



## Agenda

### Council of Governors Meeting

**Date: Monday 29 July 2024**

**Time: 17:00 – 19:30**

**Venue: Shaw House, Communities and Wellbeing, West Berkshire Council Shaw House,  
Newbury, RG14 2DR**

Item No.	Item	Lead	Action	Time
<b>Opening Business</b>				
1.	<b>Chair's Welcome &amp; apologies for absence</b>	Sumit Biswas	Verbal/ To note	17:00
2.	<b>Declarations of Interests</b>	Sumit Biswas	Verbal/ To note	
3.	<b>Minutes from 3 April 2024 meeting &amp; 29 April 2024 Extraordinary meeting</b>	Sumit Biswas	To note	
4.	<b>Action Log and Matters Arising</b>	Kofo Abayomi	To note	
<b>Statutory Duties: Performance and holding to account</b>				
5.	<b>Governor priorities and areas of interest</b>	Mark Davies	Verbal/ to note	17:05
6.	<b>Chief Executive's Update</b>	David Eltringham	To note	17:10
7.	<p><b>Area of assurance:</b> To inform the discussion on the agenda items listed in this section, included are the: Integrated Performance Report; and Board Committee Escalation Reports.</p> <p>a) Integrated Performance Report</p> <p>b) Board Committee Escalation reports:</p> <p style="padding-left: 20px;">i. Finance &amp; Performance update</p> <p style="padding-left: 20px;">ii. People &amp; Culture update</p> <p style="padding-left: 20px;">iii. Quality &amp; Safety update</p>	<p>David Eltringham</p> <p>Les Broude Ian Green Dhammika Perera</p>	For Assurance	17:20

8.	<b>Questions from Governors &amp; response to priorities</b> All  <i>Questions from Governors should be submitted to the Company.Secretary@scas.nhs.uk mailbox 24 hours before the meeting.</i>	Sumit Biswas		17:50
<b>Council of Governors Operations:</b>				
9.	<b>Information presentation – Hampshire and Isle of Wight Integrated Care Board Health Inequalities</b>	Campbell Todd Jess Berry	To note	18:00
10.	<b>Non-Executive Director Report:</b> Dharmika Perera	Dharmika Perera	To note	18:30
11.	<b>Council of Governor Committee updates:</b> a) <b>Membership and Engagement Committee report</b> b) <b>Membership and Engagement approval of Chair and Deputy</b> c) <b>Health and Inequalities Governor Working Group</b>	Mark Davies Mark Davies Tim Ellison	To note To approve To note	18:40
12.	<b>Governance update</b>	Kofo Abayomi	To Note	18:50
13.	<b>Council of Governors Development Action Plan</b>	Kofo Abayomi	To note	19:00
<b>Closing Business</b>				
14.	<b>Any Other Business</b>	Sumit Biswas	To note	19:05
15.	<b>Questions from Members/Observers</b>	Sumit Biswas	To note	
16.	<b>Areas for highlight to Non-Executive Directors</b>	Sumit Biswas	To note	
17.	<b>Review of meeting effectiveness</b>	Sumit Biswas	To note	19:15
18.	<b>Time, Date, and Venue of next Meeting</b> 17 October 2024, Shaw House			



## Minutes Council of Governors

**Date:** 3 April 2024

**Time:** 18:30 – 21:00

**Venue:** Shaw House, Communities and Wellbeing, West Berkshire Council, Shaw House, Newbury, RG14 2DR

### **Governor's present**

Helen Ramsay	Public Governor, Oxfordshire & Lead Governor
Mark Davis	Public Governor, Berkshire & Deputy Lead Governor
Rachael Cook	Staff Governor, Staff Governor, 999 EOC (North)
Anne Crampton	Partner Governor
Lloyd Day	Staff Governor, 999 Operations South
Tim Ellison	CRF Governor
Hilary Foley	Public Governor, Hampshire
Tony Jones	Public Governor, Berkshire
Paul Kelly	Public Governor, Buckinghamshire
David Luckett	Public Governor, Hampshire
Charles McGill	Public Governor, Hampshire
Tony Nicholson	Public Governor, Hampshire
Huw Pateman	Public Governor, Buckinghamshire
Mark Potts	Public Governor, Berkshire
Alan Weir	Staff Governor, Corporate Services
Christopher Wood	Public Governor, Hampshire

### **Governors not in attendance**

Mike Appleyard	Public Governor, Buckinghamshire
Malc Carpenter	Public Governor, Hampshire
Claire Dobbs	Partner Governor
Grahame Hoskin	Appointed Governor
Chris Jenner	Staff Governor, PTS and Logistics
Tariq Khan	Staff Governor, NHS 111
David Wesson	Public Governor, Oxfordshire
Cllr Barry Wood	Appointed Governor

### **Directors/Others in attendance**

Sumit Biswas	Non-Executive Director & Acting Chair
Les Broude	Non-Executive Director
Nigel Chapman	Non-Executive Director
Ian Green	Non-Executive Director
Mike McEnaney	Non-Executive Director
Dhammika Perera	Non-Executive Director
Mark Ainsworth	Director of Operations
David Eltringham	Chief Executive
Paul Kempster	Chief Operating Officer
Mike Murphy	Chief of Strategy
Stuart Rees	Interim Director of Finance
Melanie Saunders	Chief People Officer

Margaret Eaglestone	Stakeholder and Engagement Manager
Nora Hussein	Interim Assistant Company Secretary
Susan Wall	Corporate Governance and Compliance Officer
<b>Directors' apologies</b>	
Professor Sir Keith Willet	Non-Executive Director & Chair
CBE	
Dr John Black	Chief Medical Director
Craig Ellis	Chief Digital Officer
Daryl Lutchmaya	Chief Governance Officer
Professor Helen Young	Chief Nurse Officer
Kofo Abayomi	Head of Corporate Governance & Compliance

Item No.	Agenda Item
<b>1.</b>	<b>Chairs Welcome</b>
1.1	The Chair welcomed all to the meeting, and apologies for absence were noted.
<b>2.</b>	<b>Declarations of Interest</b>
2.1	There were no declarations of interest pertinent to items on the agenda.
<b>3.</b>	<b>Minutes of the 31 January 2024 Meeting</b>
3.1	The minutes were approved as a true record of the meeting.
<b>4.</b>	<b>Action log</b>
4.1	The Action Log was reviewed.
4.2	<b>Actions closed:</b> <b>Action 3</b> , collated comments, and actions from the January Fit for the Future Workshop were circulated to governors 8 February 2024.
4.3	<b>Actions in progress:</b> <b>Action 2</b> , Council of Governors Development Action Plan, recorded as work in progress for presentation at the July Council of Governors (CoG) meeting.
<b>5.</b>	<b>Chief Executives Report</b>
5.1	David Eltringham, Chief Executive, took his report as read. He informed the Council that he had spent some time over the past few months at the Queen Alexandra Hospital, Portsmouth engaging with the staff who were coping with difficult circumstances whilst optimising patient experience. This was in support of building a positive interface in trying to solve handover issues.
5.2	The Financial Recovery Plan had been agreed and required delivery of a number of challenging saving targets. The Finance and Performance Committee scrutinised the financials at their monthly meeting and the Trust was accountable to the Region and NHS England in delivery of its plan.

5.3	<b>The Council noted the report.</b>
<b>6.</b>	<b>Improvement Plan Update</b>
6.1	Mike Murphy, Chief Strategy Officer stated the improvement programme had been in place for 18 months and comprised of various activities within a structured programme focusing on exit criteria. The planned exit date was September 2024. There had been challenges in the Governance Workstream in Project Manager changes in the period and latterly the absence of the Chief Governance Officer, however governance was a Trust wide responsibility by all.
6.2	David Eltringham said improvements had been evidenced from independent observations of Board and Committee Meetings in the papers and quality of interactions/challenges within meetings and he was confident this would be maintained and improved on.
6.3	<b>The Council noted the report.</b>
<b>7.</b>	<b>Fit for the Future Programme</b>
7.1	Mike Murphy said the earlier Governor Workshop on the Fit for the Future Programme had been a helpful session and as such took the report at the item as read. There had been good challenge from governors in the workshop and a follow on workshop would be provided prior to the next CoG meeting if required. A summary of questions and responses from the workshop had been provided to governors.
7.2	<b>The Council noted the report.</b>
<b>8.</b>	<b>Reducing Health Inequalities</b>
8.1	Steve GoldenSmith, Head of Prevention and Health Inequalities, Buckinghamshire, Oxfordshire, and Berkshire West, Integrated Care Board (BOB ICB) presented on reducing health inequalities to include: what drives inequalities and the wider causes of health inequalities; a manifesto commitment to extend health life expectancy by five years by 2035; typical lenses for viewing health inequalities (geographical, socio economic, protected characteristics, inclusion health groups); overview of the BOB area showing distribution of health inequalities together with the issues that drive health inequalities; and service inequalities (access, experience, outcomes) and the integration of services.
8.2	The Council discussed: how the intelligence across the system could be used to target issues and to be more joined up to really make a difference; health improvements were different for each local authority adding complexity into the system and perhaps for a few key areas to be identified; importance of getting data correct; complex care teams; a challenge to SCAS was being in the position of belonging to four ICBs in having to cope with four different strategies and an associated risk would be the requirements relating to resourcing.
8.3	The aim was for the integrated Boards to work together in moving forward on health inequalities.
8.4	<b>The Council noted the presentation.</b>
<b>9.</b>	<b>Health and Inequalities Governor Working Group</b>

9.1	Tim Ellison, CRF Governor gave a presentation on the new Governor working group that was in support of reducing health inequalities.
9.2	Points covered: governor practical engagement with the broader system; use of the Core20PLUS5, an approach designed to support ICS to drive targeted action in healthcare inequalities improvement and how this related to areas within the geographies of SCAS; health inclusion groups; and socioeconomic and other information was available for governors in support of engagement and feedback would contribute to build information for the group to assist in effective future engagements and measuring results.
9.3	<b>The Council noted the presentation.</b>
<b>10.</b>	<b>Membership and Engagement update (MEC)</b>
10.1	The report was taken as read and of note was the MEC had received a presentation from the Commercial and Relationship Manager, Civica around the pros and cons in considering a change to the single transferable vote for governor elections.
10.2	<b>The Council noted the report.</b>
<b>11.</b>	<b>Board and Committee Annual Schedule</b>
11.1	The report was accepted, and noted.
11.2	<b>The Council noted the report.</b>
<b>12.</b>	<b>Executive Director Updates</b> a) <b>Financial Performance</b> b) <b>Peoples Directorate</b> c) <b>Quality Directorate</b> d) <b>Digital Directorate</b> e) <b>Operations Update – 999,111 &amp; Other</b>
12.1	The reports were noted as read.
12.2	Questions submitted in advance on financial performance related to: the generation of net income for the Trust from PTS commercial contracts; assurance of financial recovery; and if the current expenditure run rate and revised forecast for the Trust would require cash support. Responses from the Non-Executives included: commissioners were always looking to minimise the cost generating a disconnect in the potential diluting of productivity of the service whilst there was increasing demand; PTS was a challenge in both income and cost but was beneficial in assisting the movement of patients, and retention and development of staff through the organisation; and additional monies could only be used for revenue expenditure and would assist in improving the underlying run rate and would be scrutinised by Region and NHS England, whilst a disadvantage would be the expectation of increased performance.
12.3	A query arising from the improvement strategy was the engagement in international recruitment. International recruitment was a usual practice for NHS organisations and a whole support package was provided.

12.4	A question was raised about the effectiveness of the recent well-being week and information on the results would be provided to the governors.
12.5	It was confirmed that the process for the appointment of a new Non-Executive Director was in progress and that a Nominations Committee would be convened in due course.
12.6	A comment was made in relation to the structure of the meeting not been conducive to holding the Non-Executive Directors to account a key responsibility of Governors, and was noted for action. <b>Action: for the governance team to review the agenda structure of the Council of Governor meetings.</b>
12.7	<b>The Council noted the update and action.</b>
<b>13.</b>	<b>Fit and Proper Person Test Framework</b>
13.1	Melanie Saunders, Chief People Officer gave an explanation on of the regulatory changes that were introduced in September 2023 regarding the Fit and Proper Person Test applicable for all Board members. The Trust would be compliant with the new regulations for the year end submission due in June, and would be working towards compliancy with the The Leadership Competency Framework for Board roles for that year.
13.2	<b>The Council noted the update.</b>
<b>14.</b>	<b>Lead Governor's Report</b>
14.1	The report from the Lead Governor, Helen Ramsay, was taken as read.
14.2	<b>The Council noted the report.</b>
<b>15.</b>	<b>Non-Executive Director Report</b>
15.1	Nigel Chapman, Non-Executive Director reflected on the wide range of topics and information that had been heard that evening. In relation to the challenges and opportunities as outlined in his update: the improvement programme was a massive change programme which all Non-Executives were supporting within their various remits; financial pressures were challenging and continuously scrutinised both regionally and nationally; the importance of building long-term relationships, locally at ICB level and NHS England; and key was planning for the short term and longer term.
15.2	Nigel Chapman responded to a governor enquiry about Non-Executive Director oversight of ICBs and longstanding delays in hand overs for a specific hospital. All members of the Board had responsibility regarding oversight and perhaps there was scope for consideration for a NED to have oversight for an individual ICB. In regard to hospital handover delays this was operational and was being managed daily by the CEO and Director of Operations.
15.3	<b>The Council noted the report.</b>
<b>16.</b>	<b>Governor Elections Update</b>
16.1	It was agreed for the latest election update to be communicated via email to the governors.

