channels to improve how we listen to our people and how we act on feedback
- Continue delivery of our SCAS Leader and Essential Skills for People Manager programmes
- Improve 1:1 conversations with particular focus on Health and Wellbeing and access to 1:1s for all staff
- Continue to deliver our Health and Wellbeing plan with focus on mental health and a healthy working environment
- Integrate civility and respect within all work areas across SCAS to promote a culture where staff feel safe, supported, valued and respected and engage our leaders (at all levels) in the development of a Just and Learning Culture

Progress:

- “People Voice” feedback channels agreed process for collating data, triangulating, acting on feedback and governance is in place. Now need to demonstrate action on feedback and impact.
- Leadership programmes continue, new modules include collation of facts investigation training.
- Wellbeing conversation workshops and education in place.
- Winter wellness pack launched, including QR code sticker on vehicles to improve signposting to H&WB portal. Financial wellbeing guide launched.
- Additional MH and Physio support in situ, along with CRUSE, MHFT and REACT training.
- Continuing to engage leaders in developing compassionate culture, through development of communications, education, coaching & JLC toolkit.
- Close collaboration between PSIRF and HR leads in respect of impact of culture on patient safety.



Belonging in the NHS

Long term vision

We attract talented people from all backgrounds and parts of the community

Colleagues from all backgrounds agree that there are equal opportunities for progression and development

All our people feel safe and respected to deliver high quality patient care

We employ people with a range of knowledge and experience to deliver the best patient care

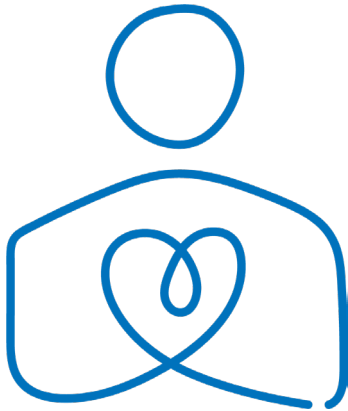
Our workplace is free from discrimination

Measures of Impact:

- Staff survey results: We each have a voice that counts
- People Voice: evidence that feedback comes from diverse sources and describes a safe, inclusive culture
- Appointments to roles reflect the diversity of our communities

Belonging in the NHS:

Creating a culture where everyone feels they belong



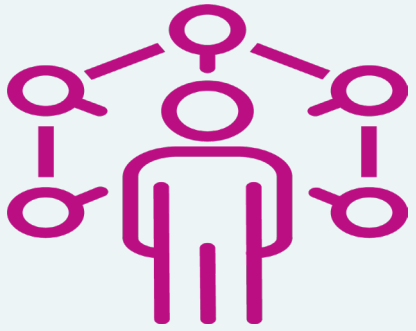
Short term actions:

(6 - 18 months)

- Publish and promote our Equality, Diversity and Inclusion (EDI) strategy at every level
- Deliver Recruitment and Selection training to promote consistency, fairness and inclusion on interview panels
- Develop resilience, resourcing and visibility of our Freedom to Speak, Listen and Follow Up team
- Improve access to Freedom to Speak Up e-learning, encourage completion and develop a dashboard for monitoring this
- Strengthen and consolidate partnership working with our Trade Union colleagues and staff networks
- Take action to improve sexual safety across the organisation
- Continue with a calendar of events to promote diversity and support under-represented groups
- Ensure that equality impact assessments are undertaken on all board papers and business cases

Progress:

- ED&I Strategy launched
- Recruitment and Selection training module within leadership development programme.
- FTSU team increased, including development of 27 champions across the Trust
- E-learning compliance continues to improve across all FTSU 3 modules
- New partnership agreement being developed in conjunction with our TUs.
- Staff Networks benefiting from Cherron Inko-Tariah development sessions and each network now has an Executive sponsor
- Improved allegation management process demonstrating results in addressing inappropriate behaviours.
- New EQIA assessment process developed and implemented.



New ways of working and delivering care

Our people choose to stay with us as they develop (in their roles and beyond)

We have credible successors to business-critical roles up to and including Board/Director roles

Long term vision

Our people are happy, fulfilled, motivated and provide high quality patient care

People at all levels and in all parts of the organisation understand what their job/role is and how to perform well in it

People are recognised for the talents they bring and can pursue a rewarding career path

Measures of Impact:

- Performance Development Review (PDR) compliance rates
- Staff Survey results: career development and PDRs
- Number of employees progressing into different roles
- Number of staff accessing learning and development
- Attrition (not associated with positive progression)

New ways of working and delivering care:

Making effective use of our people's skills & experience



Short term actions:

(6 – 18 months)

- Embed our new Personal Development Review (PDR) forms
- Develop an annual planning process with cascading objectives
- Improve access to paid development/learning opportunities across our workforce (coaching, leadership development)
- Provide fully regulated courses with high quality teaching
- Develop Digital Education and simulation facilities to improve learning and development opportunities
- Improve the welcome programme for new joiners

Progress:

- PDR leadership module in place
- Annual planning process under development
- All programmes with the exception of 1 now fully regulated.
- Virtual teaching on some programmes has commenced, including Nurse and International programmes
- 'A good start' programme ready to launch.



Growing for the Future

We have the right number of skilled people in the right locations to deliver outstanding patient care

We have a comprehensive, competitive offer to employees, attracting (and retaining) a diverse pool of applicants

Long term vision

We have a robust workforce pipeline that encompasses diverse talent pools

We retain our staff by looking after our people, developing skills/experience and focusing on a sense of belonging

We have an embedded brand and reputation as a great place to work

Measures of Impact:

- Vacancy rates
- Numbers of applicants to roles and course fill rates
- Time taken to recruit to roles
- Acceptance rates of recruitment offers
- Attrition (not associated with positive progression)

Growing for the future:

How we recruit and keep our people



Short term actions:

(6 – 18 months)

- Review our long term workforce plan, taking a collaborative system wide approach
- Reach out to under-represented groups in our communities to improve diversity within our workforce
- Promote and use inclusive recruitment practices, attracting candidates from a range of backgrounds and signposting them to the best role
- Continue with international recruitment into clinical roles
- Continue to work in partnership with the Princes Trust, Ministry of Defence and Agencies
- Strengthen our offers/accessibility for staff returning to practice
- Improve placement experience for student paramedics
- Ensure that there is effective oversight and governance of recruitment and retention activities

Progress:

- Long term workforce plan under-review.
- Retention plan in place.
- Flexible working reviews in place alongside rota reviews for UEC and EOC
- Recruitment linking with recently re-launched staff networks to work on developing positive media presence and stories regarding diversity.
- Started process of EQIA for each recruitment process.
- International recruitment continuing and expanding.
- Prince's Trust courses delivered around CCC and Operational and PTS roles.
- First paramedics returning to practice started with SCAS this year.
- Review of Workforce development board structure to be completed. People & Culture committee in place



Strategy Enablers

Our people know how to contact HR and can access accurate people information/data easily

We will have easy to follow, efficient, value-added processes and systems

Long term vision

Our people can quickly get support when they need it

Our people (and their ability to deliver first class patient care) will be at the heart of decisions made by the organisation

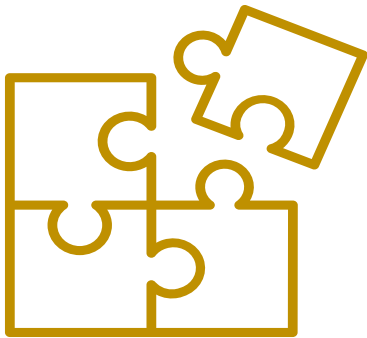
We have the right roles sustainably in the right places within the People Directorate

Measures of Impact:

- "Customer" feedback
- Staff Survey results from People Directorate
- Availability of People data at key meetings/forums

Strategy Enablers:

Factors that will facilitate effective delivery of our People Strategy



Short term actions:

(6 – 18 months)

- Develop automated Business Intelligence reports that give access to good quality people data
- Improve our people administrative processes, ensuring better access, responsiveness and resilience
- Build our Supporting Our People intranet site ensuring that people can easily access the help/support that they need in one place
- Improve the recruitment process, seeking feedback from candidates/managers and developing clear Key Performance Indicators (KPIs)
- Review our people governance committees to ensure appropriate leadership of our people agenda and oversight of key activities

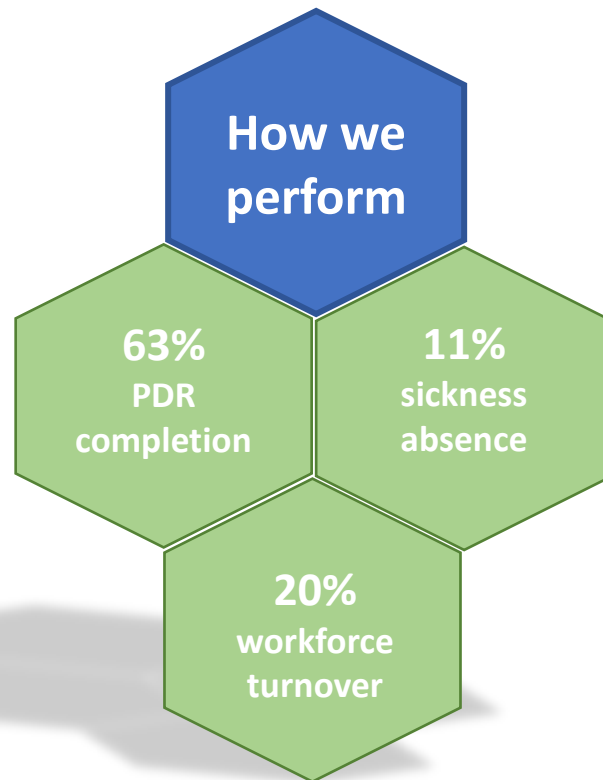
Progress:

- IQPR under-development
- Supporting Our People hub refreshed., dedicated hub pages sign-posting support for staff experiencing inappropriate behaviours.
- Recruitment processes have been reviewed and refreshed. Feedback is provided by candidates during the process and on starting. KPIs in place for time to hire.
- Workforce development board to be reviewed, People & Culture committee in place.
- Ofsted visit taken place (Sept 23) outcome awaited.

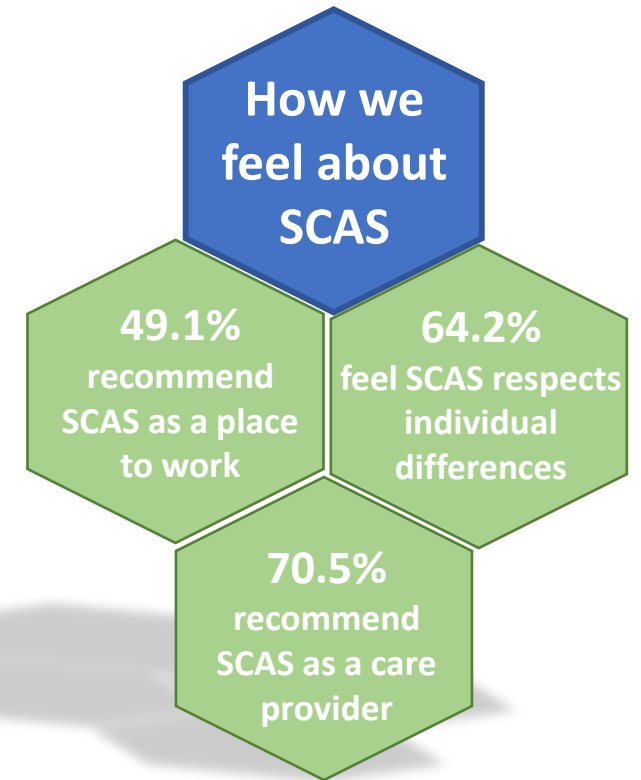
Where we were in February 2023



We are made up of approx. 4400 staff and over 1000 volunteers delivering a broad range of clinical and non-clinical services across the south central area



We want all of us to have high quality performance and development reviews (PDRs) that support our wellbeing, performance and development within and beyond our current roles

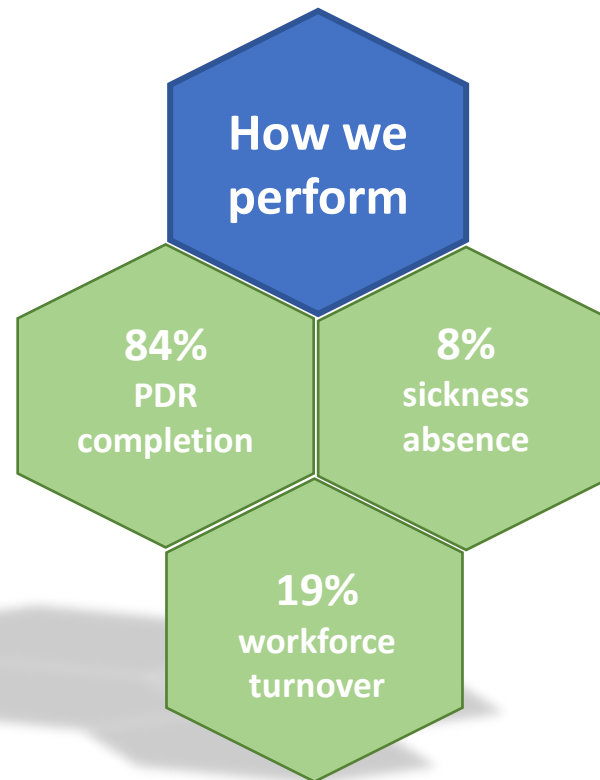


We want more of us to recommend SCAS as a place to work & to receive care and we want to attract & retain a more diverse workforce who feel welcome and respected

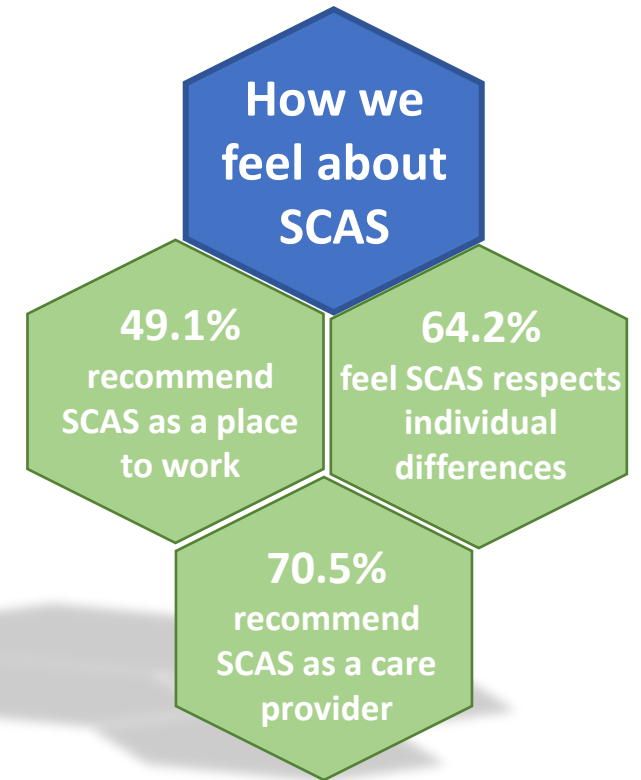
Where are we now (September 2023)



We are made up of approx. 4600 staff and over 1000 volunteers delivering a broad range of clinical and non-clinical services across the south central area



We want all of us to have high quality performance and development reviews (PDRs) that support our wellbeing, performance and development within and beyond our current roles



We want more of us to recommend SCAS as a place to work & to receive care and we want to attract & retain a more diverse workforce who feel welcome and respected

Assuring delivery of this strategy...

The People Directorate will continue develop detailed annual plans aligned to this strategy and the Trusts 10-point plan, working closely with stakeholders, which will detail the actions and programmes of work which will contribute to the delivery of our vision by 2026.

Progress will be monitored through regular review of our Measures of Impact which will be developed into a framework aligned to the Trusts revised IQPR that we monitor alongside progress of our plans.

Assurance on progress will be provided to the Board through these reporting lines/mechanisms:

- Through the People and Culture Board Sub-committee meetings
- Through sub-groups that report into the People and Culture Committee
- Through annual plans and cascaded team objectives for delivery by members of the People Directorate



NHS

**South Central
Ambulance Service**

NHS Foundation Trust

Right care
First time
Every time



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	14
Title of Paper:	Quality Directorate – Quality & Patient Safety Report
Presented by:	Helen Young, Chief Nurse
Paper for Debate, Decision or Information:	For information
Main Aim:	To update the Council of Governors on quality and safety processes necessary to deliver safe, effective clinical care to the Trust's patients and people for period June 2023 – July 2023.
Summary of key points for consideration:	<p>The purpose of the report is to provide the Council of Governors with a summary against the statutory quality and safety processes necessary to deliver safe, effective clinical care to our patients and our people. The report covers the period, June 2023 – July 2023.</p> <p>Progress continues to be made against the objectives outlined in The <i>Patient Safety Improvement Plan</i>.</p>
Recommendations or Outcome Required :	The Council of Governors are asked to note the content.
Previous Forum:	Board in Public held on 28 September 2023.
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Helen Young, Chief Nurse



COUNCIL OF GOVERNORS PAPER

Title	Quality & Patient Safety Report
Author	Assistant Directors of Quality
Responsible Director	Professor Helen Young Chief Nurse / Executive Director of Patient Care
Date	September 2023

1. Purpose

- 1.1 The purpose of the paper is to provide the Council of Governors with a summary against the statutory quality and safety processes necessary to ensure the delivery of safe, effective clinical care to our patients and our people.
- 1.2 The paper covers the reporting period (June - July 2023), highlights risks, issues and mitigations which are reflected in the Corporate Risk Register (CRR), Integrated Performance Report (IPR) and Board Assurance Framework (BAF). The information provided within the paper demonstrates evidence of compliance against Care Quality Commission (CQC) regulations where appropriate.

2. Executive Summary

- 2.1 The Patient Safety Improvement Plan consists of specific workstreams which include, Safeguarding, Patient Safety and Experience, Management of Medical Devices and Equipment, Medicines Management and Infection Prevention and Control (IPC). The actions are managed and monitored through the Patient Safety Improvement Plan which reports and provides assurance to the Patient Safety Delivery Group and the Integrated and Oversight Board.
- 2.2 All oversight and assurance meetings were held throughout the reporting period and progress against actions and assurance provided.
- 2.3 **Level 3 face to face Safeguarding training was suspended for two weeks** during the reporting period to release capacity and support operational performance. It is still anticipated that the target will be achieved at year end following the implementation of remedial actions.
- 2.4 Any requests to suspend or cancel training are formalised through a weekly Executive training review panel and recorded in an action log.
- 2.5 During July a business continuity incident was declared following the outage of the Electronic Patient Record System. This has required staff to use paper records to record care and manual referral processes have been instigated. We continue to monitor any patient safety incidents or issues as a result of the outage.

3.

Main Report and Service Updates

EPR Outage

- 3.1 On 18th of July 2023 SCAS declares a Business Continuity Incident due to trust wide system outage of the ePR system. A quality impact/ risk assessment was undertaken. SCAS has released a number of communications to staff to support them through the business continuity period including hot news updates and FAQ documents.
- 3.2 Internal business continuity meetings are ongoing. System and regional meetings are also in place to discuss risks, issues and next steps.
- 3.3 Testing has commenced and to date only a small number of issues have been flagged with many being resolved the same day. A go/no go to reconnection meeting will be held as testing progresses.
- 3.4 The Clinical Governance Team are reviewing incidents to understand the impact of this to patient safety. To date there have been no reports of patient harm due to this outage but we are monitoring this weekly.

Infection, Prevention and Control (IPC)

- 3.5 Annual report approved by Infection Prevention and Control Committee and Quality and Safety Committee. This will be published on the website and the action plan monitored by the IPC committee.
- 3.6 Preparation has commenced for International IPC Week (15-22 October 2023) to follow on from Professional Standards campaign including IPC roadshows.

Management of Medical Devices

- 3.7 The new asset management system project has been approved by the Executive Transformation Board and Executive Management Committee. Work is ongoing to develop a fully costed business case for presentation on 13th September to the Executive Transformation Board.

There have been two Zoll incidents reported, which are currently under investigation and the devices are being forensically analysed by Zoll.

An audit of vehicles is in progress to ensure a secondary device is on every vehicle. Secondary devices added to the critical check list for staff at the start of shift.

Safeguarding

- 3.8 The Quarter 1 metrics for Safeguarding are on track with:
 - Training compliance above trajectory at 14.75% (target 5% increase per quarter)
 - Safeguarding Level 3 above trajectory at 51% (target 46%)
 - SAAF above trajectory at 94.5% (target 70%)
- 3.9 The potential risk to the above will be the effect of the Business Continuity incident at end of Quarter which may impact on the number of referrals and further delays to the transition

of the server, as user testing will be delayed during the EPR outage. Any cessation of training will affect level 3 training compliance. There is some mitigation to this as the ECA (Emergency Care Assistant) cohort have been 'frontloaded' in anticipation of winter and staff who have not attended any training will be prioritised by scheduling.

- 3.10 The number of allegations has increased from 7 at the same time last year to 21 in the same period 2023/24. This shows an increased knowledge of the subject and a willingness for staff to refer to the Safeguarding Service. The role of ECA as the highest referred role and the theme of unprofessional behaviour as the highest theme is constant.
- 3.11 Activity of statutory functions is included in this Board report and reported numerically. This reporting will be further developed in future reports to include comparison and learning themes. Numbers provided are from April 1 2023.
- No. Domestic Homicide Reviews (DHR) – 5
 - No. Safeguarding Adult Reviews (SAR) – 20
 - Homeless Mortality Reviews (HMR) – 3
 - Rapid Reviews (RR) – 1
 - Section 42 Enquiries – 13
 - Child Safeguarding Practice Reviews (CSPR) - from 1st April we have provided information for 17 CSPRs and attended 7 meetings to discuss the cases.
 - No. Child Deaths - sadly we have attended 31 JARs (Joint Area Reviews).

Mental Health and Learning Disability

- 3.12 There are several Mental Health (MH) projects in progress including the NHS Option 2 Project with a soft launch date of December 2023, MH Crisis response trust wide with use of increased fleet of MH Response Vehicles launch end of Quarter 4 and the Right Care Right Person Initiative. These all have a direct affect to performance, finance and patient care. The Executive Team have requested a paper with full details of these initiatives.
- 3.13 The Oliver Mc Gowan E Learning Programme is above training compliance trajectory. There are examples of good practice in Learning Disability including the creation of an easy read document for inclusion in the ePCR and patient participation and development of a video for use in the community to avoid fear when calling an ambulance.