	<b>The Council noted the update.</b>
<b>17.</b>	<b>Any Other Business</b>
17.1	There was no other business.
<b>18.</b>	<b>Questions from Members/Observers</b>
18.1	The comments previously raised relating to Council of Governor meeting processes and Governor Induction Programme were in the process of being reviewed.
<b>19.</b>	<b>Review of the Meeting</b>
19.1	Owing to the meeting overrunning, no review took place.  Meeting ended 21.05.
<b>20.</b>	<b>Date and Time of Next Meeting</b>
	29 July 2024, 18:30, at Shaw House, Communities and Wellbeing, West Berkshire Council, Shaw House, Newbury, RG14 2DR





# Minutes

## Extraordinary Council of Governors Meeting

**Date: Monday 29 April 2024**

**Time: 16:00 – 17:30**

**Venue: Microsoft Teams**

### **Governors present**

Helen Ramsay	Public Governor, Oxfordshire & Lead Governor
Mark Davis	Public Governor, Berkshire & Deputy Lead Governor
Rachael Cook	Staff Governor, Staff Governor, 999 EOC (North)
Anne Crampton	Partner Governor
Claire Dobbs	Partner Governor
Tim Ellison	CRF Governor
Hilary Foley	Public Governor, Hampshire
Chris Jenner	Staff Governor, PTS and Logistics
Tony Jones	Public Governor, Berkshire
Paul Kelly	Public Governor, Buckinghamshire
David Luckett	Public Governor, Hampshire
Charles McGill	Public Governor, Hampshire
Tony Nicholson	Public Governor, Hampshire
Mark Potts	Public Governor, Berkshire
Alan Weir	Staff Governor, Corporate Services
Cllr Barry Wood	Appointed Governor
Christopher Wood	Public Governor, Hampshire

### **Governors not in attendance**

Mike Appleyard	Public Governor, Buckinghamshire
Malc Carpenter	Public Governor, Hampshire
Lloyd Day	Staff Governor, 999 Operations South
Grahame Hoskin	Appointed Governor
Tariq Khan	Staff Governor, NHS 111
Huw Pateman	Public Governor, Buckinghamshire
David Wesson	Public Governor, Oxfordshire

### **Directors/Others in attendance**

Professor Sir Keith Willet	Non-Executive Director & Chair
CBE	
Kofo Abayomi	Head of Corporate Governance & Compliance
Sumit Biswas	Non-Executive Director & Deputy Chair
Les Broude	Non-Executive Director
Natasha Dymond	Assistant Director of HR Operations
Craig Ellis	Chief Digital Officer
Paul Kempster	Chief Operating Officer

Mike Murphy  
Jasmine Watt

Chief of Strategy  
Risk & Compliance Officer *(minutes)*

### **Directors' apologies**

Mark Ainsworth	Director of Operations
Dr John Black	Chief Medical Director
Nigel Chapman	Non-Executive Director
David Eltringham	Chief Executive
Ian Green	Non-Executive Director
Daryl Lutchmaya	Chief Governance Officer
Mike McEnaney	Non-Executive Director
Dhammika Perera	Non-Executive Director
Stuart Rees	Interim Director of Finance
Melanie Saunders	Chief People Officer
Professor Helen Young	Chief Nurse Officer

<b>Item No.</b>	<b>Agenda Item</b>
<b>1.</b>	<b>Chairs Welcome and Apologies for Absence</b>
1.1	The Chair welcomed everyone to the meeting and noted apologies for absence as above.
<b>2.</b>	<b>Declarations of Interest</b>
2.1	No declarations of interest were received.
<b>3.</b>	<b>Appointment of new Non-Executive Director</b>
3.1	The Chair stated that the characteristics that were asked for in a non-executive director was for someone who had a good understanding and history of governance and the ambulance service. It was also expected that they would have experience in clinical settings along with either digital or information. Operational experience was not essential but was desirable. This was the focus due to the non-executive director that had recently left was a clinician, and within the next 12 months further non-executive directors will reach their end of 10-year period and will leave the organisation, one of which has information expertise. Various employment agency companies applied to help with the recruitment and the one that had the best business case for appointment was Gatenby Sanderson, which SCAS has used on several occasions in the past. The Chair said that securing diversity in the non-executive directors was important during the recruitment process.
3.2	A Lead Governor relayed that diversity was a key aspect of this recruitment and wanted to ensure SCAS was able to broaden their coverage. The recruitment agency advertised in various different forums such as women on boards and dynamic boards which helped to widen the coverage.
3.3	The Chair wanted to raise that the pack of papers that was circulated via SCAS emails must be deleted after this meeting has ended due to GDPR. An email will

	<p>be sent following the conclusion of this meeting asking for confirmation that this has been actioned.</p>
3.4	<p>The Chair noted that from page 308 was the stakeholder feedback, which details applicants that were shortlisted had went through various stakeholder panels for the governors, the board, and internal staff, and all staff who represented the groups are listed in the papers. From these panels, the information was collected and passed to a further panel consisting of a Partner Governor, a Lead Governor, a NED, and the Chair to collate the information and construct a series of questions to further interrogate the candidates to ensure all areas are covered and ensure any areas that warranted further inquiry was questioned. The Chair noted that it was an equal and fair process in terms of gender diversity and ethnicity.</p>
3.5	<p>The Chair asked if anyone had any questions or queries about the process that was documented in the papers or anything that followed so far. Nothing was raised.</p>
3.6	<p>The Chair said that 4 candidates were brought to the final panel interview where 2 were considered to be appointable and 2 were considered to not meet the threshold for appointment. From the 2 that were appointable, one was stronger than the other and that was Katie Kapernaros, who is an international expert in information and digital. The second person put forward as reaching the threshold was Diane Scott, who had a strong ambulance service clinical background. The pack goes into further details about why both of these candidates were considered appointable. It was not unanimous about the two strongest candidates, and it was a 3 to one in favour of Katie being the strongest and three to one in favour of Diane Scott being the second position.</p>
3.7	<p>A Lead Governor said that Katie came across really strongly in the interview process and had really good digital knowledge. She performed well through the panels as well from the feedback that was given. The Lead Governor raised that the only reservation was making sure that the governors are listened to and to make sure she also takes on board the governor's feedback as well. The Lead Governor went on to say that with Diane, she did not perform as strongly in the panel discussions and was not best suited for the challenge that a SCAS NED role would bring. The Lead Governor concluded saying she would be happy to recommend Katie for the role.</p>
3.8	<p>A Partner Governor said that Katie and Diane answered all the questions very well however, Katie's IT skills were far and above of any of the other candidates so from this, she was the better candidate. The Partner Governor also said that Katie was very direct in answering questions and supplementary questions. She was well informed, pleasant and her digital skills were outstanding.</p>
3.9	<p>The Chair asked if anyone had any concerns that they wanted to raise.</p>
3.10	<p>A Public Governor noted that there was mention of potential conflict of interest between the current role at Oxford University NHS Foundation Trust and SCAS and asked if those involved could perhaps comment more about their conclusions.</p>
3.11	<p>The Chair replied that there is precedent on this as another non-executive director has an appointment in another organisation and they are aware of any potential conflicts and would exclude themselves from any conversation within</p>

	<p>any organisation that related specifically to the other, this conflict was also discussed with Katie at the time. The Chair also said that an issue was raised on time commitment as Katie has quite a few roles and activities. She is a non-executive director of another NHS organization called Manx Care, which is the NHS service that provides all the healthcare services, primary care, secondary care, intermediate care, and ambulance services to the Isle of Man and she is relinquishing that role if she is appointed to SCAS.</p>
3.12	<p>A Staff Governor raised that on the governor panel, this issue was raised and was passed onto the recruiters as one of the concerns, although it was agreed that she displayed a good degree of energy which was seen throughout the rest of the process.</p>
3.13	<p>The Chair asked if there were any other questions on any specifics relating to Katie or Diane. Nothing was raised. The Chair said as no questions were raised that the recommendation from the nomination committee is that Katie, as the stronger of the two candidates, is to be appointed. The Chair then asked for general indications of support for that appointment, which was received by nods and shows of hands. The Chair also asked if anyone had any concerns that had yet been offered. Nothing was raised.</p>
3.14	<p>The Chair said that from the view of the Council of Governors, Katie will now be offered the appointment and asked if it this information could be refrained until the employment process has been completed. The Chair asked The Assistant Director of HR Operations if they could outline what the next steps would be.</p>
3.15	<p>The Assistant Director of HR Operations stated that we would go back through the agency to make the offer and to go through the normal pre-employment checks. Once this has been completed then there can be a formal announcement.</p>
3.16	<p>A Public Governor mentioned that they've had previous experience working with Gatenby Sanderson and wanted to note that they run a professional high level recruitment process. From this, hopefully Katie is able to take up the appointment given the time and expense involved. However, if for any reason Katie isn't able to accept the offer, a Public Governor asked how others would feel if Diane was then offered the position rather than start the recruitment process again.</p>
3.17	<p>The Chair said she was considered appointable and was recommended by the nomination committee. It would need to be brought back to the panel to verify that decision. However, it does seem unlikely Katie would reject the offer of appointment.</p>
3.18	<p>The Chair wanted to remind everyone to delete the pack of papers. Katies appointment will be accounted through the governor's information route, and as soon as that becomes public information, and it can be shared.</p>
3.19	<p>The Chair wanted to thank everyone for joining and confirming the appointment of the new non-executive director.</p>



## Council of Governors Meeting 29 July 2024

Key for Status  Open  Propose to Close

Action No.	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
4.	12. Executive Director updates	For the Governance Team to review the agenda structure for Council of Governor meetings	KA	29/07/24	Propose to close	Pilot agenda in place for 29 July 2024 Council of Governor meeting.
2	20. Council of Governor's Development Action Plan	The Chief Governance Officer informed the Governors that a new Council of Governor's Development Action Plan is being developed and will be shared with the Lead Governor for comment.	DL	3/04/24	Propose to close	July - On the agenda 3/4/24 noted as work in progress with presentation at July meeting.  The new one will be presented at the April meeting.



## Report Cover Sheet

<b>Report Title:</b>	Governor priorities and areas of interest
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday, 01 July 2024
<b>Agenda Item:</b>	5
<b>Executive Summary:</b>	Following a Council of Governors pre-meeting of Governors, the Governors would like to seek assurance on the topics in the report.
<b>Recommendations:</b>	The Council of Governors is asked to Note the report.
<b>Accountable Director:</b>	Jamie O'Callaghan, Interim Chief Governance Officer
<b>Author:</b>	Helen Ramsay, Lead Governor
<b>Previously considered at:</b>	Governor CoG Pre Meeting
<b>Purpose of Report:</b>	Assure
<b>Paper Status:</b>	Internal

<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Significant</b> – High level of confidence in delivery of existing mechanisms/objectives</li> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> <li>• <b>Partial</b> – Some confidence in delivery of existing mechanisms/objectives</li> <li>• <b>No Assurance</b> – No confidence in delivery</li> </ul> <b>Assurance Level Rating:</b> Partial - Response to be delivered at COG
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	Well Led
<b>Links to BAF Risks or Significant Risk Register:</b>	SR9 - Delivery of the Trust Improvement Programme
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A

## COUNCIL OF GOVERNORS MEETING – 29 July 2024

### Governor priorities and areas of interest to seek assurance on

Question for assurance	
1.	Governors understand that hot news and email/portal news sharing is not reaching a lot of the staff. Please can we seek assurance on if this has been identified as a risk and if so, how is this being addressed?
2.	With the news that the PTS service will be going, governors would like to seek assurance on how the impact to staff and property will be addressed given the already stretched finances.
3.	Given the challenges that the trust is currently facing, governors have felt a general unhappiness and lack of morale within the staff. Please can we seek assurance on how this is being handled and what is being done to address this.
4.	In light of the evidence we now have, it suggests that the health and wellbeing week was not taken up by the frontline staff (e.g. a maximum of 21 members of EOC out of approx. 200 total staff in EOC attended) despite the week being described as a big success. Please can we seek further assurance on how this is being addressed by the NEDs?
5.	What is the assurance that NEDs have that SCAS has a safe and effective fleet - with specific reference to the competence around the risk assessment that allows vehicles to continue to run with defects in light of the challenges of taking vehicles off the road to fix them?
6.	Can we seek assurance that the NEDs are confident that there is sufficient process for supporting members of staff when caught out in a particular area where staff try to make the right decision at the time in good faith (e.g. due to long waits) but then are later found to have made the wrong decision
7.	How are the NEDs assured that with the changes in the board, we don't lose organisational knowledge alongside personnel?
8.	Governors understand that there are at least two ambulance trusts where there has been overseas recruitment of paramedics recently who have had to be subsequently dismissed because of inadequate competence. Please can we seek assurance on if this has been identified as a risk (clinical and reputational) and if so, how is this being addressed?
9.	To address health inequalities SCAS needs to undertake a self-assessment process to gauge our progress against key objectives in reducing health inequalities. AACE have provided a maturity matrix within their guidance. SCAS is the only ambulance trust who has not yet completed this matrix. How can the NEDs give assurance to governors that steps will be taken to complete the matrix and that priority is being given to health inequalities alongside the financial and other priorities the Trust faces?





## Report Cover Sheet

<b>Report Title:</b>	CEO Briefing
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Monday, 29 July 2024
<b>Agenda Item:</b>	6
<b>Executive Summary:</b>	<p>The CEO Report includes the following:</p> <ul style="list-style-type: none"> <li>• A tribute to colleagues.</li> <li>• Operational challenges and staff recognition.</li> <li>• Southern Ambulance Service Collaboration (SASC) launch and progress.</li> <li>• Government changes and the Urgent and Emergency Care (UEC) review.</li> <li>• COVID-19 Enquiry.</li> <li>• Importance of system working and HIOW collaboration.</li> <li>• Recovery Support Programme (RSP) update.</li> </ul>
<b>Recommendations:</b>	<p>The Trust Board is asked to:</p> <p>Note</p>
<b>Accountable Director:</b>	David Eltringham – Chief Executive Officer
<b>Author:</b>	David Eltringham – Chief Executive Officer
<b>Previously considered at:</b>	N/A
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public

<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Not Applicable
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not Applicable
<b>List of Appendices</b>	Not Applicable



## Meeting Report

<b>Name of Meeting</b>	Council of Governors
<b>Title</b>	Chief Executive Officer's Update
<b>Author</b>	David Eltringham, Chief Executive Officer
<b>Accountable Director</b>	David Eltringham, Chief Executive Officer
<b>Date</b>	29/07/2024

### 1. Purpose

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

### 2. Background and links to previous papers

This update is based on information relating to May to July 2024.

### 3. Executive summary

This report provides an update on key areas at SCAS, including:

- A tribute to colleagues.
- Operational challenges and staff recognition.
- Southern Ambulance Service Collaboration (SASC) launch and progress.
- Government changes and the Urgent and Emergency Care (UEC) review.
- COVID-19 Enquiry.
- Importance of system working and HLOW collaboration.
- Recovery Support Programme (RSP) update.

## **A tribute**

Firstly, it is with deep sadness that I take this opportunity and acknowledge the recent passing of three of our colleagues: Karen Hardie, Kieran Short, and Chris Potheary.

Their dedication over the years to the NHS and being part of the SCAS family will be deeply missed. Our thoughts and condolences remain with their families during this difficult time. We offer our sincere gratitude for their service to SCAS and the communities we serve. Losing colleagues will bring different levels of emotions, and we have encouraged anyone who requires support to reach out through the various options we have to support staff wellbeing.

## **Operational challenges and staff recognition**

As you know, we continue to face significant operational pressures. Balancing quality and safety with performance targets, staff wellbeing, and financial constraints remains a constant focus. It's a complex ask, and I want to express my sincere gratitude to each member of the SCAS team for their dedication and commitment. Their unwavering service ensures we continue to deliver high quality care to our patients.

I'm pleased to report, following months of delays, the new batch of double crewed ambulances have started to arrive with the first few out on shifts. This is an excellent milestone following months of delays which have been outside of our control. These new ambulances will increase our total fleet numbers. While it will take time to receive the full order, we should start seeing improvements in our fleet numbers week on week.

## **Southern Ambulance Service Collaboration launch, conference, and projects**

The collaboration launched in May, with five ambulance services joining forces in a collaboration with the aim to improve patient care and service delivery across the south of England. Following the launch, the first collaborative workshop was held on the 7 June and hosted by SCAS in Reading. This day saw approximately 90 senior members from all five organisations come together face to face.

The morning session was an introduction to the collaboration and the potential benefits of working together with a question and answer session lead by myself and the other trust's CEO's, followed by a talk from Sir Julian Hartly, CEO at NHS Providers.

In the afternoon attendees worked in breakout groups to discuss:

- HR services
- Fleet and Procurement
- CAD & Triage
- Digital & AI
- Clinical Operating Model

I'm pleased to share I have taken the CEO lead within the fleet and procurement group. We had a positive session at the workshop on potential ideas for the scope of work and the benefit we could create by working together in this space.

Activity has been ongoing since the workshop around reviewing the discussions held in all five groups and developing the year one manifesto, which will be published in due course. The launch, the workshop, and the ongoing projects, represent positive progress for the collaboration. This initiative holds promise for improving several factors, both within SCAS and for patients across the south of England.

### **New Government and Urgent and Emergency Care review**

The recent change in government will likely bring a new agenda and potentially new priorities. We'll continue to closely monitor developments, particularly those related to the upcoming Urgent and Emergency Care (UEC) review. We will continue to focus on quality and safety, operational delivery and our current finance plans as the government sets out its policies.

### **COVID-19 Inquiry**

The UK Covid-19 Inquiry continues to progress through to module three, which relates to the impact on the healthcare systems throughout the UK. As part of the inquiry, I had to submit evidence on behalf of SCAS. I have received notification that

the inquiry will not be calling myself to give evidence in person at the hearing. We will continue to watch with interest and produce actions from any lessons identified as the inquiry progresses.

### **Importance of system working and HIOW collaboration**

For the UEC review, and beyond, a strong, collaborative approach across the entire healthcare system is crucial. I continue to actively work with Hampshire and Isle of Wight ICS (HIOW) to ensure SCAS plays a key role in the future of UEC services. Having a system-wide view on UEC across 111, community, 999 A&E, and patient transport services is crucial to ensure the patient pathways are aligned and operating smoothly in order for the system as a whole to deliver high quality patient care, enhance efficiency and reduce unnecessary wastage, alongside supporting staff wellbeing.

### **Recovery support programme letter and exit criteria review**

Finally, I'm pleased to report that at the private board in June we received the latest letter in respect of our recovery support programme. We're currently participating in the review of exit criteria and timelines. I will keep the Board updated on further developments.

Thank you,

David Eltringham



## Report Cover Sheet

<b>Report Title:</b>	Integrated Performance Report (IPR)
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday, 29 July 2024
<b>Agenda Item:</b>	7
<b>Executive Summary:</b>	<p>This report high-level Integrated Performance Report (IPR) serves to provide an Executive Summary for the Board and give organisational oversight of all key areas across the Trust. Bringing together the areas of Quality, Operations, Workforce and Finance.</p> <p>The IPR consists of core metrics to monitor the performance across all main functions of the organisation in the pursuit of achievement of our strategic goals. Each of the relevant Executive Directors will provide a short overview of the key critical areas outlined in the section below and in the executive summary page of the IPR document.</p> <p>The June document highlights the following points:</p> <p>Operational Performance</p> <ul style="list-style-type: none"> <li>• Category 1 performance was 9 minutes 6 seconds (deterioration of 9 seconds from May),</li> <li>• Category 2 performance was 29:50 (improvement of 4:07 from May),</li> <li>• Category 3 was 5:05:32 (improvement of 1h 23)</li> <li>• Category 4 was 6:33:53 (improvement of 1h 50).</li> <li>• Our 999 mean call answer time improved by 3 seconds to 13 seconds and 12 seconds for Q1 against the 10 second target,</li> <li>• Hear and treat fell by 0.22% compared to May, however, remains above the 13% target at 13.09% and was 12.9% for Q1,</li> <li>• See and treat rates increased by 0.4% in June in part due to the drop in H&amp;T,</li> <li>• 111 call answer improved by 3.6% with us answering 89.6% of calls within 120 seconds.</li> </ul> <p>Finance</p> <ul style="list-style-type: none"> <li>• The Trust's financial position at month 3 (June) is £0.9m deficit which is a £0.4m better than the budget.</li> <li>• Cash balance at the end of June stood at £17.5m.</li> <li>• The June month end over 90-day debt has increased this month and now stands at £178k (up from £100k in May). The 90-day category debt has decreased to 8.67% of the total sales debt (down from 11.12% in May).</li> </ul>

	<ul style="list-style-type: none"> <li>The Trust's capital spend in the month is £1.5m which is £6.2m behind plan due to the delays receiving ambulances.</li> </ul> <p>Workforce</p> <ul style="list-style-type: none"> <li>Change programmes, a focus on retention and robust control of vacancies, is clearly having an impact on turnover and numbers of staff in post, with numbers reducing for the third month running.</li> <li>Recruitment continues to focus on our newly qualified paramedic cohorts along with reviewing our PTS workforce plans due to the transfer of 2 contracts in April 2025.</li> <li>FTSU shows an upwards trajectory, this should be seen as a positive increase, which reflects that our staff are becoming confident to raise concerns and more confident that their concerns will be dealt with appropriately.</li> <li>Although still under trajectory, PDR compliance is slowly improving, despite continuing pressures in operational areas.</li> </ul> <p>Quality</p> <ul style="list-style-type: none"> <li>Work progresses to improve IPC and specifically to increase the number of vehicles we can audit, as this is below target and obviously is of concern due to potential risk to patient care.</li> <li>PSIRF continues to progress to plan.</li> <li>Safeguarding Level 3 training has been focussed on this month and work to ensure education dashboards and BI reporting into the IPR aligns has been completed. We are sitting at 84.1% against a target of 90% with focus on additional sessions for staff and targeting those staff who are approaching the end of their cycle of compliance.</li> </ul>
<b>Recommendations:</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>note the Integrated Performance Report and receive it for information, assurance and discussion.</li> </ul>
<b>Accountable Director:</b>	Stuart Rees, Interim Finance Director
<b>Author:</b>	Various
<b>Previously considered at:</b>	
<b>Purpose of Report:</b>	To note.
<b>Paper Status:</b>	Interanl
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options -</b></p> <p><b>Assurance Level Rating:</b> Acceptable</p>



<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	IPR Report

# Integrated Quality and Performance Report: Jun-24



# Executive Summary

**Operational Performance**

**Safety and Quality**

**People**

**Finance**

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



## Executive Commentary :

Category 2 response times improved in June from the challenges we had in May, linked to improved operational hours and reduced demand. 999 incident demand was 2% lower than planned levels with us responding to 45,937 incidents. Category 1 performance was 9 minutes 6 seconds (deterioration of 9 seconds from May), Category 2 performance was 29:50 (improvement of 4:07 from May), Category 3 was 5:05:32 (improvement of 1h 23) and category 4 was 6:33:53 (improvement of 1h 50).

Our category 2 target for June was 30:46 and we were 56 seconds below this target. The lower demand level had a positive effect on our cat 2 performance of 2 minutes 39. Our Operational hours were 0.6% below planned levels (-1,180 hours) negatively impacting cat 2 by 34 seconds. The hours deficit was due to private provider hours which were 3,039 hours below contracted levels. We offset this deficit through higher SCAS staff hours which were 1,859 hours above planned levels.

June saw handover delays being above plan and these increased delays negatively impacted cat 2 by 5 minutes 9 seconds. Handover delays were higher in BOB and Frimley ICB by 41 seconds, and in Hampshire delays were 8 minutes 30 higher (QAH 18:29 higher). The total hours lost to handover delays reduced in June by 1,471 hours (from May) with us losing a total of 4,877 hours. There is however a significant increase at QAH compared to June 23, with us losing 4 times the level of hours compared to June 23 with an increase of 1,494 hours in the month. We are continuing to share the monthly handover times reports and targets with each acute trusts, however only 4 out of 10 acute trusts met their handover target in June. We have also seen an increase in SCAS clear up times for the 5th consecutive month increasing by 17 seconds, and this is being picked up through the task time reduction work to reduce overall task time.

Our 999 mean call answer time improved by 3 seconds to 13 seconds and 12 seconds for Q1 against the 10 second target. The improved performance was through reduced abstractions and reduced average handling time in the month. Hear and treat fell by 0.22% compared to May, however remains above the 13% target at 13.09% and was 12.9% for Q1. See and treat rates increased by 0.4% in June in part due to the drop in H&T. The focus remains in reducing ST&C to ED and this was at 49.2% which is 0.2% above the target. We are working with NHS HIOW to develop a Single Point of Access pilot which will provide improved access to non ED pathways for SCAS crews and support non ED conveyance.

111 call answer improved by 3.6% with us answering 89.6% of calls within 120 seconds. This has been achieved through our average handling time remaining below the mean for the last 2 months combined with a decrease in demand of 111 calls with us answering 133,119 calls, a reduction of 12,000 from May. Abandonment rate remains below the national target at 1.5%. We have received the proposed funding offer from BOB ICB, however this remains significantly below the existing gap in funding. We are in on-going communications with the ICB and will be providing them with options to reduce our costs with the associated impact through reduced performance and higher ED attendance as we will cease completing ED validation calls.

Key actions for July are to continue to monitor operational hours to ensure we deliver the planned hours in line with budget; assess the private provider bids when the tender closes at the end of July; continued focus on delivering the call answer and hear and treat action plans in EOC.

## Executive Commentary (continued) :

The Trust's financial position at month 3 (June) is £1.0m deficit which is a £0.4m better than the budget.

The Trust's cash balance at the end of June stood at £17.5m. There was a net cash outflow in month 3 of £4.1m due mostly to the payments to suppliers of £12.5m and £1.5m block income shortfall against budget.

The June month end over 90-day debt has increased this month and now stands at £178k (up from £100k in May). The 90-day category debt has decreased to 8.67% of the total sales debt (down from 11.12% in May).

The Trust's capital spend in the month is £1.5m which is £6.2m behind plan due to the delays receiving ambulances.

Change programmes, a focus on retention and robust control of vacancies, is clearly having an impact on turnover and numbers of staff in post, with numbers reducing for the third month running. Turnover is expected to rise due to these change programmes and therefore our People Promise Manager is reviewing and redeveloping our engagement (previously referred to as retention) along with directorate management teams. Recruitment continues to focus on our newly qualified paramedic cohorts along with reviewing our PTS workforce plans due to the transfer of 2 contracts in April 2025.

We continue to be on an upwards trajectory for reported FTSU cases. This should be seen as a positive increase, which reflects that our staff are becoming confident to raise concerns and more confident that their concerns will be dealt with appropriately. However, we still have work to do to improve this, in particular with ensuring leaders are confident in the FTSU process.

Although still under trajectory, PDR compliance is slowly improving, despite continuing pressures in operational areas. An improvement plan is in place to improve the PDR process, and in turn improve compliance.

## Executive Commentary (continued) :

Work progresses to improve IPC and specifically to increase the number of vehicles we can audit, as this is below target and obviously is of concern due to potential risk to pt care. We continue to see high use of our vehicles, which has contributed to why we are not at the required number we are able to audit. However, we are increasing the number of vehicles we audit, but need to ensure we see corresponding compliance of those audits to assure those vehicles are clean and fit for use. The number of buildings we audit are above target but not all of those audits were deemed as compliant, which we are discussing and performance managing with our cleaning providers.

PSIRF continues to progress to plan and we are also seeing good progress in closing actions from our previously logged serious incidents, which allows us to evidence we have not only taken action but started to embed some of the learning.

We have appointed our AD for Pt Safety and are delighted to report she will commence with us from August 5<sup>th</sup>. As an internal appointment, she will also bring her direct experience of the operations directorate to pt safety directorate. We are also working to fill gaps created by a vacancy of a pt safety manager, using the opportunity to gain maternity specialist knowledge into the team.

Alignment of Safeguarding Level 3 training reporting has been focussed on this month and work to ensure education dashboards and BI reporting into the IPR aligns has been completed. We are sitting at 84.1% against a target of 90% with focus on additional sessions for staff and targeting those staff who are approaching the end of their cycle of compliance.

Lastly, under the area of senior leadership, governance and “grip”, we have some key staff retirements over July, August and September with planned retirements of ADs in Pt Safety, Pt Experience, Safeguarding and the Deputy Chief Nurse.

I am pleased to report we have risk assessed the gaps and already appointed into the AD for Pt Safety. We interview for Head of Safeguarding on 24<sup>th</sup> July and we are currently recruiting for replacement of the Deputy Chief Nurse.

Some of the senior staff who are retiring have agreed to come back on reduced hours to support key work and we have reached out to ICB and partner providers to seek interim support whilst we recruit. Should these requests not yield any support, we will approach agency, as these are key roles for pt safety and quality.

## Statistical Process Control:

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

### The rules:

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

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

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

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

### Icon Key





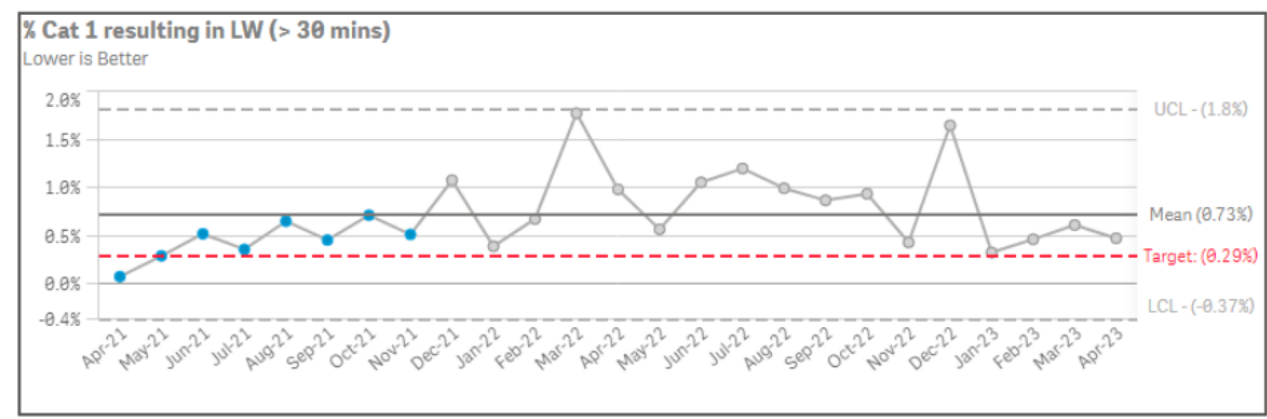
	Pass	Hit and Miss	Fail	No Target
	Special cause of an improving nature where the measure is significantly HIGHER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently PASS the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will FAIL the target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly HIGHER. The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.
				Special cause variation where UP is neither improvement nor concern.
				Special cause variation where DOWN is neither improvement nor concern.
n/a				Special cause or common cause cannot be given as there are insufficient number of points. Assurance cannot be given as a target has not been provided.