Complex Care

- 3.14 The MH, Safeguarding and Complex Care (CC) Team have an awayday in September to discuss how these teams can work more collaboratively in planning care for our most vulnerable patients and to iron out any areas of duplication. It is crucial that Business Intelligence data and information is developed to understand where the contact centre staff can further support operational performance and ensure SCAS is supporting the patient.

Learning from Patient Safety Events (LFPSE)

- 3.15 The Trust is compliant with the national timeframe – DATIX web is updated (25 July 2023) with the LFPSE upgrade but not yet switched on as per the NHSE guidance and instruction.
- 3.13 The SCAS internal LFPSE group has completed stage 1 and 2 of local testing with DATIX in March and August 2023. A test case self-assessment for the NHSE team has been commenced prior to September 2023 to ensure Trust compliance with the system as a national requirement.

- 3.15 NHSE indicated to trusts that National Reporting and Learning System will not be decommissioned until January 2024, but since have written they would aim to decommission earlier.
- 3.16 NHSE have indicated that any exports of NRLS data could be sent directly to the NHS England team instead of uploading to the NRLS website if LFPSE has not been switched on in (Quarter 3). Assurance can be given that SCAS are prepared but require national “bug” fixes to be resolved.

Patient Safety incident response framework (PSIRF)

- 3.17 Programme Board inaugural meeting took place on 18 August 2023. The internal Programme Team delivered a PSIRF brief to Trust Executives (follow up to July’s Trust Board brief). Work is underway to benchmark PSIRF governance against other ambulance trusts.
- 3.18 All required data for risk profiling has been obtained. Business Intelligence are now supporting risk profiling to ensure this does not impact submission of draft PSIRF Plan to ICBs.
- 3.19 Strategic Decision Makers training will take place on 14 September 2023. Mandatory training (all staff): HEE Level 1 is 75% and Level 2 is 60%. This is a month on month increase and ahead of trajectory.
- 3.20 PSIRF Communications and Staff Engagement Plan has been completed and a calendar of staff engagement events to inform, influence and involve staff.

Serious Incidents (SIs)

- 3.21 Year to date South Central Ambulance Service (SCAS) have identified 21 SIs under the national 2015 SI framework.
- 3.22 In June and July 2023, 10 Patient Safety incidents were declared as serious incidents (1.1/5 of all reported patient safety incidents)
 - 7 SCAS declared SIs
 - 3 incidents were declared as System SIs and are currently being investigated in a cross organisational method.
- 3.23 The Trust has seen an increase in the number of SCAS declared SIs, in this reporting period (4 in the previous reporting period). In the last 4 months 6 System SIs have been declared, demonstrating the increase in pressures being experienced across the system regarding delays.
 - 1 SI is currently breaching the 60-day completion target – with an approved extension in place.
 - 1 SI has a current “stop the clock” due to an ongoing police investigation.
 - 9 incidents referred for a detailed investigation (1% of all reported incidents).
 - 10 Serious Incidents were closed by ICBs across this reporting period.
- 3.24 The main themes continue to be related to Delays with (6) reported. This position remains unchanged from previous reports provided to Board.
- 3.25 **A thematic analyses of SIs / DIs between April 2022 / March 2023 where the category of incident is delay is currently being undertaken it is anticipated this will inform how**

we respond to further patient safety incidents reported of this type and will put forward recommendations for improvements.

Incident review panel (IRP) activity

- 3.26 40 (4.5%) of total incidents reported were reviewed by the Safety Review Panel during this reporting period.
- 3.27 24 (2.8%) of total incidents reported were escalated for further review by the Executive led Incident Review Panel (IRP).
- 3.28 9 (1%) of total incidents reviewed at IRP have been referred for a local detailed investigation.

Patient Safety Incident themes by Service - Emergency Operations Centre (EOC)

- 3.29 During the reporting period there were 72 patient safety incidents recorded by EOC. Incident reporting rose by 5% overall when compared to previous reports with the majority relating to EOC South. The top three reported incident categories were Delay, Patient Care Treatment and ICT Systems.
- 3.30 **A national initiative has proposed the implementation of a revised way to re-route calls nationally to prevent prolonged call answer delays.** The proposal was presented to the EOC Clinical governance meeting, and a paper submitted to 5 July 2023 Clinical Review Group. The proposal was approved by the group, receiving Medical Director Sign off. Final actions to achieve implementation are now underway.
- 3.31 NHS England have mandated a **Category 2 Segmentation process** which SCAS is to implement by September 2023. This involves urgent clinical navigation and review by a Clinical Validator from the Clinical Support Desk. This urgent review will not prevent dispatch if a resource is available but seeks to improve response times to Category 1 and the highest acuity Category 2 patients. A project group is meeting bi-weekly to progress this work stream and a quality impact assessment has been approved by the EOC Clinical Governance group.
- 3.32 The Assistant Quality Improvement Manager presented a paper to the Clinical Review Group with a proposal to remove the Neutropenic Sepsis / Addison's Disease SOP, which had already been recommended by the EOC and 111 clinical governance group. The Clinical Review Group noted that NHS Pathways now has a clear system route to process these types of calls to an appropriate outcome and approved the removal.

Patient Safety Incident themes by Service - 111 Narrative

- 3.33 In the Months of June and July 2023 there were 168 patient safety events reported by 111. This is increase on incidents reported in April and May. **The primary 3 categories remain "Delay" (82), "patient treatment and care" (72) and "ICT Systems" (7).**
- 3.34 Increased reported incidents during this period of poor patient experience and duplicate 111 calls after directing patients to the Community pharmacy Consultation Service (CPCS). Locality manager assigned to all incidents who is in regular contact with community pharmacy teams and commissioners. The information with the report is being shared monthly with the regional pharmacy commissioning team, to monitor improvement and use of the CPCS scheme. HCP process for pharmacy to contact GP directly has been shared with all CPCS providers.

- 3.35 NHSE are exploring options for pharmacists and other HCP to use the 111 online function. This stemmed from an incident reported by 111 highlighting a pharmacist attempt to use 111 online to refer in. While this is not currently accepted practice, it was recognised that this is a potential method for onward referral to improve CPCS function with minimal operational and resourcing burden.
- 3.36 Additional learning actions implemented by EOC/NHS111 during the reporting period include:
- a) Shared Learning - Racial Equality Within Healthcare added to CCC educational resources on the hub – 2 June 2023
 - b) New EOC Directive Issued 5 June 2023 – Directive 10 – 2022 Nature of Call Selection V2. Highlighted a new nationally mandated C1 NoC for an unconscious pregnant patient over 20 weeks gestation.
 - c) New shared EOC/111 Directive issued 16th June 2023 Directive 4 – 2021 Injury, Bruising to Non-mobile Infants/Children V2. After review by the Safeguarding team, this Directive was updated to include any injury to any non-mobile paediatric patient.
 - d) New shared EOC/111 Directive issued 21 June 2023 Directive 2 – 2023 Safeguarding Child Protection Information Sharing. This Directive was issued outlining the correct departmental processes to identify any potential CP-IS Alert, and the appropriate safeguarding action required.
 - e) Shared Learning - Anonymised Case Study - Complex Call. Shared 30 June 2023.
 - f) EOC Quick Quiz in June 2023 – Cascaded 30 June covering Careline contacts, child protection information sharing, safeguarding referrals, injuries in non-mobile infants and other children, unconscious pregnant patients and declared abnormal physiological observations.
 - g) CCC Education factsheet - NHS launch of a new national shingles vaccination programme from 1 September 2023, shared 6 July.
 - h) 'Take Note' bulletin disseminated re assessing level of consciousness on 28 July.
 - i) EOC Quick Quiz in July 2023 – Cascaded 31 July covering the utilisation of declared physiological observations, normal and abnormal physiological observations, the relevance of nausea/vomiting and clamminess/sweatiness during episodes of chest pain, worsening advice, remote observer calls including care line calls, and locating AEDs.

Patient Safety Incident themes by Service - Emergency and Urgent Care (E&UC)

- 3.37 In total there has been 405 patient safety incidents reported in June (190) and in July 2023 (215) this equates to an increase of 26% from April / May 2023, this is in line with the increasing demand throughout the trust in this period. The higher number of patient safety reports being completed supports an increased confidence in staff to report concerns, with the severity of cases remaining low with 396 incidents being logged as low or no harm.
- 3.38 **The top three reported categories for 999 patient safety events during June / July 2023 were Patient Treatment / Care, Delay and Medicines.**
- 3.39 41% of these concerns that were raised under the category of patient care and treatment were directed at other health care professionals external to SCAS, the majority of these relate to Hospitals, GP's, and Nursing / Care homes. SCAS has a high level of reporting concerns in relation to external health care providers.
- 3.40 Reducing delays is an area of focus in the trust and there is a plan monitored as part of the improvement programme.

3.41 The highest number of incidents reported under medicines is the subcategory of missing from modules (stock taking error). In cases of wrong administration of medication risk grading for these incidents remains low with all incidents graded as low or no harm.

Patient Safety Incident themes by Service - NEPTS

3.42 There were a total of 112 patient safety incidents for the months of June and July 2023 with 61 occurring in June and 51 in July. All incidents are graded as low or no harm apart from one injury that has been upgraded following patient outcome information received.

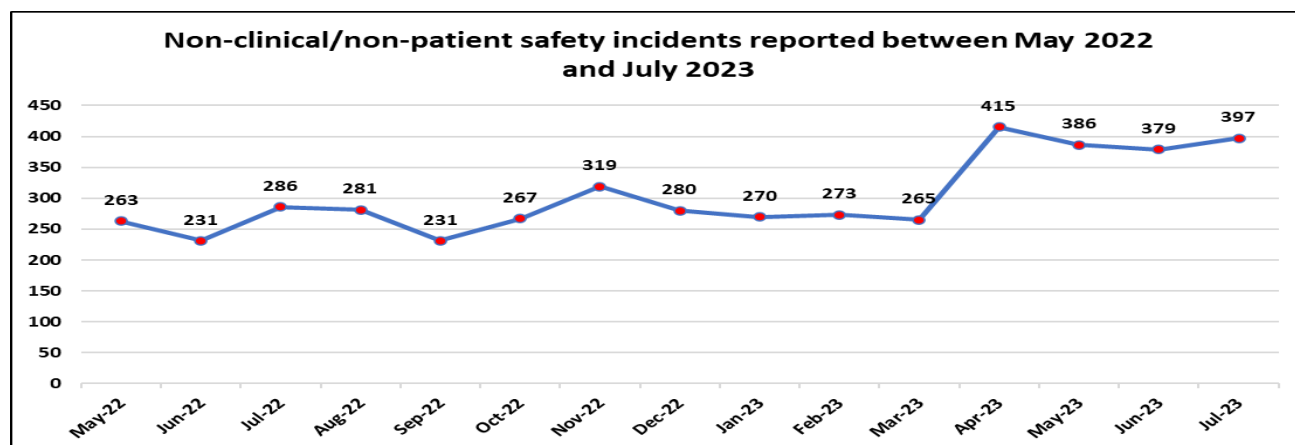
3.43 **The top 3 categories were Slip, Trip and Fall (28), Patient treatment/care (20), Ill Health (14).** Slip, Trip and Fall incidents were low/no harm. 30% falls were patients who had fallen prior to or on arrival of crew.

3.44 Patient treatment cases were all low/no harm incidents. Just over half relate to poor standards of care witnessed by crews. 25% relate to failed discharges and the remaining cases relate primarily to lack of information given on the booking.

3.45 Ill Health cases were all low/no harm 30% of patients became unwell during conveyance and 50% of patients unwell on arrival of crew, care escalated to 999 as appropriate depending on care setting.

Patient Safety Incident themes by Service - Non-clinical/Non-patient safety incidents

3.46 The number of reported incidents trend is upwards recognising the campaigns to support staff to report.



3.47 **Abuse/abusive behaviour incidents are the top reported category. These are mostly low or no harm incidents,** but reporting is encouraged. The sub-category with the highest number of incidents is verbal abuse.

Health and Safety

3.48 **Utilisation of the body worn cameras is a key focus. Staff feedback on the mounting and fixings and a task and finish group set up to review the camera mounts/ fixings.**

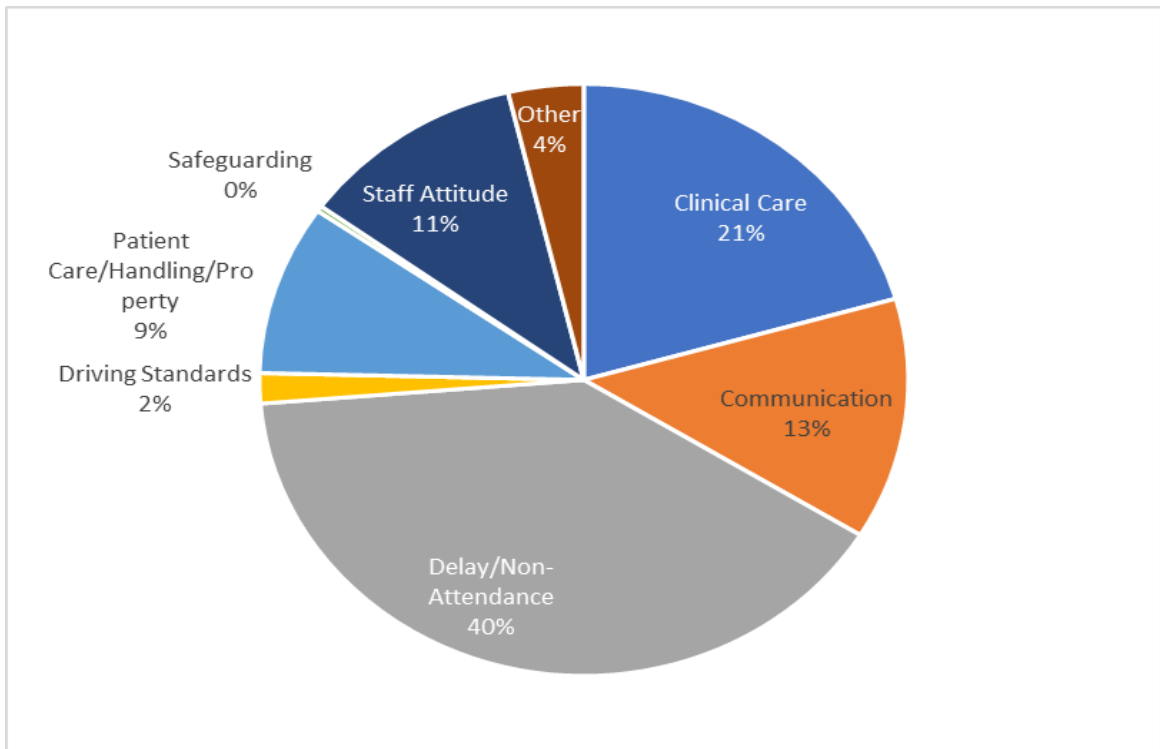
3.49 The trial is in three phases and will conclude in October 2023 and be shared with the Violence Prevention Reduction group.

Patient Experience (PE) and Engagement

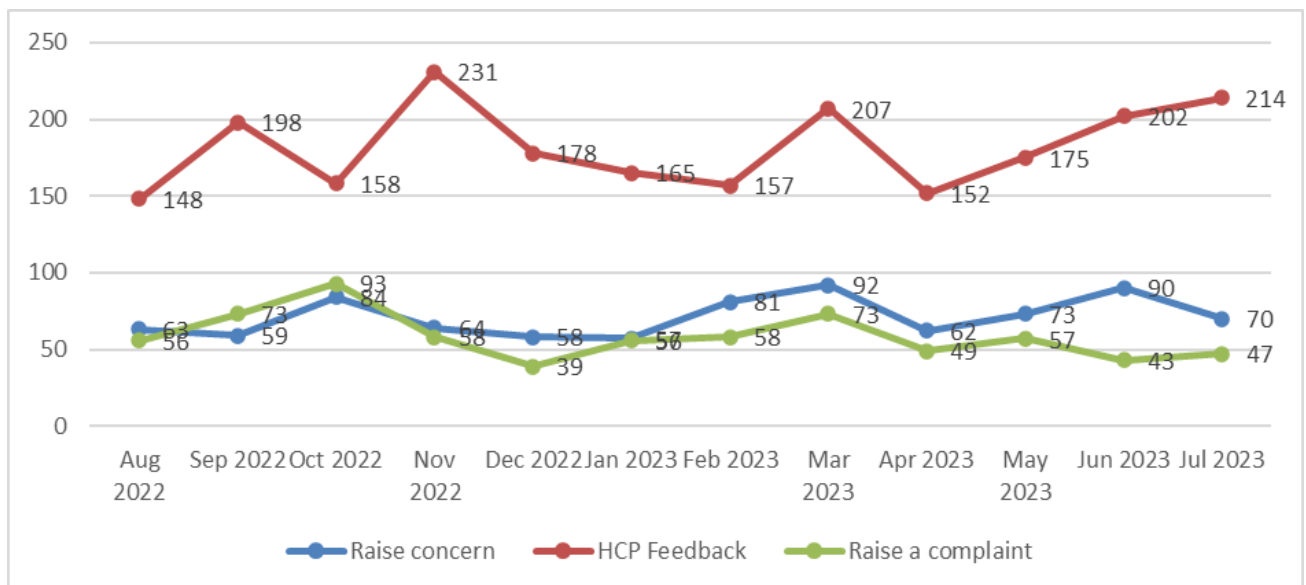
- 3.50 The Patient Voice panel is open to expressions of interest for chairs of the groups on Assemble (volunteer recruitment platform) and social media platforms. To date two chairs applications have been and 15 others for the consult and participation roles.
- 3.51 Trust wide there was a 17% increase in the total number of PE contacts raised (666) - 335 in June 331 in July when compared with the previous two months (568). The Trust received 90 new formal complaints, 160 informal concerns and 416 HCP feedback requests during June and July 2023.
- 3.52 652 cases were responded to and closed during the same period, of which 69% (447 cases) were either fully or partly upheld when the investigations were concluded, meaning that in seven out of ten cases the complaint was justified in full or in part.

PE Contacts June/July	2022/23	% of Trust Total	% change from previous two months
NHS 111 incl GP CAS pilot	128	19	Down 1%
PTS – Patient Transport Services	370	51	No change
999 Operations	110	17	Down 3%
EOC	56	8	Up 4%
Mental Health Triage Service	2	0.1	No Change
Trust total	666	100%	Up 17%

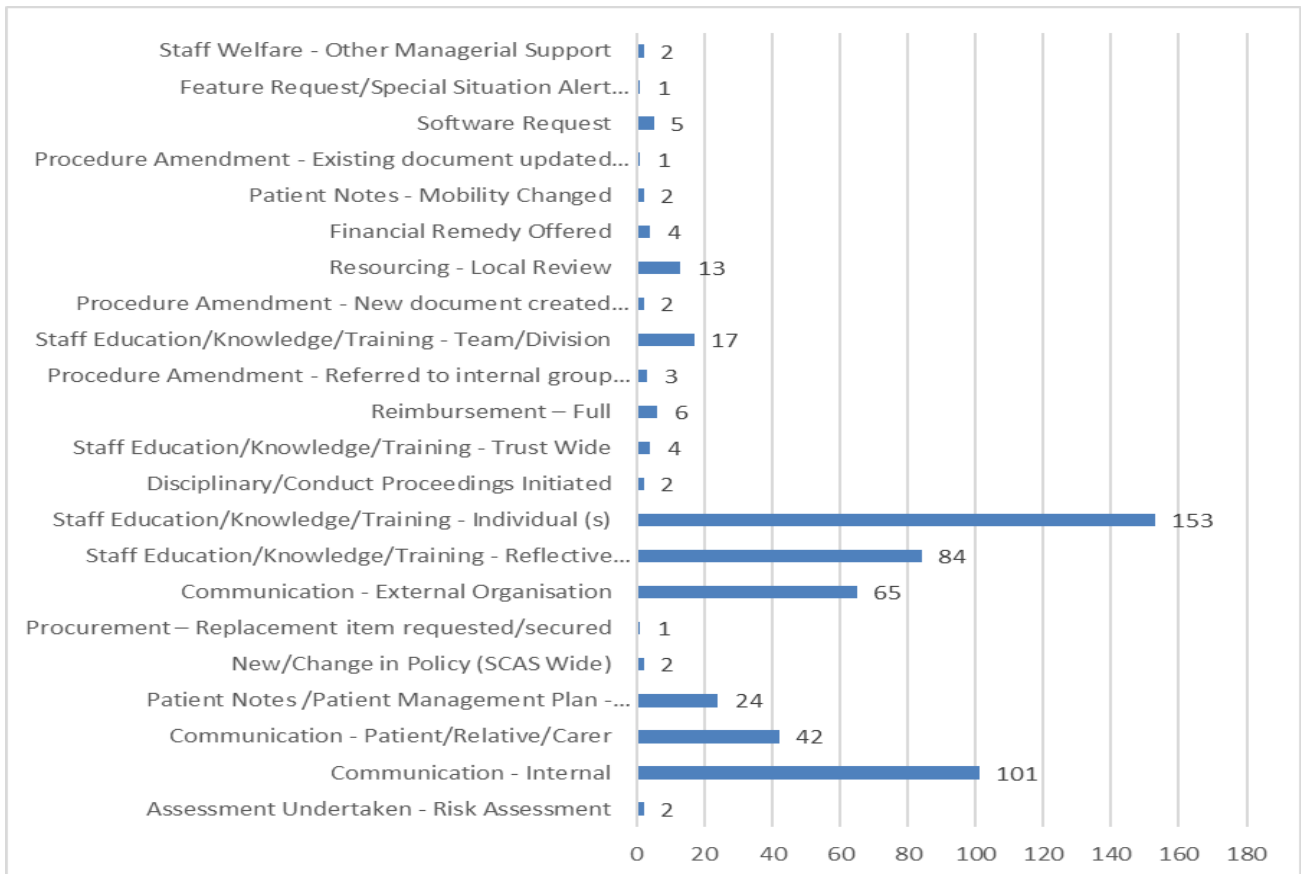
- 3.53 999 Operations - there was a 3% decrease in PE cases raised in this reporting period. 35% of these cases were regarding clinical care. 29% of the cases were regarding Staff attitude and communication, a small increase from the previous two months.
- 3.54 The chart below shows the % of PE contacts received Trust wide by subject for June and July 2023. The highest proportion (40%) remains delay.