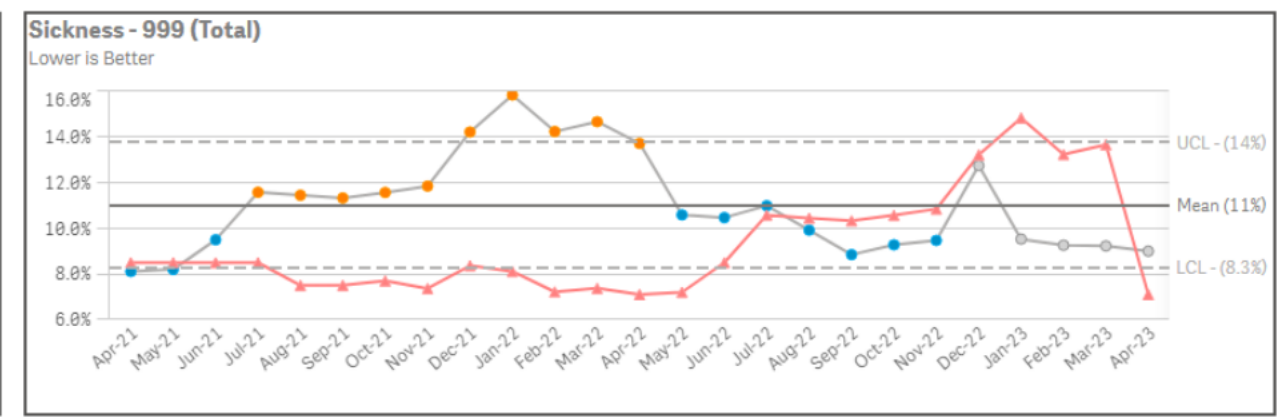
### Assumptions:

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

**Example of Target Line Chart**



**Example of Plan Line Chart**



**UCL & LCL:**





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










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

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

**June-24 Summary**

**Metrics:**

Assurance    

Variance	q	Fail	Hit and Miss	Pass	No Target
			Clear up Delays - SCAS VOR - Total		1
		Meal Break Compliance - SCAS PTS - Calls answered in 60 seconds	Patients Collected within time S&T - SCAS		
		Appraisals - Trust Average Hospital Handover Time - SCAS Cat 1 Mean SCAS	17	Over-runs > 30 mins - SCAS	15
			111 Calls abandoned after 30 secs % 999 Calls abandoned % 999 Mean Call Answer Time ST&C (ED 1&2) - SCAS		3
		111 Call back < 20 min 111 call answer in 120 Secs % Safeguarding Level 3	H&T - SCAS		5
					1
			PTS Call Volume PTS Volume - No. of Journeys		4

Hit and Miss Common Cause Metrics:  
 Building cleanliness completed audits ; Cardiac Arrest Survival, Utstein ; Cat 1 90th %ile SCAS ; Cat 2 90th %ile SCAS ; Cat 2 Mean SCAS ; Cat 3 90th %ile SCAS ; Cat 4 90th %ile SCAS ; Debtors > 90 days > 5% total balance ; Patients Arrived within time ; Percentage of compliant Building cleanliness audits ; Percentage of compliant Vehicle cleanliness audits ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Stroke - Call to Hospital arrival 90th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; Vehicle cleanliness completed audits






# Operational Performance

June-24 Summary

Metrics:

Assurance →

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

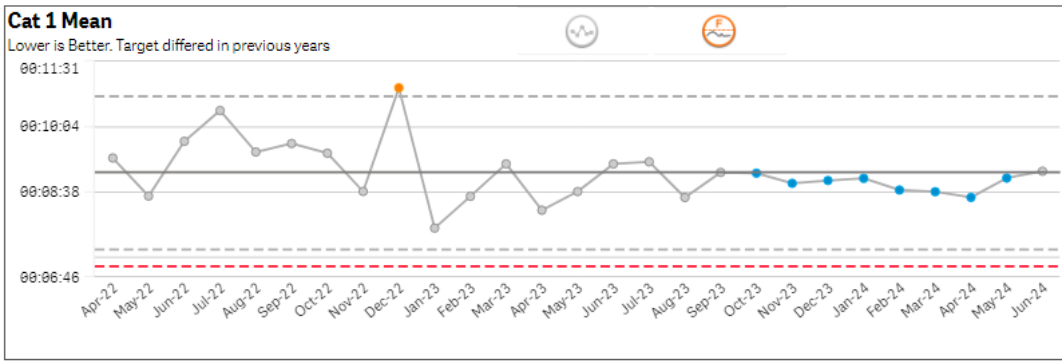
\*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Cat 1 Mean		Jun-24	00:09:06	00:07:00			00:09:04	00:07:23	00:10:45
Cat 1 90th %ile		Jun-24	00:16:44	00:15:00			00:16:20	00:13:22	00:19:19
Cat 2 Mean		Jun-24	00:29:50	00:30:00			00:33:39	00:14:16	00:53:02
Cat 2 90th %ile		Jun-24	00:58:28	00:40:00			01:07:40	00:25:28	01:49:52
Cat 3 90th %ile		Jun-24	05:05:32	02:00:00			05:21:22	00:44:27	09:58:18
Cat 4 90th %ile		Jun-24	06:33:53	03:00:00			06:50:39	00:55:44	12:45:34
% Vehicles off the road		Jun-24	0.39%	23%			0.3%	0.2%	0.3%
Ave Handover		Jun-24	00:22:25	00:15:00			00:25:10	00:16:41	00:33:39
Handover > 15mins		Jun-24	47%	0.48%		n/a	44.9%	35.4%	54.4%
Clear up Delays		Jun-24	00:15:54	00:15:00			00:15:02	00:14:21	00:15:44
% See and treat		Jun-24	33%	35%			34.1%	32.8%	35.5%
% ST&C to ED		Jun-24	49%	47%			49.6%	47.1%	52.0%
999 Call Answer		Jun-24	14%	10%			35.8%	-19.8%	91.4%
999 Ab. Rate		Jun-24	2.8%	2%			6.3%	-1.2%	13.7%
% Hear and treat		Jun-24	13%	13%			11.9%	9.5%	14.3%
111 Call Answer		Jun-24	90%	95%			60.4%	27.8%	93.0%
111 Ab. Rate		Jun-24	1.5%	3%			8.6%	-4.3%	21.6%
111 Call backs		Jun-24	34%	95%			22.7%	12.0%	33.5%

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

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Calls Answered (PTS)		Jun-24	61%	90%			64.5%	48.5%	80.5%
Number of calls (PTS)		Jun-24	29,957	37,333			33,336.6	25,647	41,026.1
% Patients arrived in time		Jun-24	85%	87%			86.9%	84.1%	89.6%
% Patients collected in time		Jun-24	86%	87%			88.8%	87.2%	90.4%
PTS Volume - No. of Journeys		Jun-24	66,362	79,359			78,266.5	67,430.8	89,102.2
Number of Patients Transported		Jun-24	18,505			n/a	22,133	19,285.7	24,980.2

# Operations - Response Times



**Variation**

Expected

**Assurance**

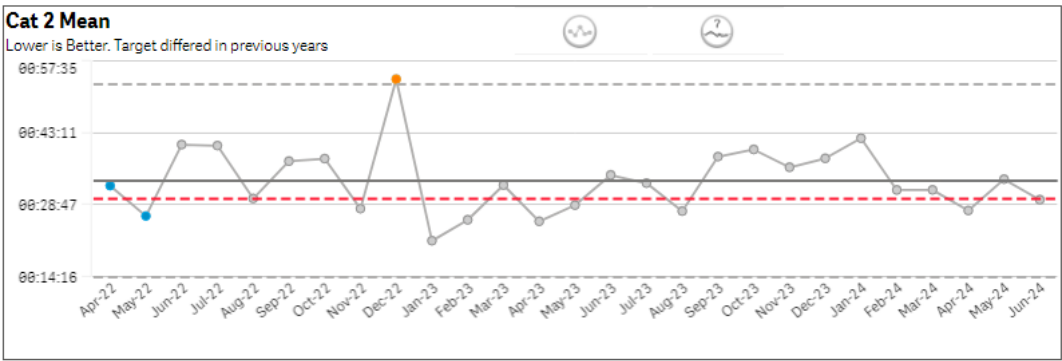
Fail

Target

00:07:00

Latest

00:09:06



**Variation**

Expected

**Assurance**

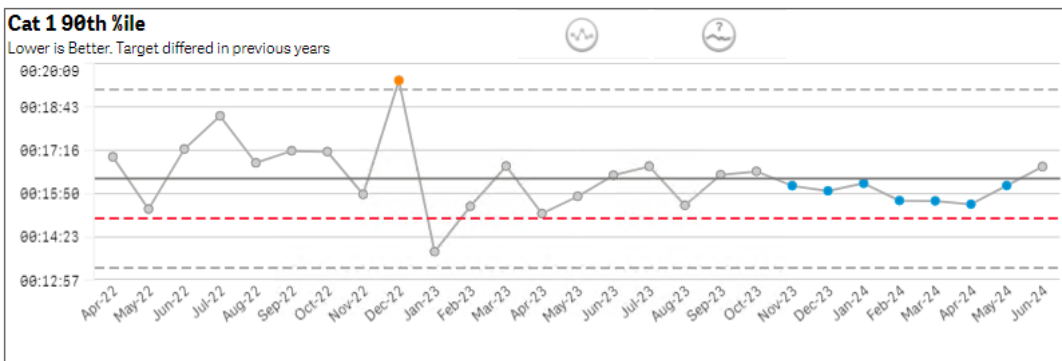
Random

Target

00:30:00

Latest

00:29:50



**Variation**

Expected

**Assurance**

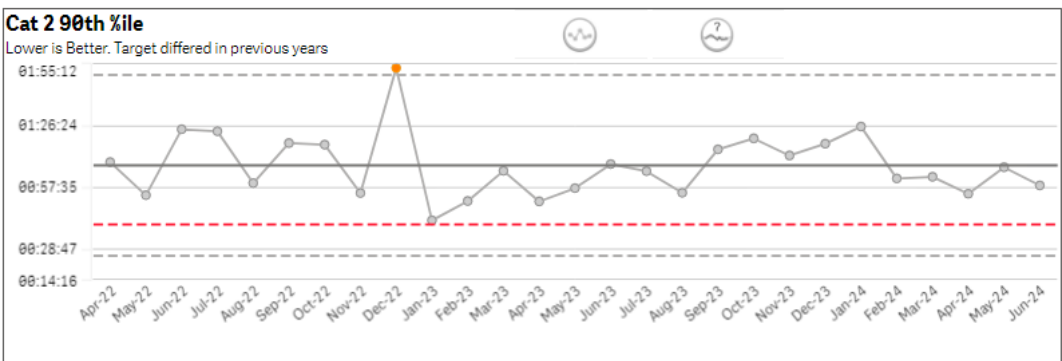
Random

Target

00:15:00

Latest

00:16:44



**Variation**

Expected

**Assurance**

Random

Target

00:40:00

Latest

00:58:28

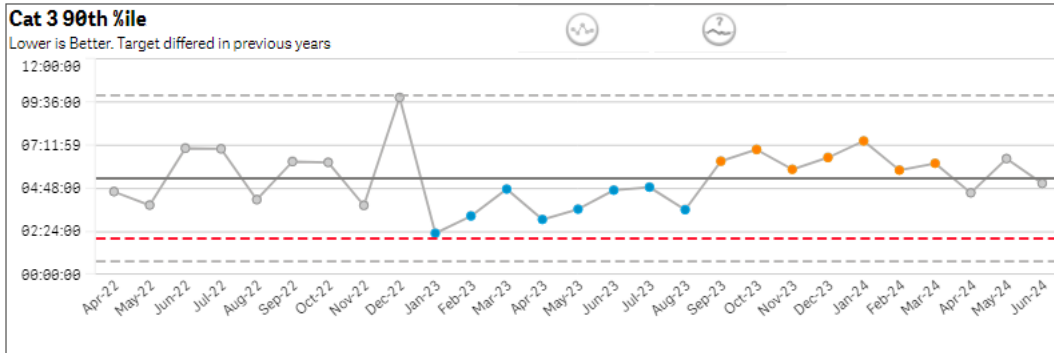
**Understanding the Performance:**  
 The Trend in decline of Cat one performance continued into June, ending at 09:06. This is a 9 seconds increase on May and rose above the mean for the first time since October 23. Cat two Performance improved fallen below the mean and the target at 29:50, an improvement of 04:07. This was driven by improved operational hours from both PP and SCAS and hospital handovers across the month.

**Actions (SMART):**  
 Hours continue to be monitored to meet plan and stay within budget. Additional hours added at risk to PP tender to allow for additional 2 million.

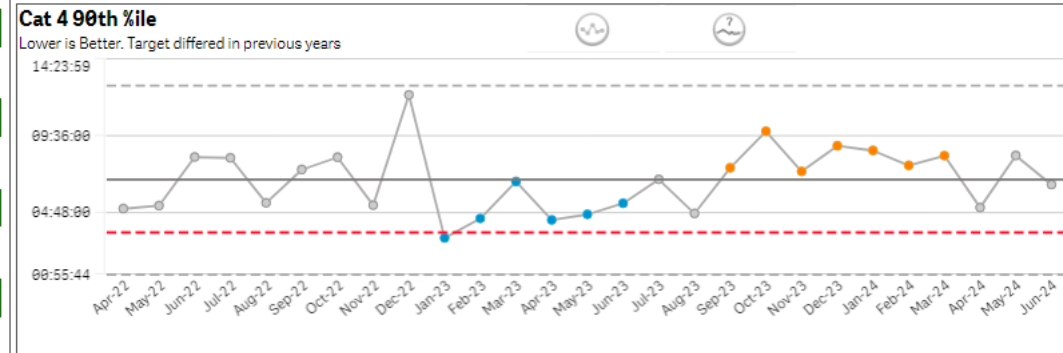
**Risks:**  
 International recruitment trajectory and delivery of new PP tender from 1st October.



# Operations - Response Times



Variation
Expected
Assurance
Random
Target
02:00:00
Latest
05:05:32



Variation
Expected
Assurance
Random
Target
03:00:00
Latest
06:33:53

**Understanding the Performance:**  
 Cat 3 and Cat 4 performance improved in June with both ending below their mean for the second time since last August. Cat 3 ended at 5:05, an improvement of 01:23 on May and Cat 4 ended at 06:34, an improvement of 01:50. This was driven by improved operational hours and hospital handovers across the month.

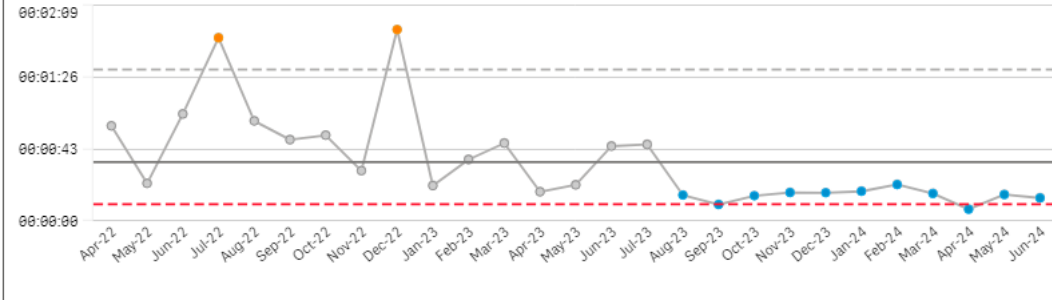
**Actions (SMART):**  
 Continued monitoring of hours to best match plan within budget.