3.55 The graph shows the number of PE contacts received by type.



3.56 The table below demonstrates some of the learning outputs and actions taken from feedback.



Parliamentary & Health Service Ombudsman (PHSO)

3.57 The Trust currently have 3 cases with which the PHSO is currently completing a full investigation. This is a decrease on the 7 cases that were being considered.

3.58 Compliments: the trust received 236 compliments for the care and service delivered by our staff in June and July 2023. Compliments are shared with the staff concerned and their line managers.

Date: September 2023



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 October 2023
Agenda item:	15
Title of Paper:	Digital Directorate
Presented by:	Steve Clark
Paper for Debate, Decision or Information:	Information
Main Aim:	To review the Trust's digital strategy and assess whether it is being implemented effectively, and to identify any gaps or areas for improvement.
Summary of key points for consideration:	The Trust are working to a digital strategy, set out in 2021, and taking the digital work through to 2026.
Recommendations or Outcome Required :	To note
Previous Forum:	
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Barry Thurston, Interim Chief Digital Officer



Council of Governors

Digital Update

PURPOSE

To review the Trust's digital strategy and assess whether it is being implemented effectively, and to identify any gaps or areas for improvement.

DIGITAL UPDATE

The Trust are working to a digital strategy, set out in 2021, and taking the digital work through to 2026. The digital strategy is like many others in this area (ambulance) and doesn't really require a significant upgrade or change of direction although a refresh, aligning more with the overall strategy of the Trust would be appropriate.

The strategy was reviewed by the outgoing Chief Digital Officer in July and there was an assertion that the Trust were struggling to maintain the pace of delivery due to several reasons. To get to the position of being able to provide the Trust with an underpinning infrastructure capable of supporting the known strategy and being agile enough to support changes in approach is more challenging. At this stage there is more work to do to ensure that this is the case although initial discussions with the team indicate significant progress towards that including new data centre technology and new network capacity and capability.

The update on the digital strategy focussed mainly on two weaknesses.

- a) That broadly the team were still very much an IMT support function and had not migrated to be that digital team, at best it was considered that the team were a delivery partner for the digital agenda which largely sat outside of the IMT function.
- b) Financial constraints meant that the team continued to work inefficiently due to lack of funding to replace existing, obsolete, or out of date systems.

The first point is not dissimilar to that experienced by many others in that IT staff, as a group will find that transition challenging as they tend to be quite tactical in the main and a different culture will take some time to bed in. The second point is less understandable given that a lot has already been achieved to date and the financial challenge is a more recent issue so the more likely explanation is that the roadmap this year has become more difficult and those projects from previous years, late in delivery already, will struggle to find funding.

Given where the Trust are, both financially and operationally, there needs to be a review of what work in the department is critical to either (or both) the operational and financial agendas and the department re-tasked to deliver those key areas. Other areas, regardless of their place in the digital roadmap, that will not contribute to providing solutions, should be paused.

The following areas are considerations and require further discussion due to them not being managed in the IMT portfolio, but I believe are important in supporting the Trusts transformation aims for the next couple of years.

The BI function.

Business Intelligence is key to successful, efficient delivery of operational performance. The Trust have a BI function that is large in terms of staffing although currently carrying vacancies (about 25% of its total number) but at this stage I cannot see what skillsets we have in the department, as it would appear we have little to no development capability. Whilst the product being used supports the rapid building of dashboards, charts and reports it cannot provide all the Trust requirements and to that end the Trust have used third party providers along with some small internal development capacity to deliver the Trusts needs. The warehouse used by the Trust is quite old and a replacement has been discussed for some considerable time and remains an outstanding IT/BI function.

In addition to the above, the Trust also have a forecasting function using Optima and Anaplan software with some plans for closer collaboration.

Having worked in several Trusts over the years, the most successful in terms of delivering performance are those that have their BI function closely aligned to operational delivery and with operations understanding the questions they need ask and the BI function being able to put forward a compelling storyboard describing the problem and the potential solution. Successful delivery of performance is in being able to understand why performance was or wasn't delivered yesterday and the lessons learnt from that applied to tomorrow's operational delivery.

As a priority the Trust need to review the following:

- a) The current warehouse and how urgent replacement is given the change in reporting that will be needed to support the Trust through winter.
- b) The tools being used by BI department, does it support real time information, is it end user device agnostic.
- c) Skills and capabilities within the BI department
- d) Reprioritisation of work to focus on operational performance reporting.

The CAD Replacement Programme

More controversial is the replacement CAD system with the current system already being described as beyond its shelf life and the plan is for its replacement sometime between 2025 and 2027. There may be compelling reasons why this is the case with the new mobile data and radio system (MDVS) being quoted as the reason. The Trust are spending considerable time setting out their specification, completion in 2024 prior to going out to a competitive tender. There are only three systems in use in the ambulance market in the UK with SCAS currently the only outlier not using either MIS or Cleric.

London ambulance (LAS) were the last Trust to replace their system and started out with a loose specification and subsequently respecified on an ad hoc basis until the number of variations from the providers common system made delivery and budget challenging. LAS subsequently agreed a convergence plan to ensure that their system eventually became more vanilla albeit still different (through configuration).

Given the Trusts performance challenges and the opportunity afforded by a new CAD through more efficient call taking and dispatch, the ownership of the decision as to when to implement a new CAD system should be with Trust executives. Delivery of a new CAD should not be underestimated, it is complex, critical, and stressful for all involved, but it should not take 2 – 4 years. The argument that we want to avoid a clash with MDVS work has risks attached as that work is already considerably late in delivery and will not be fully complete in the foreseeable future.

The Trust should also consider that a significant amount of money is spent on systems used in 111, 999 and PTS and this should present an opportunity to look at better integration on call taking, for example.

The Information Security/Information Governance Function

The Trust have suffered on two occasions in the recent past with cyber-attacks on key providers with the first being Advanced last year, who provide 111 call taking and clinical queue functions and,

more recently, Mobimed, the Trusts electronic patient record (ePR) provider. Neither of those issues reflect on the Trust but does bring to life the reality of risks around cyber-attack to the Trust. The Trust currently have a Head of Information Security covering both roles, information governance and information security, and compounded by the fact that there is no other capacity in information security e.g., the individual is a single point of failure on a critical function.

It is also worth noting that for the second year the Trust have failed to achieve its data security and prevention toolkit (DSPT) accreditation, and this already has an impact in the Trust failing to qualify for membership of the ambulance data set (ADS) programme. There are two elements in the programme with operational data already being completed and ePR a requirement for later this year. The Trust are the only one not participating in the operational element which can be attributed directly to failure to secure DSPR last year.

The Trust have used money provided by the NHSE pots (digital mobilisation funds) to provide a strategic operations centre (SOC) for a 2-year period after which, if it is to be retained, will need to be funded by the Trust.

My concern with this approach is as follows:

- a) It papers over the cracks as the problem is not solved, we have just bought an insurance policy that may or may not work.
- b) The point about whether it will work is because a SOC is generally reactive, they will tell us when things have gone wrong and, perhaps, why, it is less likely to be preventative.
- c) We are not particularly good, in the NHS, at managing managed services and therefore value for money to the system is questionable.

In my view we need to do the following

- a) Consider splitting the functions of IG and IS with IG sitting with the Trust SIRO and IS sitting in the IT/Digital team.
- b) Review the failure points of DSPT in this year's cycle and address the points to allow successful qualification.
- c) Strengthen the Trusts cyber capability with more internal capacity and capability.
- d)

Asset Management Function

The outgoing Chief Digital Officer indicated that work had not been completed on the service desk content management system (CMS) due to lack of funds and whilst this provides a challenge in delivering an efficient service through the service desk a larger concern would be the lack of an asset management system. I believe that the Trust uses a spreadsheet currently to track assets across the organisation with an acknowledgement that it is not current.

This issue is exacerbated by the lack of an effective starters, movers, and leavers process in the department although it's not clear if this is a wider problem. Managers within the department believe that many devices including iPads, phones, and laptops are routinely lost to the Trust due to equipment not being returned. There is an obvious financial risk as well as risks around what accesses are being retained, what licenses are being used as well as gaps in our cyber assurance.

As a priority the department need a digital asset register that is effectively maintained and an agreed starter, movers, leavers process that ensures that staff are allocated equipment appropriately and that it is collected on their exit from the Trust.

Digital Team vs IMT Team

The main difference between a digital team and an IMT team is their focus. A digital team focuses on the use of technology to improve the patient experience, while an IMT team focuses on the infrastructure and security of the organization's IT systems.

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Characteristic	Digital team	IMT team
Focus	Using technology to improve the patient experience	Maintaining the organisation's IT infrastructure and security
Roles and responsibilities	Develop and implement digital solutions, such as electronic patient records and telemedicine	Manage the organisation's IT systems, including servers, networks, and security
Skills and expertise	Technical skills, such as software development and data analysis	IT skills, such as networking and security
Typical tasks	Design and develop new digital solutions, test, and deploy new solutions, and support existing solutions	Troubleshoot IT problems, maintain IT systems, and ensure that they are secure

The above would support the view that both “teams” have a place in the Trust, neither of which need to be mutually exclusive. Other Trusts are solving this by having a strategic presence at Board level with governance and programmes directly accountable to that role along with a Chief Technical Officer (CTO) who is responsible for the day to day running of the department.

Conclusion

A significant amount of work has been achieved in the department over several years and generally puts the Trust in a great place to support the Trust through the current challenges. As a team we need to work harder to build trust and confidence with operational colleagues and all must accept that maintaining an effective resilient and diverse system will necessarily involve having regular, planned maintenance windows where systems are unavailable to operations for short periods, preferably during quiet times.

The Trust may be disappointed that focus will need to shift to operational and financial delivery for a short period until some stability has been restored but overall, the reprioritisation is just that, we are doing some work earlier and pushing other projects out further, but the overall timeline should remain the same.

In doing all of this and to address the earlier point of the team still being more aligned with tactical solutions, work can start on all of us trying to understand what sets a digital team apart from an IMT function and resolve it through the structure.

Author: Barry Thurston

Date: September 23



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	04 October 2023
Agenda item:	16
Title of Paper:	Operations Directorate, Operations Report – 999, 111 and Other – Key Issues
Presented by:	Paul Kempster, Chief Operating Officer
Paper for Debate, Decision or Information:	For information
Main Aim:	To update the Council of Governors on current performance in 999 and 111 and the delivery of projects.
Summary of key points for consideration:	The report outlines key issues.
Recommendations or Outcome Required :	The Council of Governors are asked to note the content.
Previous Forum:	Board in Public Meeting held on 28 September 2023
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Paul Kempster, Chief Operating Officer



OPERATIONS REPORT – 999, 111 AND OTHER – KEY ISSUES

1. Purpose

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

2. Executive Summary

- 2.1. Following a challenging June performance we saw this continue into July with our category 2 performance at 33 minutes 10 seconds, however we have seen a significant improvement in August delivering 27 minutes 33 seconds. This improvement has been achieved following the implementation of the Operational Performance Improvement plan at the start of August. There were a number of immediate actions taken to increase operational staffing levels and reduce our abstractions which are then supported with short and medium term actions to develop a more sustainable level of operational hours to meet the 999 response demand. These actions include increasing our private provider hours, increasing SCAS staff hours through overtime, incentivising specific shifts and bank shifts. This plan is being closely monitored by the senior operations team and additional actions being added. We have also set up a formal agreement with WMAS to take a percentage of our 999 calls when the calls breach 60 seconds waiting for SCAS to answer. This is improving our call answer performance along with on going actions to increase our own ECT staffing levels. 111 performance has remained positive through July and August.

3. Clinical Co-ordination Centres

- 3.1. In July inbound call volumes and average call answer times remained at the high levels seen in June. In August, call volumes fell by 5% back to May levels. Increases in ECT logged in hours, improvements in average handling time and circa 2% of calls being passed to WMAS, has seen the average call answer time fall to 14 seconds at the time of writing this report.
- 3.2. We currently have 155.68 WTE ECTs with 124 of these now being work effective which is supporting our improvement with our call answer performance. We have a further 30 staff who are in training. We have also seen a reduction in our attrition which is supporting our work force levels and we remain with 30 vacancies to deliver our full establishment.
- 3.3. We have implemented an incentive for ECTs covering the overnight periods and this has proved positive with an increase in logged in hours and an improvement in mean call answer performance. West Midlands Ambulance Service call answer support has started again and any call waiting 60 seconds to be answered is automatically transferred to WMAS by BT. We have seen variable levels of calls being taken by WMAS dependant on SCAS demand and our own ECT levels with rates of transfer to WMAS being between 5 to 10% of activity. The continued improvement in average handling time is also delivering improvements in average call answer time.

- 3.4. Performance in 111 remained strong through July and August. Call answer in 120 seconds for July at 69.61% and abandonment rate of 4.71%. August performance was 81.92% with an abandonment rate of 2.42% which is our strongest performance for some months and the first time we have achieved the national target on abandonment rate. We remain below national targets but above trajectory on these metrics.
- 3.5. Calls offered has remained either slightly below or at a level in comparison to last year. Meaning that demand is sitting closer to our capacity and therefore sustaining a lower wait to answer time. This is further supported by the continuing improvements in real time management, abstraction levels and average handling time.
- 3.6. National resilience support ended 10th July 2023. We continue to support our 111 colleagues on the IOW, handling their calls three nights per week. A business case is currently with HIOW commissioners.
- 3.7. Current establishment for Health Advisors is 242.34 WTE and for Clinical Advisors 54.53 WTE, leaving a gap of 87.74 WTE and 30.25 WTE respectively to achieve performance. Recruitment currently sits above trajectory, and we continue to show improvements in retention of staff for the fourth month.
- 3.8. In July, 46.3% of calls had clinical input with 25.6% of these being provided with self-care advice. Validation rates for Cat 3/4 ambulance and ED (Emergency Department) dispositions remain strong; with 62% and 53% of patients, respectively, being offered alternative pathways of care. Data for August not available at time of writing.

4. Urgent & Emergency Care

- 4.1. 999 call demand has been consistent with our budget plans during July and August, however, has spiked at the start of September. 999 response demand has however increased above budget levels for the last 6 weeks since the end of July. Through the Operational Improvement Plan actions we have increased operational capacity through increasing the availability of shifts to both SCAS staff and private providers. This allows the ability to review available shifts 28 days in advance which was previously only 7 days. We have also been placing tighter controls on abstraction levels with local managers being held to account for additional annual leave levels as well as senior weekly reviews on training abstractions to balance operational hours with our training requirements. We have issued an incentive for Paramedics on night shifts to increase our night staffing levels and this has had a positive effect in the first 4 weeks also enabling us to reduce the level of TECA crews on overnight. These changes have seen an increase in staff hours, which is positively impacting on Cat 2 performance.

4.2. 111 Call Demand

Forecasted Demand vs Actual Offered



4.3. 999 Call Demand

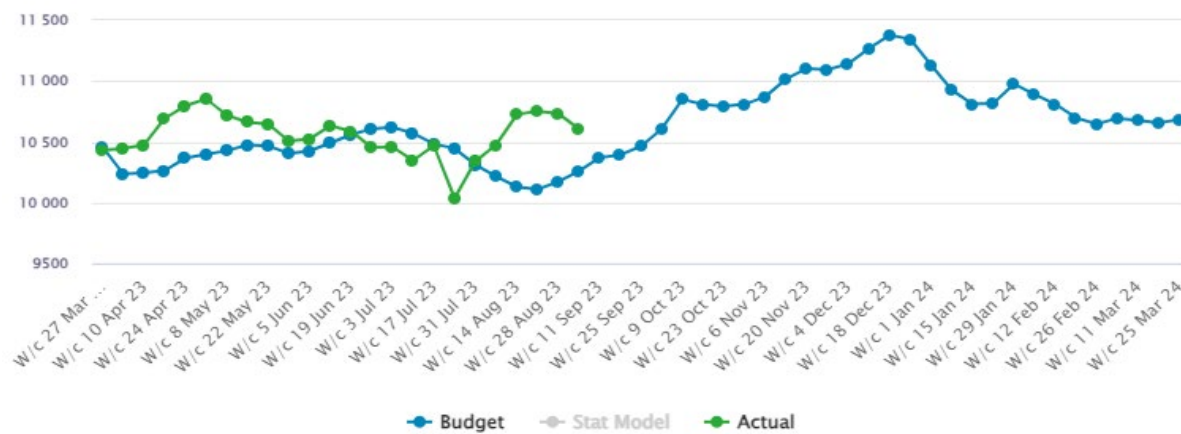
Forecasted Demand vs Actual Offered



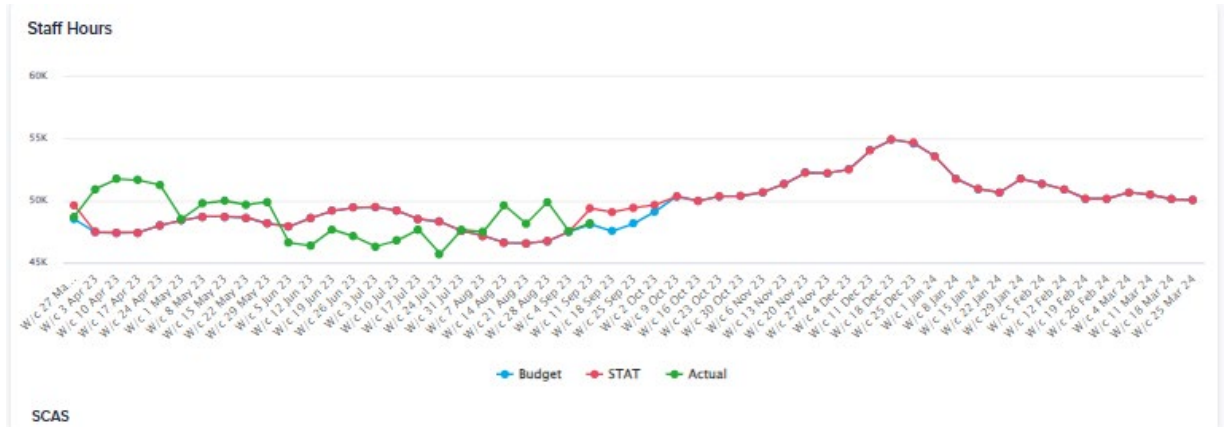
EOC

4.4. 999 Response Demand

Responses

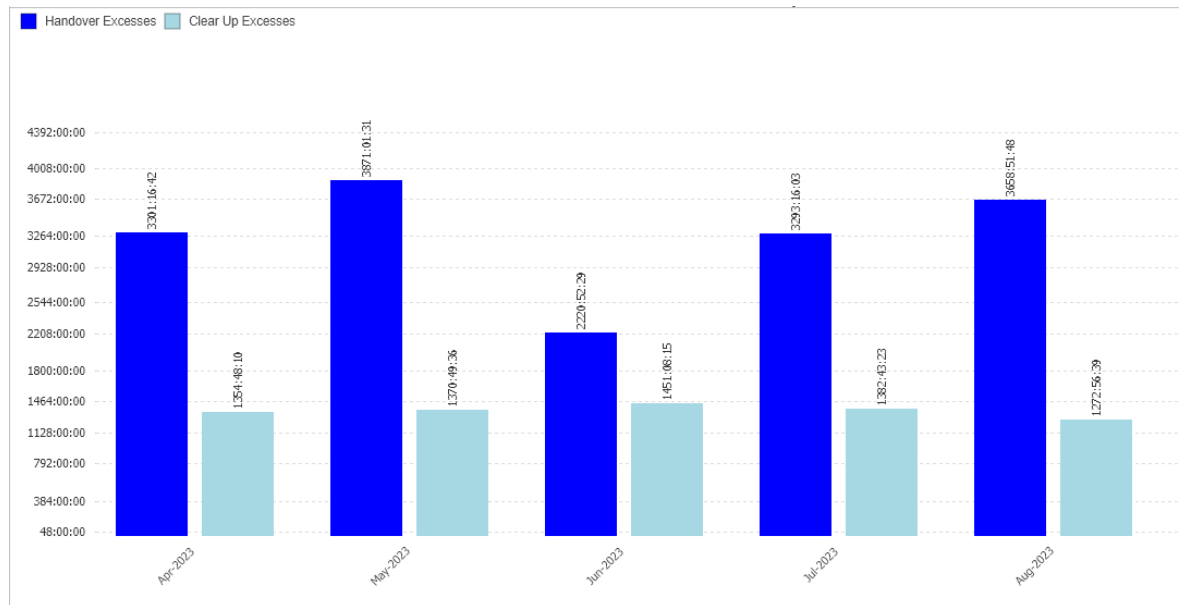


4.5. Operational Hours

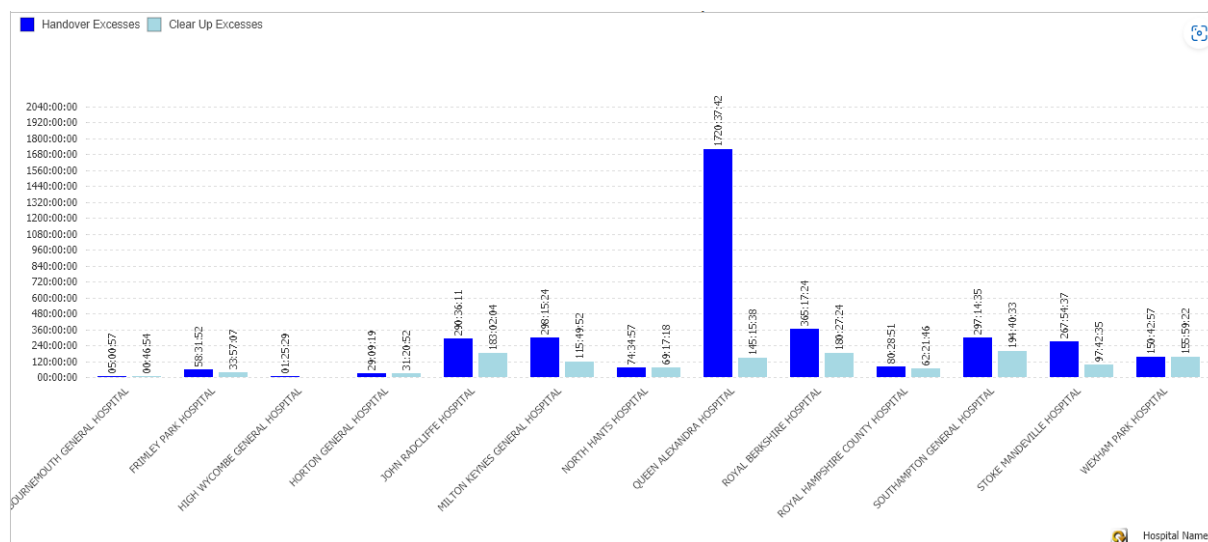


Hospital Handover Delays

- 4.6. Handover delays increased in August with SCAS losing 3,658 hours during the month. Average handover time has increased to 21 minutes 59 seconds which is 5 minutes above our budget assumption levels.