**Risks:**  
 International Recruitment plan and October delivery of PP Tender.

# Operations - Operations Centre

## 999 Call Answer

Lower is Better. Target differed in previous years



Variation

Improving

Assurance

Random

Target

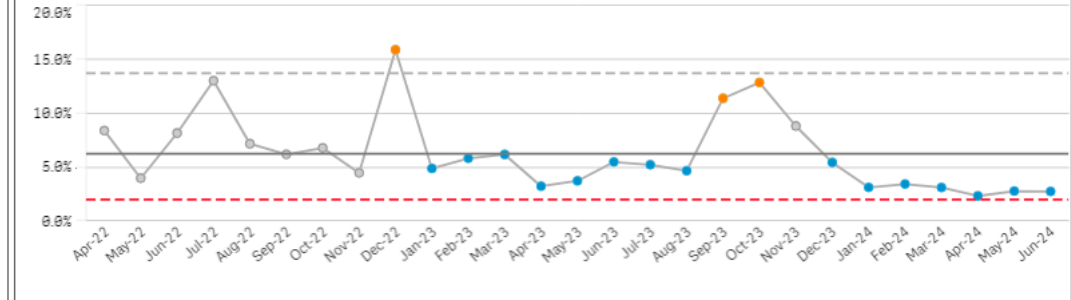
00:00:10

Latest

00:00:13

## 999 Ab. Rate

Lower is Better. Target differed in previous years



Variation

Improving

Assurance

Random

Target

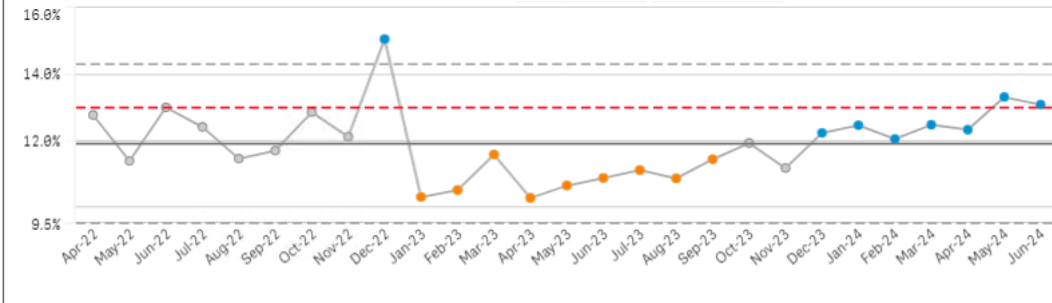
2%

Latest

2.8%

## % Hear and treat

Higher is Better. Target differed in previous years



Variation

Improving

Assurance

Random

Target

13%

Latest

13.1%

### Understanding the Performance:

Mean call answer at 13 seconds remains outside but close to national target, below the mean. Correspondingly abandonment rate at 2.76% remains below the mean and close to target. Hear and treat at 13.09% has achieved internal target sitting above the mean. Calls offered in June rose above planned levels driven in part by the heat towards the end of June, with duplicate calls as a result of delays also playing a part. Logged in hours through June have dropped as abstractions have risen, whilst work effective ECT figures remain stable (163 WTE), overall establishment levels have dropped. Currently in post 184.07 WTE ECTs. WMAS support was paused on 21st June for 2 weeks at the request of WMAS.

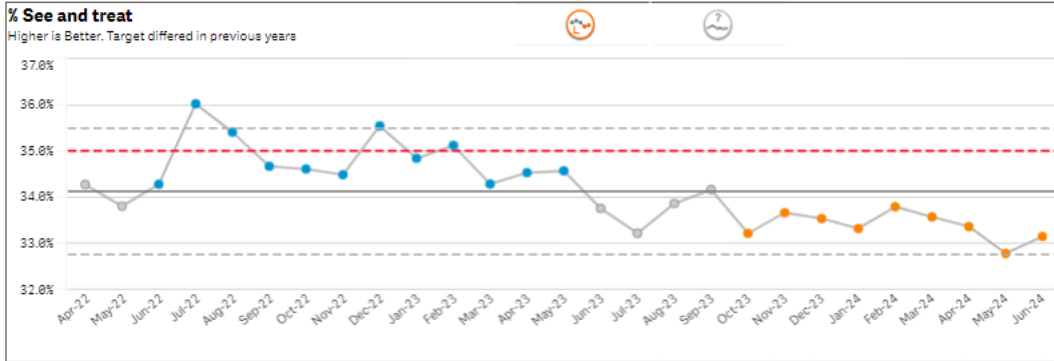
### Actions (SMART):

The team continue with the actions laid out in the call answer and hear and treat improvement plans. The ECT roster consultation has finished and the team are on track for roster build in July, go live remains September. Positive impact on AHT for those ECT attending probing and call control workshops - we continue roll out of workshops. AACE workshop arranged for early August due to leave within team. Visit from Cat 2 Segmentation Clinical Ambassador arranged for July. Dual skilling pilot has kicked off and the identified 111 HA will start training in August.

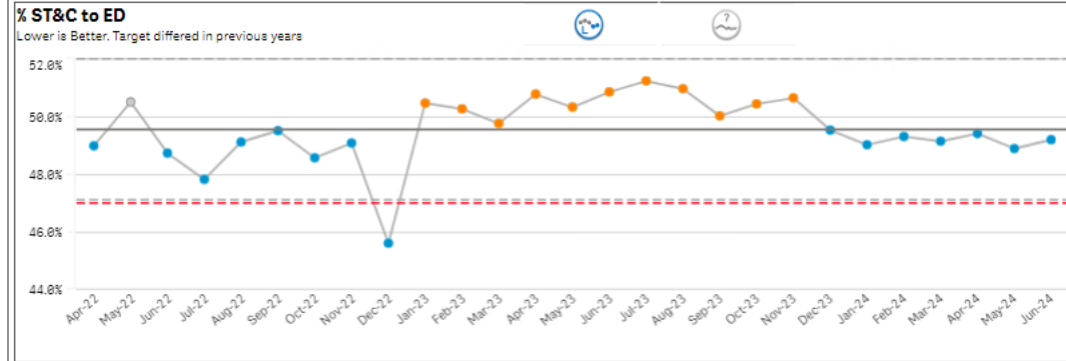
### Risks:

Demand above planned levels will outstrip capacity and impact call answer performance. Lack of call centre workforce management system limits ability to flex hours to meet demand, current financial challenges mean ability to offer overtime is limited. Any delay in rota build and roll out will result in continued challenges to meet demand in certain hours/days. WMAS may not continue support resulting in longer call waits at certain times of day/night. Capacity and skill of the team may impact delivery of improvements as laid out in AACE review, call answer and hear and treat improvement plans.

# Operations - Utilisation



Variation
Declined
Assurance
Random
Target
35%
Latest
33.1%



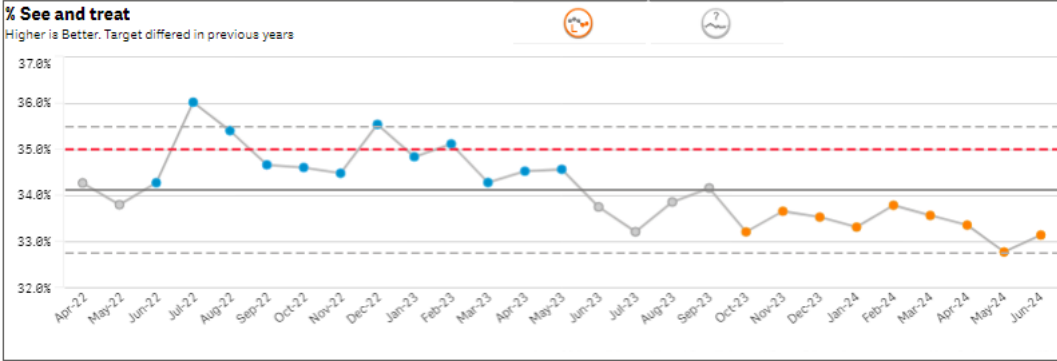
Variation
Improving
Assurance
Random
Target
47%
Latest
49.2%

**Understanding the Performance:**  
June saw a small increase in S&T with an increase of 0.25%. S&T should always be looked at alongside H&T as the relationship between the two is intrinsically linked. The rise in S&T corresponds to the decline in H&T through June. ST&C to ED increased in June to just below the mean value but this has been the case for the past 7 months. As previously described ST&C to ED is often lower when we are seeing higher handover delays and for the first 3 weeks of June we had much reduced delays at acutes which would explain the rise in ST&C to ED.

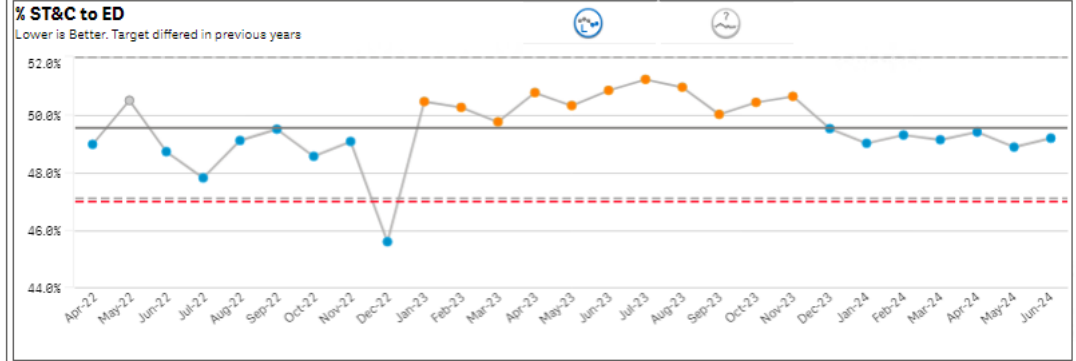
**Actions (SMART):**  
Acuity was slightly lower than May and with the decrease in handover delays through the first 3 weeks of June would account for the increase in ED conveyance and the link between H&T and S&T shows us again when one is higher it translates to the other being a lower value.

**Risks:**  
S&T, and H&T and activity must all be looked at as a collective as variations in each of those measures will affect the whole. Understanding the human factors in dispatch habits when demand is lower and how staff might act when we are seeing high delays compared to actions when we are having better flow at hospitals. The system/providers not able to provide the pathways that are needed to improve patient experience and the knock on performance gains.

# Operations - Utilisation



Variation
Declined
Assurance
Random
Target
35%
Latest
33.1%



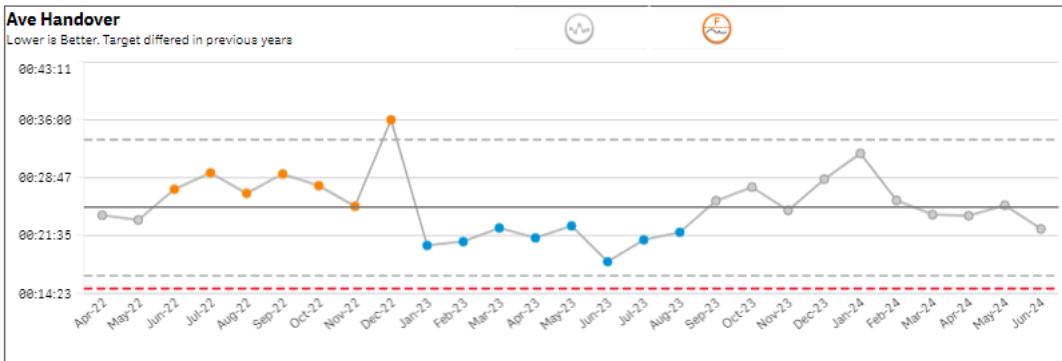
Variation
Improving
Assurance
Random
Target
47%
Latest
49.2%

**Understanding the Performance:**  
June saw a small increase in S&T with an increase of 0.25%. S&T should always be looked at alongside H&T as the relationship between the two is intrinsically linked. The rise in S&T corresponds to the decline in H&T through June. ST&C to ED increased in June to just below the mean value but this has been the case for the past 7 months. As previously described ST&C to ED is often lower when we are seeing higher handover delays and for the first 3 weeks of June we had much reduced delays at acutes which would explain the rise in ST&C to ED.

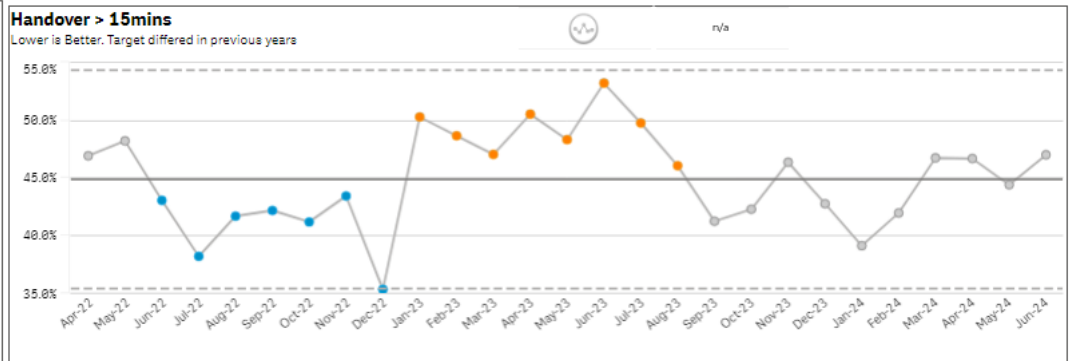
**Actions (SMART):**  
Acuity was slightly lower than May and with the decrease in handover delays through the first 3 weeks of June would account for the increase in ED conveyance and the link between H&T and S&T shows us again when one is higher it translates to the other being a lower value.

**Risks:**  
S&T, and H&T and activity must all be looked at as a collective as variations in each of those measures will affect the whole. Understanding the human factors in dispatch habits when demand is lower and how staff might act when we are seeing high delays compared to actions when we are having better flow at hospitals. The system/providers not able to provide the pathways that are needed to improve patient experience and the knock on performance gains.

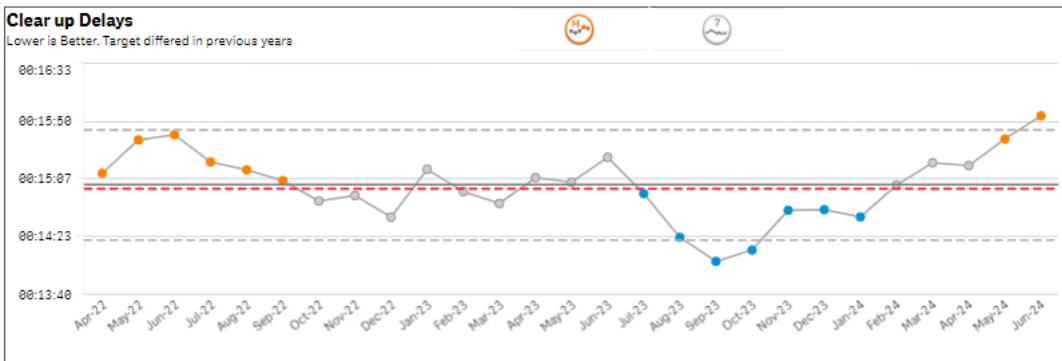
# Operations - Utilisation



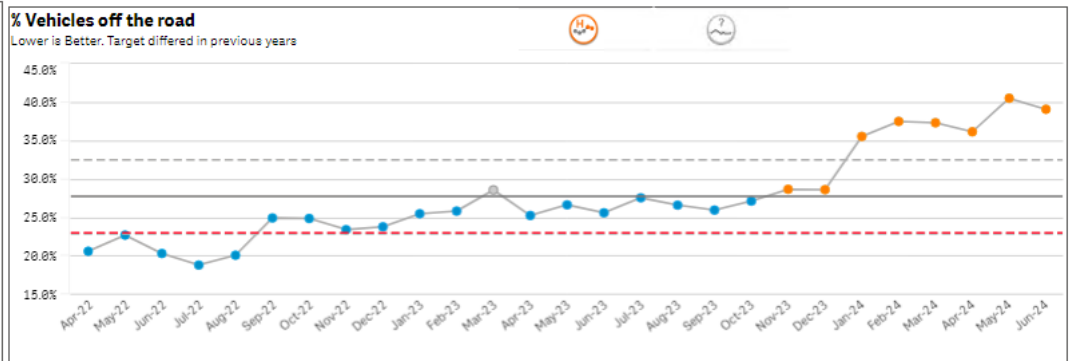
Variation
Expected
Assurance
Fail
Target
00:15:00
Latest
00:22:25



Variation
Expected
Assurance
-
Target
0.48%
Latest
47.0%



Variation
Declined
Assurance
Random
Target
00:15:00
Latest
00:15:54



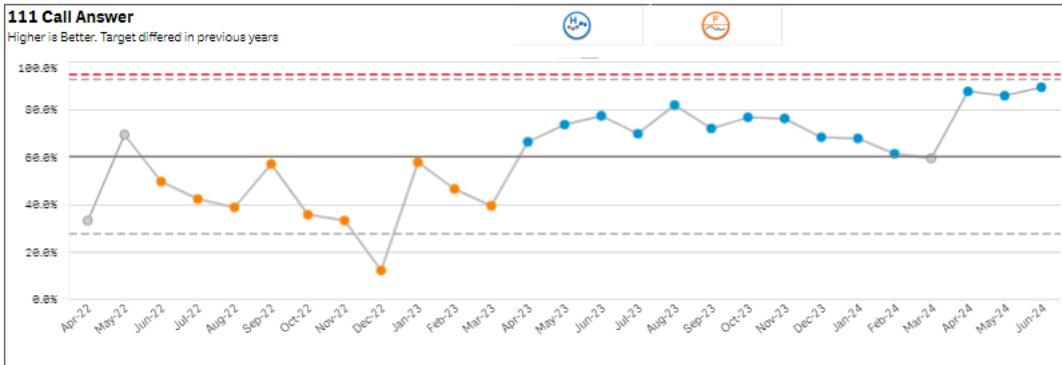
Variation
Declined
Assurance
Random
Target
23%
Latest
39.1%

**Understanding the Performance:**  
 Handovers remain an ongoing concern, however currently showing common cause variation with no significant change for the past 4 months. Clear up delays continue to show a deteriorating picture on a concerning nature - in terms of average time, although total time lost has reduced slightly since May.

**Actions (SMART):**  
 Handovers remain a key area of focus for the local Ops teams who continue to work with Acutes and ICBs. The senior ops team are engaged and monitoring progress. With clear up delays there is variation between areas and work is ongoing to share good practice and ensure correct use of IPT to ensure robust capture of accurate data

**Risks:**  
 Whilst handover delays remains within common cause variation, there is still a significant risk that the position will deteriorate impacting on SCAS ability to respond to patients. Fleet availability continues to be a risk to service delivery.

# Operations - Operations Centre



**Variation**

Improving

Assurance

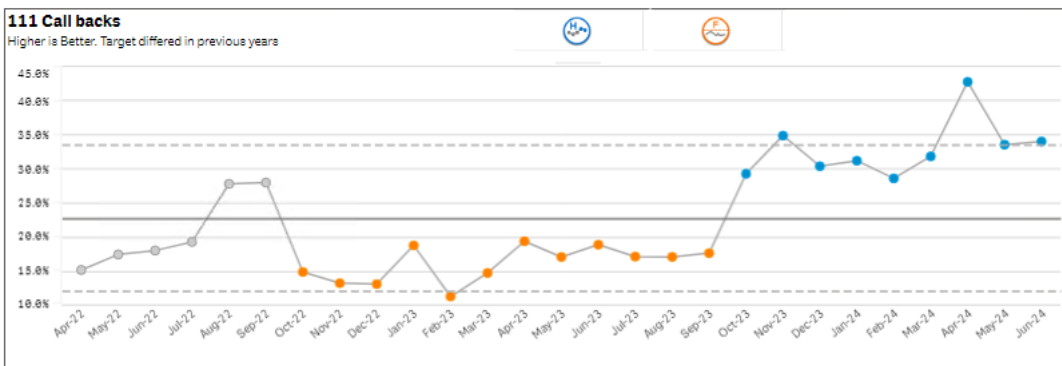
Fail

Target

95%

Latest

89.6%



**Variation**

Improving

Assurance

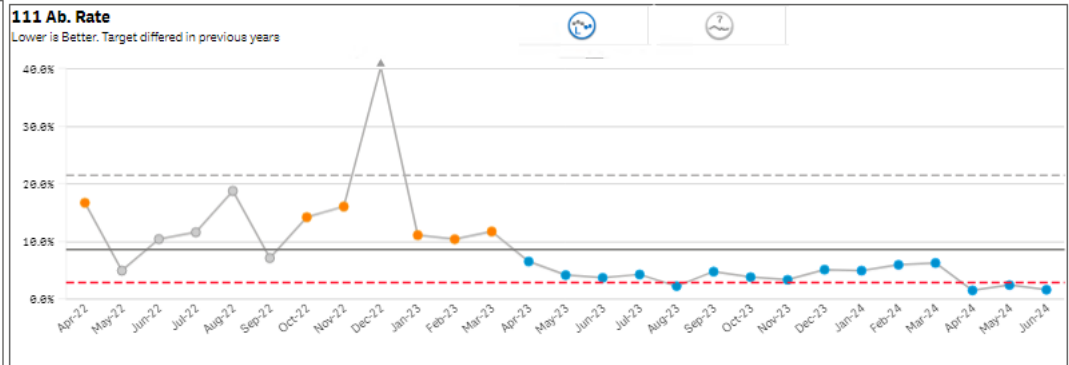
Fail

Target

95%

Latest

34.0%



**Variation**

Improving

Assurance

Random

Target

3%

Latest

1.5%

### Understanding the Performance:

Calls answered in 120 seconds reached highest levels since new telephony platform, but remains outside of national target, at 89.63% above the mean and towards the upper control limit. Abandonment rate at 1.55% did achieve national target and remains consistently below the mean and at the lower control limit. Clinical call backs in 20 minutes sit above the upper control limit but outside of national target at 34.02%. All these metrics show improvement as a result of staffing levels being closer to plan, with improvements in retention and abstractions. Currently in post 245.27 WTE of Health Advisors (under plan by 19 WTE) and 84.23 WTE Clinical Advisors (1.73 WTE above plan).

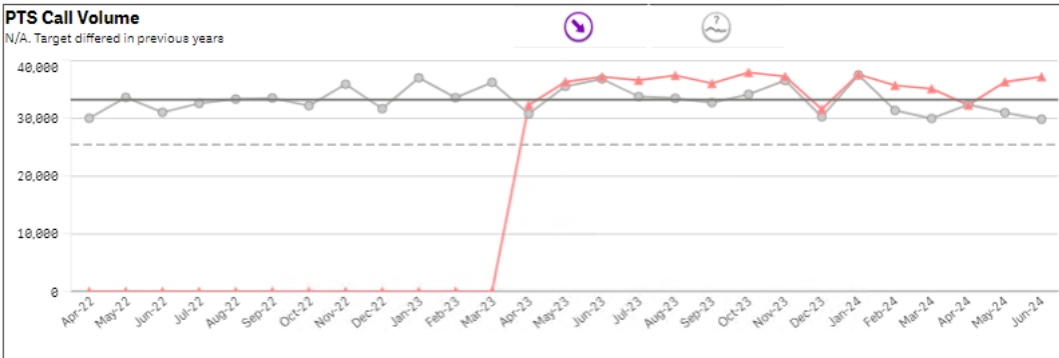
### Actions (SMART):

The team continue to focus on releasing efficiencies through further reductions in average handling time as well as the support for staff to maintain and improve on our current position. We are working closely via IWP meetings to maintain planned establishment levels, recruiting into specific rota gaps and also updating our retention plan.

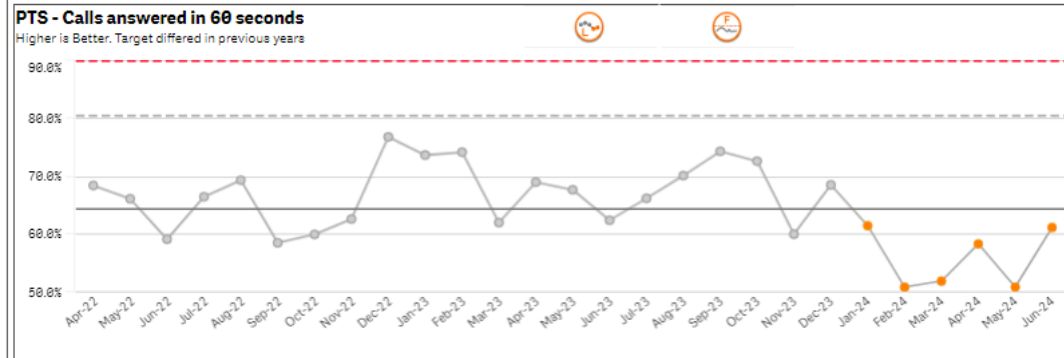
### Risks:

Challenges around funding may result in over resourcing, an assessment of cost reduction and impact is being undertaken to further inform conversations with ICB. Significant changes in demand may still outstrip capacity as with current fixed rolling rotas and no call centre workforce management tool there remains the inability to flex rapidly to change.

# Operations - PTS - Calls and Outcomes



Variation
Improved
Assurance
Random
Target
37,333
Latest
29,957



Variation
Declined
Assurance
Fail
Target
90%
Latest
61.1%

### Understanding the Performance:

- Call Answer performance continues to be a challenge, but there has been an improvement from Mays previous reduced level however only returning towards the mean performance over the last 2 years.
- Sickness has improved but still have 4 remaining off sick.
- Call volumes have slightly declined from May in June; this is likely due to the ongoing work around pushing online bookings to reduce the pressures within the contact centre which will be the main driver for improved performance as the hours remain fairly static but with less calls performance will improve.

### Actions (SMART):

- Need to review what the Call Handler budget calculates to in terms of wte to understand how that compares to 23/24 with the expectation the overall performance target will reduce from 90% to 63%, therefore the performance being reported is far nearer to budgeted expectations but will not achieve contractual targets.
- Continue to manage sickness robustly

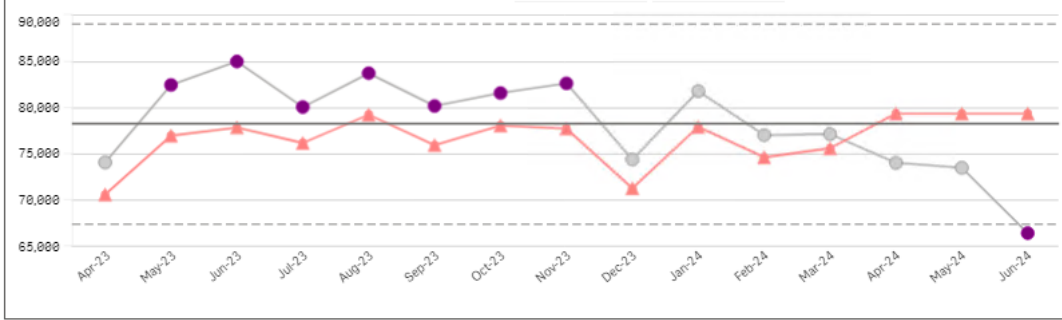
### Risks:

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

# Operations - PTS - Calls and Outcomes

**PTS Volume - No. of Journeys**

N/A. Target differed in previous years



Variation

Improved

Assurance

Random

Target

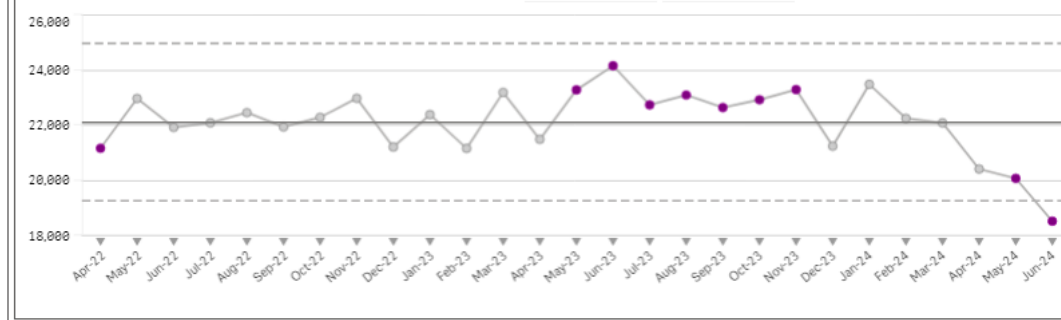
79,359

Latest

66,362

**Number of Patients Transported**

N/A. Target differed in previous years



Variation

Improved

Assurance

-

Target

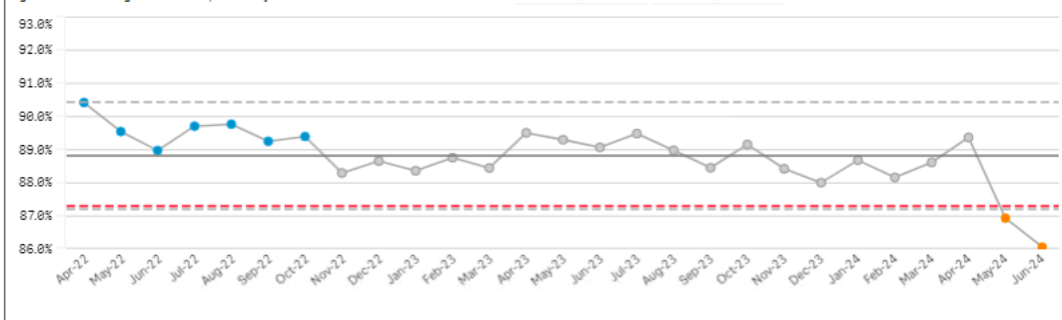
0

Latest

18,505

**Patients Collected within time**

Higher is Better. Target differed in previous years



Variation

Declined

Assurance

Random

Target

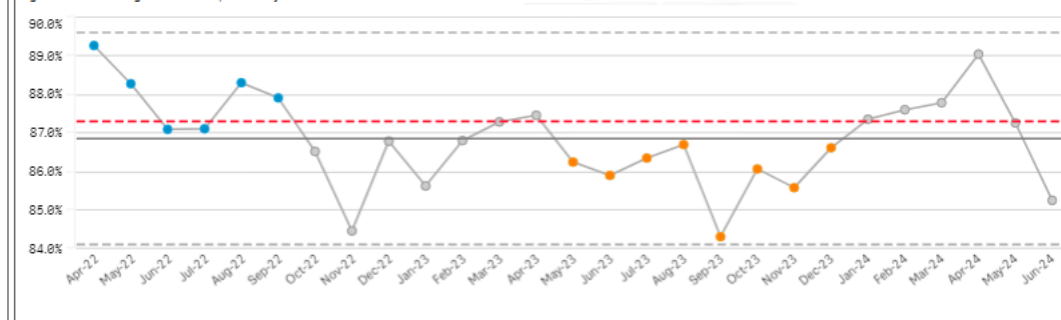
87%

Latest

86.1%

**Patients Arrived within time**

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

87%

Latest

85.3%

**Understanding the Performance:**

-Demand has seen a significant decline in June, this is due to the introduction of the demand cap 10 June which has helped to bring the activity back to the IAP levels provided by Finance and used for budgeting purposes.  
 -Due to the introduction of the demand cap, there was a crossover in the demand and hours process which has resulted in slightly lower hours used initially for the level of demand already booked when the cap was introduced, as a result there was an impact to performance. However, year to date the overall performance is in line with 23/24 full year %.