- 4.7. The QAH hospital remains the highest concern with us losing 1,720 hours in August with an average handover time of 38 minutes and 2 seconds. We are continuing to work with the QAH team and continue to escalate the delays to the ICB, however we are not seeing any improvement with the level of delays which is impacting on the SCAS performance across the HIOW footprint.



Specialist Practitioners

- 4.8. We have live recruitment campaigns for new specialist practitioners (SPs) to fill our existing vacancies, provide additional cover on the Urgent Care Desk as well as increasing clinician cover for the implementation of Cat 2 segmentation. We have currently recruited 9 new SPs, of which 3 are external to SCAS and they will commence their educational programme in October 2023. We have a further 12 vacancies to fill and have on going adverts being issued.

Resilience & Specialist Operations

- 4.9. The top risks to SCAS which are currently being managed by the RSO team are:
- Terrorism.
 - Pandemic Influenza.
 - The Manchester Arena Inquiry recommendations
 - Industrial Action
 - Widespread Electricity loss
 - Severe Weather
- 4.10. There continues to be pressure on the HART team due to abstractions above budgeted levels (maternity and long term sickness/alternative duties) with active recruitment in place and HART qualified resilience managers backfilling wherever possible. Work is ongoing with commissioners to enable an uplift in current numbers and bring us to the national agreed reference level of funding.
- 4.11. The RSO department is working closely with ICT Comms on the recovery from the EPR outage and will manage the learning process as soon as the system is restored.
- 4.12. The RSO team have delivered team training updates to 28 teams in the last 3 months to ensure they are updated on the current procedures for JESIP, Non-Specialist MTA response, water awareness and the replacement for CBRN Initial Operational Response. This training continues to ensure all 96 teams are fully compliant this year.

These training packages have been shared with other ambulance services to assist them in their delivery.

- 4.13. The team have rewritten and are now delivering SORT training, updated to the recently released new standards, with the first course being delivered w/c 4th September.
- 4.14. RSO continue to plan and support both local national events including festivals, Royal events and investitures, football matches and are fully involved in the planning and response to the International AI conference recently announced at the beginning of November, with most G7 leaders attending. Planning is also starting for the D-Day 80 celebrations next year which will be a significant worldwide event.

Clinical Equipment

- 4.15. The new asset management system project has been approved by the Executive Transformation Board and Executive Management Committee. Work is ongoing to develop a fully costed business case for presentation on 13th September to the Executive Transformation Board.

Ambulance Make Ready (MR) Services

- 4.16. The Tender for the new service is complete and awarded to Churchill Services. The new contract commenced on the 1st September and revised KPIs for the service are included in the contract.

Fleet

- 4.17. The delivery of the 53 new DCAs has been delayed and deliveries are now due to start in October with completion in January. The prototype has been delayed until 15th September. A site visit to the convertors has been arranged to pick up vehicle and review the conversion process.
- 4.18. Delivery of 72 ambulances with the new convertor remains on track with deliveries due to start in January and complete by the end of March.
- 4.19. Currently on track to receive all 125 new DCAs by the end of the financial year.

5. Projects

U&E Ops Roster Review Project

- 5.1. The Optima analysis has been revisited and the outcomes presented to the Project Board. It has been agreed to progress with the initial profiling once we have roster proposals. All operational nodes are working through the design of new roster patterns, with two nodes having already voted and moved to roster alignment. All workstreams are progressing to offer further guidance to the project and policies surrounding the new roster plans being implemented. The flexible working group has commenced, and this group is meeting fortnightly to establish flexible working processes and ideas that can be delivered. All roster changes are still on track to be implemented during March 2024.

EOC Roster Review Project

- 5.2. During July, ECT staff consultation has been ongoing with six question and answer sessions hosted, which over 140 staff attended. Further follow up comments have been received and responded to and a frequently asked question document has been shared with the teams.

- 5.3. Currently the approved options are being voted upon by staff. The vote process closes at the end of August, with approval and the build phases then commencing.

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

- 5.4. The project is currently running to schedule. The Control Room Solution (CRS) configuration is still in development, with firewalls/technical infrastructures still being worked on, to be completed at the end of August. This should then release the Tenant (replacement ICCS) to SCAS for user testing with our third-party provider. The train the trainer course is planned for the end of September 2023.
- 5.5. The Mobile Data Vehicle Solution (MDVS) continues with the weekly meetings in preparation for the technical infrastructure and installation of vehicles. The National Mobilisation Application (NMA) software has been released and we are working on our configuration and holding a number of workshops to finalise the product for SCAS in early September. This will then release the train the trainer for NMA and the equipment for testing of the product.
- 5.6. We have secured the vehicle installation site, Parkgate in Fareham. The lease has been agreed and signed. We should take possession of the site in early September to conduct the initial works to ensure the site is fit for purpose.

999 CAD Replacement Programme (SCAS & IOW AS)

- 5.7. The programme team is continuing to work with ICT to maintain operational performance of the current solution for the duration of the replacement timeline. The addendum for the extension of the current CAD contract is nearing completion.
- 5.8. The longlist of system requirements for the new solution has been assembled from all SCAS and Isle of Wight Ambulance Service teams. The entire end-to-end process has been mapped to ensure that all requirements have been gathered and that all risks have been appropriately mitigated. This will be reviewed by a range of different stakeholders as part of a desktop simulation, this work will be completed with key EOC users in the coming weeks once day to day operational pressures eases.
- 5.9. Documentation for soft market engagement events has been drafted with a view to host demonstration events by potential suppliers, this will help ensure new technical specification are aligned with their software offering/capabilities.
- 5.10. An initial outline business case has been drafted and the programme plan and potential budgetary requirements are in the process of being reviewed.

6. Conclusions and Recommendations to the Board

- 6.1. The Council of Governors are asked to note the contents of the report.

Name of author Paul Kempster
Job title of author Chief Operating Officer
Date paper written September 2023

OPERATIONS REPORT – 999, 111 AND OTHER

Appendices

Indirect Resources

1. We continue to see an increase in the number of incidents on scene and the hours of availability have remained fairly consistent even with the summer holidays which usually would have had an impact.



2. We saw an increase in the number of Cat 1 attendances which has resulted in a 30 second contribution for August with 65% of those incidents being stopped by a CET resource. This is slightly down on previous months as we have seen more frontline resources due to the REAP actions.
3. We have an advert out to recruit IR desk volunteers for both Bicester and Otterbourne so that we can maintain the number of deployments to incidents when staff attrition in our control rooms is a challenge.

CET Contribution by Month			
Month And Year Name	Jun-2023	Jul-2023	Aug-2023
Total Cat 1 Incidents (SCAS)	3,459	3,374	3,241
% of Cat 1 Stopped by CET	7.0%	6.9%	7.7%
Cat 1 CET OnScene	346	351	381
Cat 1 Stopped by CET	242	234	251
% of Cat 1 Onscene Stopped by CET	69.9%	66.7%	65.9%
Cat 1 Mean Stopped by CET	0:08:40	0:08:38	0:08:16
Cat 1 Mean (SCAS)	0:09:16	0:09:19	0:08:33
Cat 1 Mean - CET Removed	0:09:42	0:09:46	0:09:03
CET Contribution	0:00:26	0:00:27	0:00:30

4. We now will report on all attendances to Cat 3 and Cat 4 incidents by month. On average we are deploying our responders to over 325 incidents and over 63% of the calls they are deployed to by either UCD or CSD are seen and treated without the requirement for a clinical resource to attend scene.

Nature of Call All C3 & C4 Call								
Month	Total NOC (all responders)	% with NOC left at scene (all responders)	CET Assign	CET OnScene	Car OnScene	AMB OnScene	CSD / UCD OnScene	% CET on- scene and see & treat
Jun	15321	42.9%	397	356	38	202	167	65.4%
Jul	15673	42.7%	362	301	41	164	165	63.5%
Aug	15544	44.1%	380	319	23	190	192	63.6%



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	5 April 2023
Agenda item:	17
Title of Paper:	Governance Update
Presented by:	Daryl Lutchmaya
Paper for Debate, Decision or Information:	For Information
Main Aim:	To provide the Council of Governors with the work being undertaken within the Governance Directorate and planned work ahead.
Summary of key points for consideration	<ul style="list-style-type: none"> ▪ Recruitment update ▪ Election update ▪ Improvement Programme ▪ BAU
Recommendations or Outcome Required :	The Council of Governors are invited to ask questions.
Previous Forum:	N/A
Statutory Requirements Met:	
Contact in case of query concerning this paper:	Daryl Lutchmaya, Chief Governance Officer

Governance Update

Recruitment

The Governance Team is currently comprised of:

Daryl Lutchmaya – Chief Governance Officer (joined April 2023)

Nora Hussein – Assistant Company Secretary (leaves in January 2024)

Susan Wall – Corporate Governance and Compliance Officer (joined August 2023)

Steven Dando – Head of Risk Management

Future joiners:

Kofo Abayomi – Head of Corporate Governance and Compliance (joins in December 2023)

Jasmin Watt – Risk and Compliance Officer (joins November 2023)

To be recruited – Corporate Governance and Compliance Manager

Team capacity has remained a challenge but recruitment activity is nearing completion which will allow for a greater pace of delivery in the coming months.

The Legal Team headed up by Jennifer Saunders will be joining the Governance Team in January 2024.

Election update

The Trust's Council of Governors is made up of 29 Governors namely:

- 16 Public Governors (elected from and by Public Members)
- 6 Staff Governors (elected from and by Staff Members)
- 1 CFR Governor (elected by members of the CFR constituency)
- 6 Nominated (Appointed) Governors (nominated from Clinical Commissioning Groups / commissioners, Local Authorities and Partner Organisations)

The Trust will be holding Governor elections in 17 seats for the following Governor vacancies:

- Public: Hampshire – 5 vacancies (6)
- Public: Oxfordshire – 2 vacancies (3)
- Public: Berkshire – 2 vacancies (3)
- Public: Buckinghamshire – 3 vacancies (3)
- Public: Rest of England -1 vacancy (1)
- Staff: 999 North – 1 vacancy
- Staff: 999 South – 1 vacancy
- Staff: 999 Emergency Operations Centre – 1 vacancy
- Staff: Patient Transport services – 1 vacancy

There are 5 empty seats being elected to; 2 in Berkshire, 1 in Buckinghamshire, 1 in RoE&W and 1 in 999 South. The remaining 12 seats being elected to, are for those current Governors whose terms are ending in February 2024.

The election process will be as follows:

Nominations open on Thursday 28 September 2023

Nominations should be received by Thursday 26 October 2023.

Contested constituencies voting will open on Friday 17 November 2023.

Voting will close on Tuesday 12 December 2023.