**Actions (SMART):**

-Continue to monitor demand, hours and performance as a result of the introduction of the demand cap. Ensure we balance hours and performance. Continued detailed analysis to establish how certain changes in terms of acuity may affect the average efficiency measure which may result in slightly increased hours required due to high acuity patients requiring more hours to load and unload.  
 -Close monitoring and reporting of hours, demand and cost introduced through a range of reports being shared internally with a request from ICBs for some reporting to be shared, this is being reviewed.  
 -Review of future resource requirements and review Integrated Workforce Plan aligned to IAP and budget. Alongside reviewing assumptions for one contract since the news of not retaining it post March 2025.

**Risks:**

- Overspends being reported monthly due to broadly flat phased draft budgets and as such demand showing as flat phased not considering any profiling  
 - 1 contract remains unsigned due to be resolved through NHS E arbitration route, 1 contract signed off for 2 years with significant risk and a 12 month notice period agreed to if needing to be exercised. 2 other contracts for 24/25 not signed off but exiting end of 24/25 loss equates to circa 500 staff  
 - IAP figures provided and implemented within the demand cap process being queried by ICB for one contract, huge risk that incorrect figures which would result in demand cap being increased and as such additional hours being required which would increase/undo the cost reductions seen from 10 June to date





# Quality and Safety

# Quality & Safety – Core Measures Matrix

June-24 Summary

Metrics:

Assurance →





	Fail	Hit and Miss	Pass	No Target
↑ H ↑				
↓ L ↓				
↕		Building Audits Building Audits % CA Survival Utstein STEMI 90th STEMI Mean Stroke 90th Stroke Mean Stroke Median Vehicle Audits Vehicle Audits %		5
↕				
↕	Safeguarding Level 3			
↗				1
↘				2

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

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
PSI Low/no harm inc.		Jun-24	519			n/a	493	400	586
Monthly PSII		Jun-24	2			n/a	2.67	-2.65	7.99
Monthly PSILR		Jun-24	5			n/a	6.33	-12.3	25
PSII Cases > 6 mths		Jun-24	0			n/a	0	0	0
Datix incidents		Jun-24				n/a	218	-	-
Duty of Candour		Jun-24	0.0%			n/a	0.00333	-0.0233	0.0299
Level 3 Safeguarding		Jun-24	84.1%	90%			53.9%	40.6%	67.3%
Complaints		Jun-24	44			n/a	44	44	44
Complaints in time		Jun-24	97.0%			n/a	0.965	0.938	0.992
Building Audits		Jun-24	38	21			32.3	0.748	63.8
Building Audits %		Jun-24	65.8%	80%			82.0%	49.7%	114.3%
Vehicle Audits		Jun-24	74	167			104	18.7	190
Vehicle Audits %		Jun-24	85.1%	90%			94.2%	79.8%	108.7%

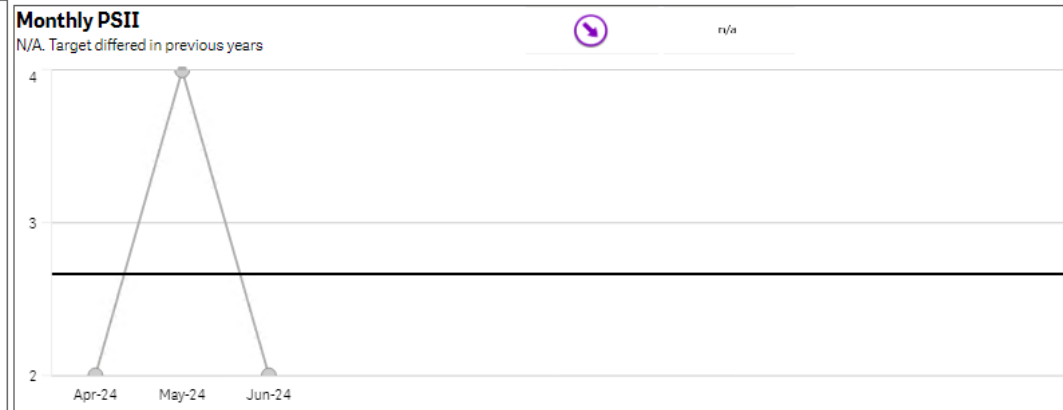
\*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
STEMI Mean		Jun-24	02:23	-			02:16	01:47	02:45
STEMI 90th		Jun-24	03:33	-			03:14	01:47	04:41
Stroke Mean		Jun-24	01:34	-			01:38	01:09	02:07
Stroke Median		Jun-24	01:23	-			01:22	01:06	01:39
Stroke 90th		Jun-24	02:15	-			02:36	01:33	03:38
ROSC All		Jun-24	28.3%	-	-	n/a	24.9%	20.4%	29.3%
ROSC Utstein		Jun-24	52.4%	-	-	n/a	55.0%	41.4%	68.6%
CA Survival All		Jun-24	10.8%	-	-	n/a	8.6%	2.8%	14.4%
CA Survival Utstein		Jun-24	35.0%	-			30.4%	3.5%	57.2%

# Quality & Safety – PSIRF



Variation
Expected
Assurance
-
Target
-
Latest
519



Variation
Improved
Assurance
-
Target
-
Latest
2



Variation
Improved
Assurance
-
Target
-
Latest
5



Variation
Expected
Assurance
-
Target
-
Latest
0

**Understanding the Performance:**  
SRP reviewed 38 incidents in June of which 2 were declared PSII's and a further 5 were assigned a learning response under PSIRF. the main theme continues to be delay. A PSII was declared in relation to delayed sending of referrals (TIA, Falls & Safeguarding). incidents being reported in relation to Mental health care continues to be monitored and are being added as a local priority for PSII on the Trusts PSIRP

**Actions (SMART):**  
PSIRF Lead in post. TNA nearing completion. PSP policy completed and submitted for approval. The trust has 2 SIs ongoing 1 stop the clock applied the other has the stop the clock removed and is now in progress. there are no other current open SIs for the Trust. the Trust continues to see timeliness of reviewing incidents at SRP with majority of incidents reviewed within 1 week of reporting. overdue actions from completed SIs are being tracked closely we have seen a 56% reduction of number overdue in month of June.

**Risks:**  
Current limited capacity in the Patient safety team current 1 WTE PSM vacancy, interviews postponed no update if / when these can commence. No current senior leadership, gap at AD level, role recruited to unknown start date, interim role on hold no update. TNA is nearing completion currently PSMs leading on all PSIRs. PSS continues level 3&4 course with protected study time and is due 4 further in-person days at various locations.

## Quality & Safety – PSIRF



Variation
Expected
Assurance
-
Target
-
Latest



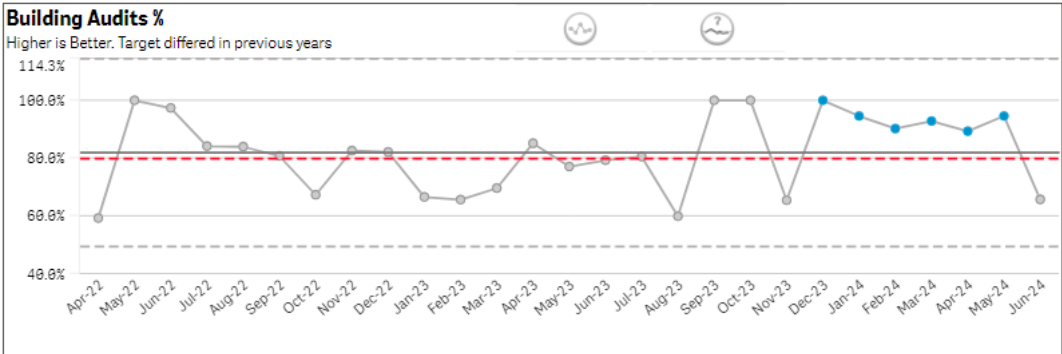
Variation
Expected
Assurance
-
Target
-
Latest
0.0%

**Understanding the Performance:**  
 5 Incidents reviewed in June had a statutory DoC applied to them. all those with a statutory DoC were within Regulation 20 time frame

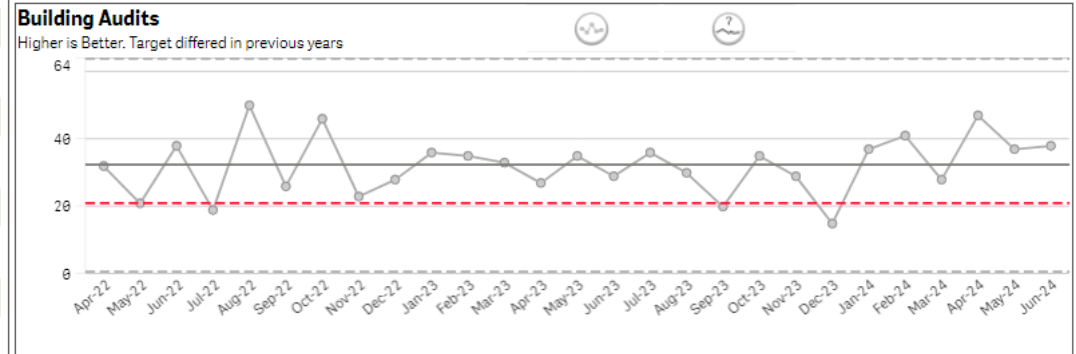
**Actions (SMART):**  
 Reconfiguration of Datix has been carried out to enable accurate reporting of statutory / professional DoC. where Statutory DoC is applied to an incident this will be documented and evidenced within the datix with copies of follow up letters being uploaded to the datix. Any breaches in regulation 20 can also now be reported within the datix

**Risks:**  
 DoC policy is due for review and update in September, however NHSE are due to publish their up to date guidance until this is published the SCAS Policy update is on hold.

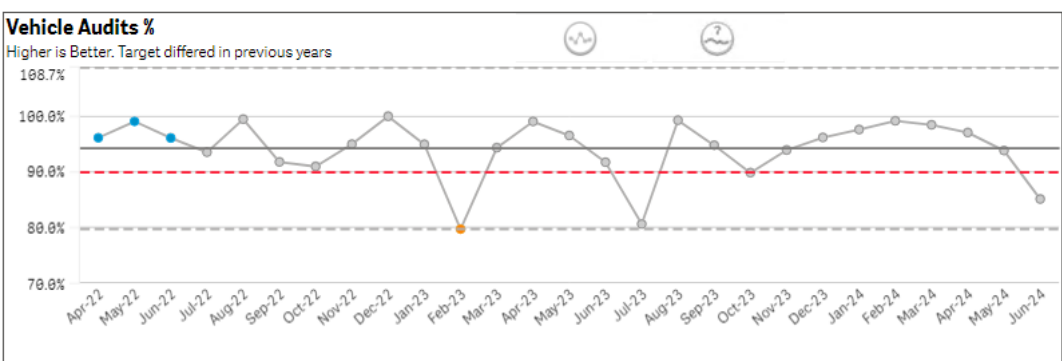
# Quality & Safety - Audits



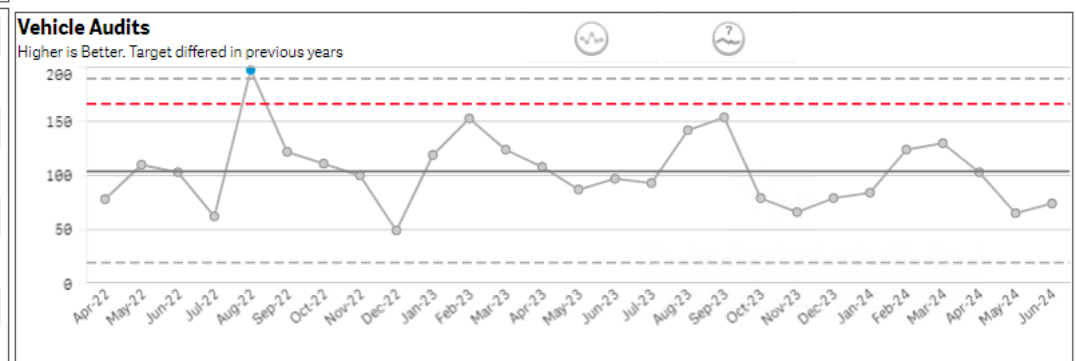
Variation
Expected
Assurance
Random
Target
80%
Latest
65.8%



Variation
Expected
Assurance
Random
Target
21
Latest
38



Variation
Expected
Assurance
Random
Target
90%
Latest
85.1%



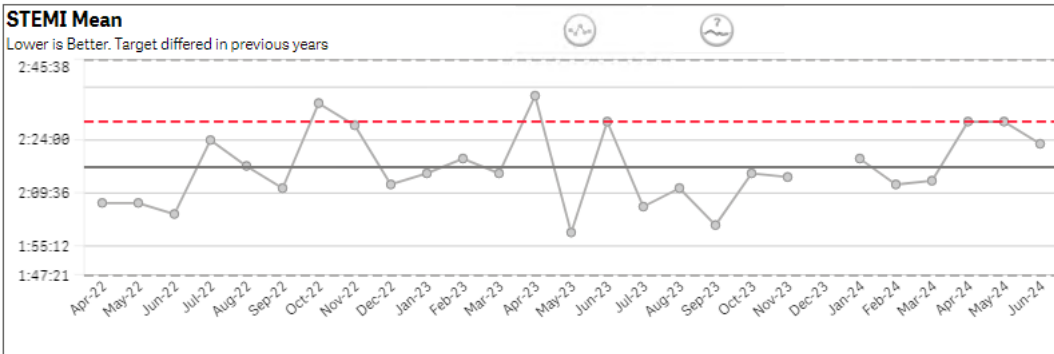
Variation
Expected
Assurance
Random
Target
167
Latest
74

**Understanding the Performance:**  
 Increased completion within building and vehicle audit rates. Building and vehicle compliance is below target. The amended audit schedule commenced from May, therefore more audits completed also containing level 3 assurance audits which has ability to affect overall compliance, still within normal deviation.

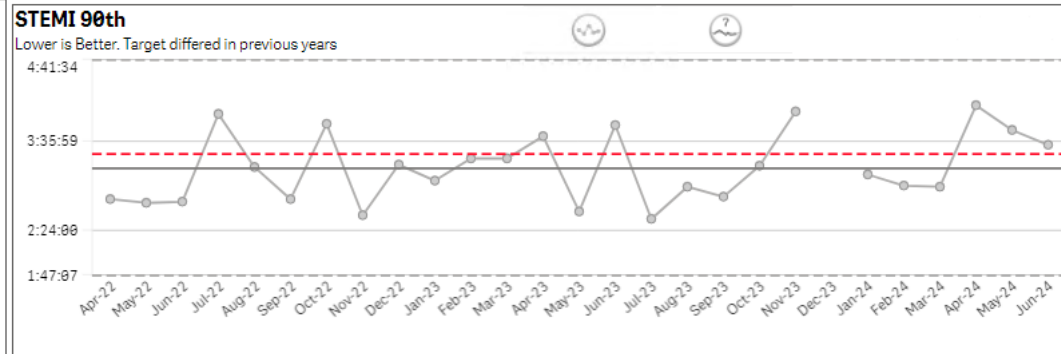
**Actions (SMART):**  
 IPC working closely with Quality Compliance Lead to support Operations embed and complete improvement action plans. IPC lead working with, monitoring quality within contracts meetings for make ready/cleaning contract with documented+ actions and monitored through IPC Committee.