Declaration of Results on Wednesday 13 December 2023

Newly elected Governors to attend Induction during January / February 2024

Newly elected Governors take up roles from 1 March 2024

Improvement Programme

In conjunction with the Good Governance Institute (GGI), a revised Board Assurance Framework (BAF) has been developed and implemented providing greater clarity of risks and issues to the Executive and Board members.

Building on this, we are implementing a new Digital Risk Management system, harnessing our existing SharePoint capability to facilitate better management of risk from the operational through to strategic levels.

We continue to prioritise all work relating to the implementation of revised Trust-wide governance and leadership processes which, when implemented, will satisfy the requirements of our only outstanding 'Must Do' action relating to Regulation 17 compliance:

Complete outstanding recommendations from the independent governance review and implement them

- Forward planners for all committees
- Mapping across of key agenda items
- Standardised use of templates inc escalation reports
- Cross- over between committees

Flow of information for assurance

- Will include meetings at the operational level as well as sub-committees
- ToRs for all the meetings
- Ensure all meetings have templates

Implement Board Development & Training plan

Policy compliance

- Upto date repository in place
- SOP for managing policies

Risk Management

- Implement BAF and effectiveness of controls
- Policy to be approved
- SOP to be in place
- Risk management training – agree TNA, training module and roll out plan
- All risks to be added to share point

CQC preparedness

- To ensure all documents and evidence needed for CQC inspection are readily available – for example committee structures, exec portfolios, meeting papers, FPPR, CoG info, declarations of interests etc

BAU

- Implement new Fit and Proper Persons Framework
- Elections and induction of new Governors
- Create tools to receive and track declarations in line with policy – Gifts and Hospitality, Secondary Employment, Interests etc.

- General Governance:

Secretariat

- ✓ Create Governance Folder and Sub-Folders for Board, Committees and other work
- ✓ Plan monthly meetings with EAs to co-ordinate monthly work
- ✓ Minute training to ensure consistency / standards - SOP
- ✓ Ensure all users have Board Software permission and have been trained
- ✓ Governance Mailbox Ensure that this is renamed and monitored

- ✓ All Governance meetings to be included and invitations sent from the mailbox from EAs
- ✓ Meeting planner created with venues, dates and contact details
- ✓ 2024/2025 meetings planned with EAs and around Keith's and David's availability
- ✓ Ensure that draft agendas, forward plans and actions are created in each folder so that Governance Team can view in advance – this should become the central repository
- ✓ Create mechanism to track referrals of actions / decisions from Committees / Board
- ✓ Create monthly Decision Logs for EAs / Governance Team to update
- ✓ Create list of membership and Terms of Reference by Committee and monitor expiration dates
- ✓ Create planner of agenda planning with Chair/Exec, call for papers, circulation, meeting date, minutes completed

Board / CoG

- ✓ Meeting invitations sent to Board and CoG
- ✓ Board and Committee Structure / CoG structure
- ✓ Create Team organogram for website
- ✓ Work with Comms to ensure that all Board members and CoG have photo and bio
- ✓ Create list of NED Champions
- ✓ Create tracker for Board Members' training, MT, site visits, Board attendance and other events
- ✓ Create tracker of attendance at Quarterly, Committee meetings, training and events
- ✓ Create Board & CoG Development Plan
- ✓ Create NED/ CoG Workshops between CoG meetings
- ✓ Plan Board and Committee / CoG Effectiveness reviews

Compliance

- ✓ Ensure that all Governance documents on website are up to date – SO, SFI, ARA, ToR etc
- ✓ Create Files to ensure that Board members' / CoG records are up to date (FTTP) – terms, letters, security checks, appraisals etc
- ✓ Develop SOPs
- ✓ SCFS Ltd Compliance
- ✓ New Internal Compliance sub-committee (RACSC)

Executive

- ✓ Diarise monthly update meetings with Execs to prepare them for upcoming policies, BAF risks, actions, L&R and due dates of Internal Audit actions and other important events



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	4 Oct 2023
Agenda item:	18
Title of Paper:	Lead Governor's Report
Presented by:	Helen Ramsay, Lead Governor
Paper for Debate, Decision or Information:	Information
Main Aim:	To present a report from the Lead Governor, highlighting key activities in the last two months.
Summary of key points for consideration:	The report summarises the highlights from my previous two months as lead governor such as the SCAS Annual Members Meeting with up-to-date membership data, the engagement events with the public, the link with a neighbouring ambulance service trust and the current public governor elections that are underway.
Recommendations or Outcome Required :	Note
Previous Forum:	Standing agenda item – a report is provided at every formal CoG meeting held in public
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Daryl Lutchmaya, Chief Governance Officer

COUNCIL OF GOVERNORS MEETING – 04 OCT 2023

LEAD GOVERNOR'S REPORT

REPORT FROM LEAD GOVERNOR: HELEN RAMSAY

In the past 2 months since the last Council of Governor meeting at the end of July, there have been several highlights in Governor work with SCAS. There was the Annual Member Meeting in September where as part of my Lead Governor update there, data were shared around the make up of members of the Trust in terms of staff and public members and in terms of the demographic of public members including age, ethnicity and socio economic status data.

Other highlights include the excellent community events where governor attendance was coordinated through the Stakeholder and Engagement Manager, Margaret Eaglestone, such as the Thames Valley police open day event near Reading attended by Loretta Light, Public Governor for Oxfordshire and the Banbury Emergency Services event at Spiceball Park that I attended – both of these events were well-attended by the public and many were spoken to about what SCAS does, recruitment and about membership of the Trust.

Loretta Light and I also met with Luke March, Lead Governor for the South Western Ambulance Service Foundation Trust. We compared challenges and opportunities for the ambulance service across the two regions and ideas about growing representative membership and encouraging members to become governors. I was able to introduce Luke to the National Lead Governor Association so that he could become a member to help with benchmarking any best practice with other lead governors too.

The governor election process is now in full flow with much publicity by the Trust to encourage new and active members and to encourage members to seek election for public governor roles. The elections have been shared widely on social media and across local groups as well as videos that have been done by myself and other current governors to publicise what it means to be a public governor and why we do this.

I continue to meet regularly with Sir Keith Willet and to work with Daryl Lutchmaya and his Governance team to address governor concerns as much as possible. I endeavour to provide the Council of Governors with monthly updates on the topics being discussed and the progress being made.

I would like to thank the governors very much for both their support and their hard work. Thank you.

Helen Ramsay
Lead Governor
27 Sep 2023



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Non-Executive Director Update

Les Broude
Non-Executive Director
Council of Governors Meeting
4th October 2023





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Executive summary

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

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



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Les Broude

- I joined SCAS as a NED in February 2016 and my current term of office ends 31 January 2024
- I am the Senior Independent Director
- I chair the Finance and Performance Committee and a member of the Audit Committee
- I have the task of ensuring successful engagement and effective relationships between the NED's and the Governors
- My focused area for stakeholder engagement is Bedfordshire, Luton and Milton Keynes
- I am the NED buddy for Mike Appleyard, Stephen Bromhall, Anne Crampton, Mark Davis.



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Selection of Q2 activities undertaken

Board/Board Committee/CoG meetings

I attended the following meetings:

- Board Meetings on 27th July, and 28th September
- Board Seminar on 29th June and 24th August
- Audit Committee on 13th July and 21st September
- Finance and Performance Committee 20th July and 18th September
- Council of Governors strategy workshop 31st July



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Selection of Q2 activities undertaken

Other SCAS activities

- Kept in touch with my Governor buddies
- Participated in the stakeholder panel for the new Chief Digital Officer
- Participated in the CQC Improvement Oversight Board
- Attended High Wycombe Resource Centre on 10th August to meet our crews,
- Visited and listened in to the CSD team at Bicester on 14th August
- Meetings with CFO to discuss finance position and forecasts



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My current view on areas within my NED portfolio

I hold the NED portfolio role for:

Security Management, including counter fraud, violence and aggression, and the security management of assets and estates

To deliver the statutory requirement for a NED role that promotes security management work at Board level, applying guidance issued by the Counter Fraud Authority and NHS England/Improvement



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

Areas of Challenge

- Ensuring patient quality and safety is at the forefront of our thinking, given the extent of our financial and cash challenges
- Maintaining the support and motivation of our colleagues as we improve our efficiency and ways of working
- Given the challenges faced by a number of organisations the issue is how we work together to improve our operating models



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My view on the main opportunities and risks facing the Trust

Areas of Opportunity

- Working with partners across the System and the NHS to enable improved ways of working whilst delivering a quality, safe experience for patients
- Achieving a financially stable organisation by delivering an improved financial performance versus our current adverse position
- Develop a digital strategy that is forward thinking and financially viable that supports our changing environment
- Ensuring that the recruitment drives continue and include reaching out to schools, colleges and international.

Item	Item Detail	Lead	October 23	January 24	April 24	July 24
STRATEGY & PERFORMANCE						
CEO's Report		Chief Executive Officer	X	X	X	X
Improvement Plan update		Chief Strategy Officer	X	X	X	X
ICB Update		Chief Strategy Officer	X	X	X	X
Questions from Governors		Governors	X	X	X	X
COG COMMITTEE UPDATES						
Report from the Nominations Committee		Chair of Nominations Committee	X	X	X	X
Report from the Membership and Engagement Committee		Chair of Membership and Engagement Committee	X	X	X	X
ANNUAL BOARD COMMITTEE REPORTS						
Board and Committee annual schedule		Chair / Chief Governance Officer			X	
Audit Committee Report		Chair of Audit Committee				X
People and Culture Committee Report		Chair of People and Culture Committee		X	X	
Finance & Performance Committee Report		Chair of Finance & Performance Committee	X			
Quality and Safety Committee Report		Chair of Quality and Safety Committee		X		
ITEMS FOR INFORMATION / DISCUSSION BY EXCEPTION						
Annual Accounts and Annual Report 2022/2023 including Auditors' Reports		Chief Finance Officer				X
Financial Performance Report (including Estates)		Chief Finance Officer	X	X	X	X

Item	Item Detail	Lead	October 23	January 24	April 23	July 23
People Directorate Report		Chief People Officer	X	X	X	X
Quality Directorate Update		Chief Nurse Officer / Chief Medical Officer	X	X	X	X
Digital Directorate Update		Chief Digital Officer	X	X	X	X
Operations Update - 999, 111 & Other		Chief Operating Officer	X	X	X	X
Governance Directorate Update		Chief Governance Officer	X	X	X	X
COG OPERATIONS						
Lead Governor's Report		Lead Governor	X	X	X	X
Election and Governor update		Chief Governance Officer	X	X	X	X
Council of Governor's Development Action Plan		Chief Governance Officer	X	X	X	X
Communications Strategy for Governors		Director of Communications / Chief Governance Officer		X		X
Membership and Engagement update		Director of Communications / Chief Governance Officer	X		X	
AWAY DAY & WORKSHOP SESSIONS						
Annual Away Day		Chair / Lead Governor / Chief Governance Officer		X		
Feedback and Analysis of Council of Governor's Effectiveness Review		Chair / Lead Governor / Chief Governance Officer		X	x	
Annual Strategy Planning		Chair / Lead Governor / Chief Strategy Officer / Chief Governance Officer			X	
Membership and Engagement Strategy		Chair / Lead Governor / Director of Communications / Chief Governance Officer	x			X
Communications Strategy		Chair / Lead Governor / Director of Communications / Chief Governance Officer				x