**Risks:**  
 If cleaning standards fall below Lower Control Limits this has the potential to affect patient care and safety due to increase in environmental contamination leading to transmission, and increased risk of illness or infection to patients and staff.

## Quality & Safety – AQIs – STEMI



Variation
Expected
Assurance
Random
Target
02:29
Latest
02:23



Variation
Expected
Assurance
Random
Target
01:35
Latest
01:37

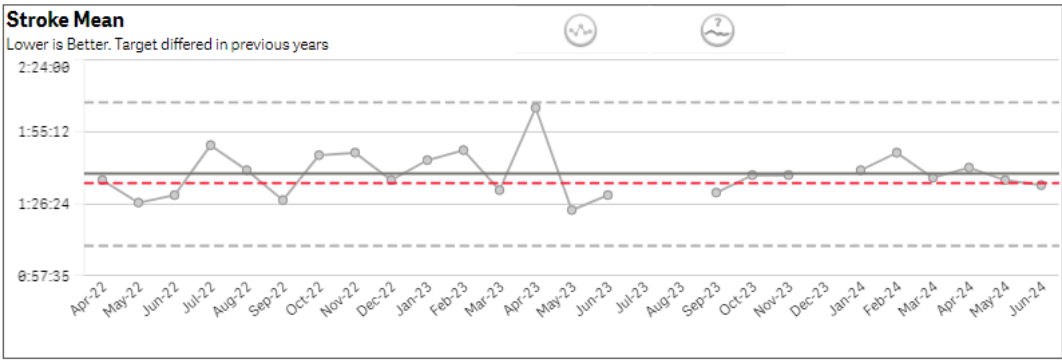
**Understanding the Performance:**  
within expected variation - February 2024 cases

**Actions (SMART):**  
Mean SCAS 2:23 (England 2:29) 90th Centile 3:33 (England 3:26) Cat 2 improvement plan in place

**Risks:**  
Patient outcome if delays in care



# Quality & Safety – AQIs – Stroke



Variation

Expected

Assurance

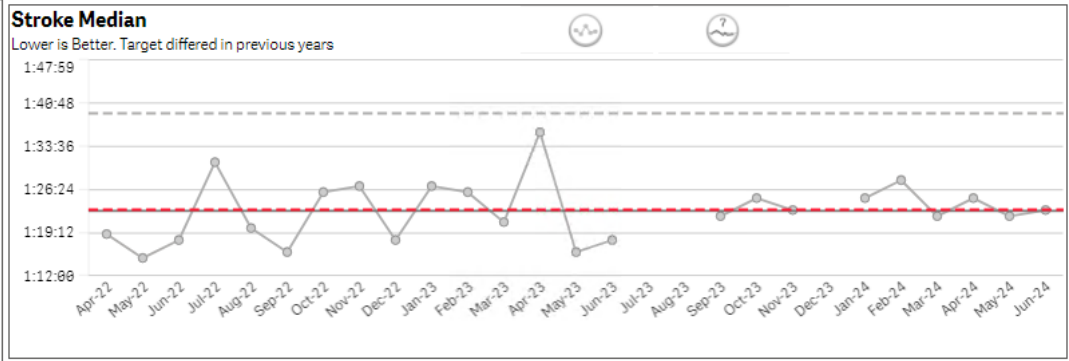
Random

Target

01:35

Latest

01:37



Variation

Expected

Assurance

Random

Target

01:23

Latest

01:23



Variation

Expected

Assurance

Random

Target

02:28

Latest

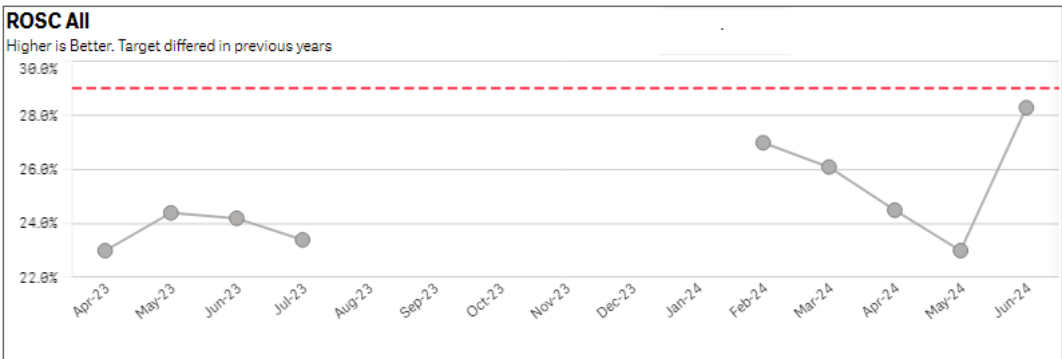
02:39

**Understanding the Performance:**  
 within expected variation - February cases

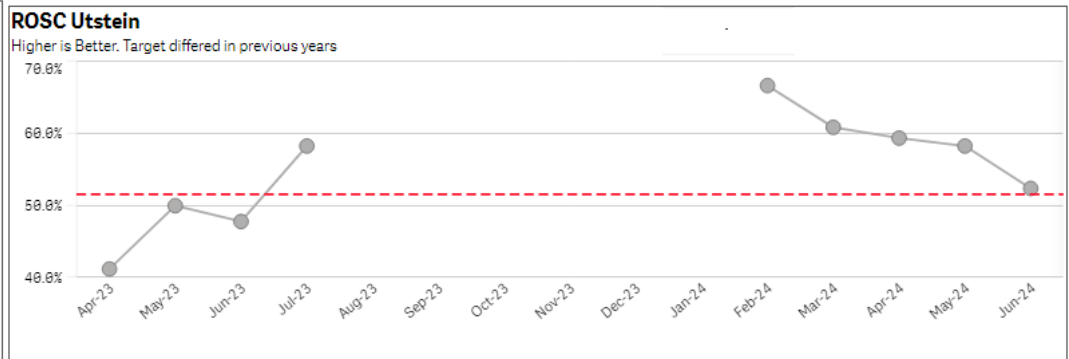
**Actions (SMART):**  
 Mean SCAS 1:34 (England 1:35) 90th SCAS 2:15 (England 2:28) Cat 2 improvement plan in place

**Risks:**  
 Time critical care

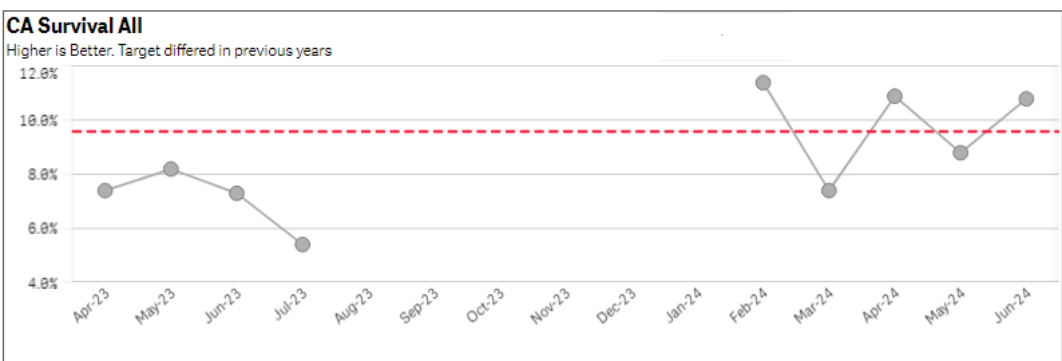
# Quality & Safety – AQLs – Cardiac



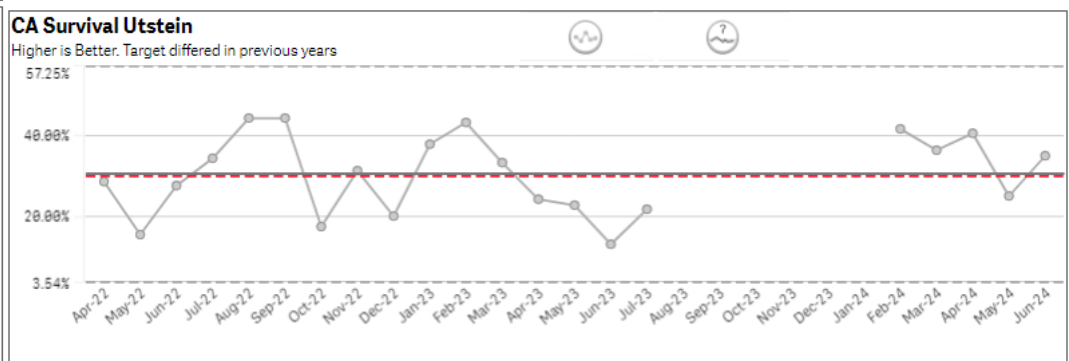
Variation
Assurance
-
Target
29.0%
Latest
28%



Variation
Assurance
-
Target
51.5%
Latest
52%



Variation
Assurance
-
Target
9.6%
Latest
11%



Variation
Expected
Assurance
Random
Target
29.9%
Latest
0.35%

**Understanding the Performance:**  
 Within normal variation - February 2024 cases

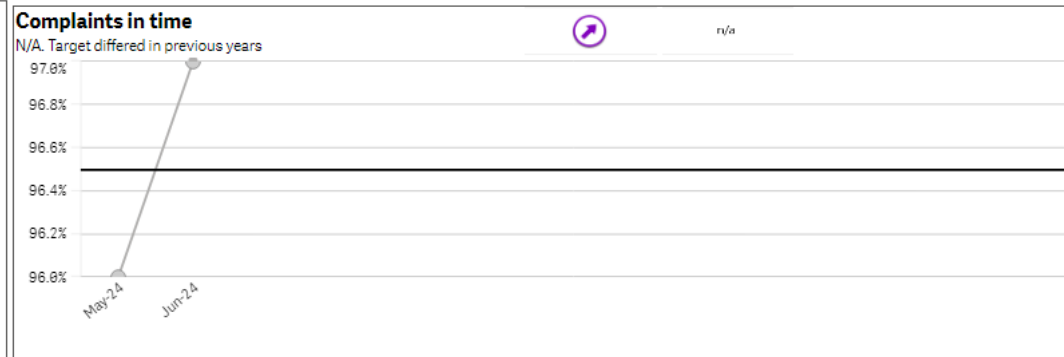
**Actions (SMART):**  
 Survival at 30 days Utstein group 35% (England average 29.9%) ROSC Utstein SCAS 52.4% (England average 51.5%) Cat 2 improvement plan in place

**Risks:**  
 Patient care and survival

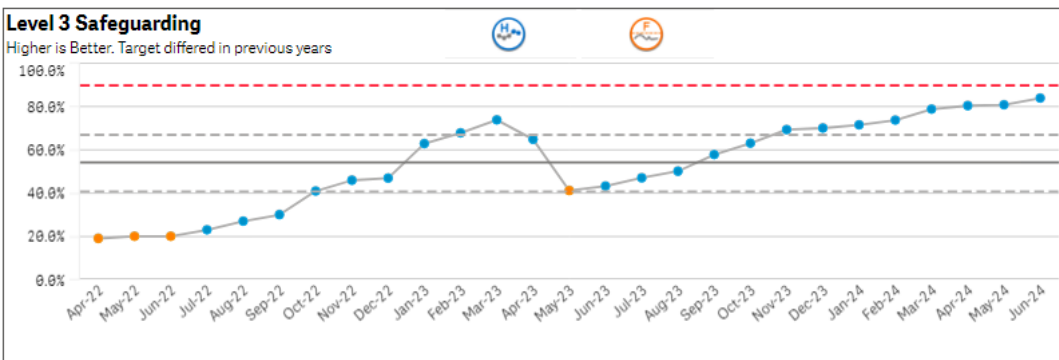
# Quality & Safety – Safeguarding and Patient Experience



Variation
Expected
Assurance
-
Target
-
Latest
44



Variation
Improved
Assurance
-
Target
-
Latest
97.0%



Variation
Improving
Assurance
Fail
Target
90%
Latest
84%

**Understanding the Performance:**

**Actions (SMART):**

**Risks:**






# People








June-24 Summary

Metrics:

Assurance →

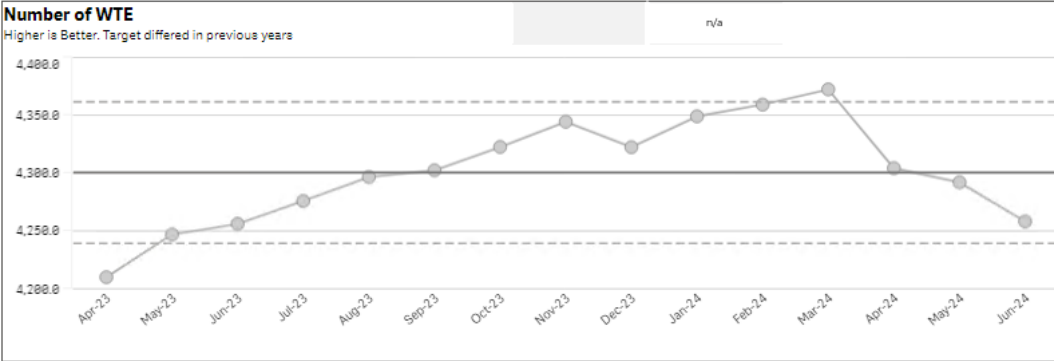
Variance ↓

	Fail	Hit and Miss	Pass	No Target
				
	Meal Break Compliance - SCAS			
	Appraisals - Trust		Over-runs >30 mins - SCAS	8
				1
				2
				
				

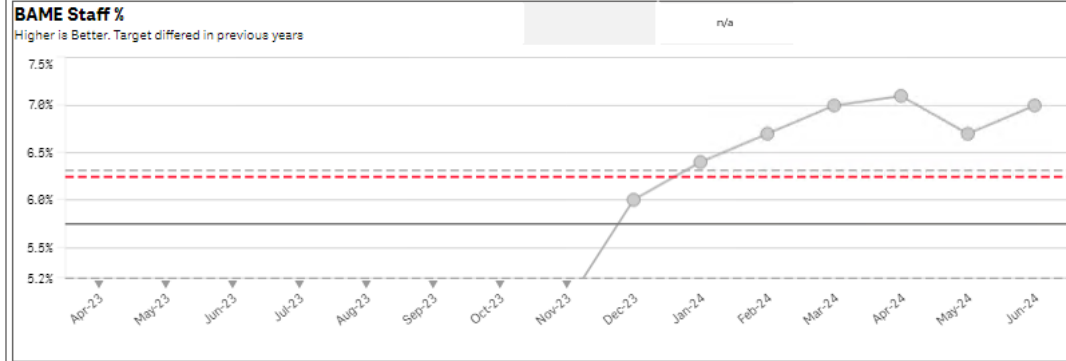
\*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of WTE		Jun-24	4,258			n/a	4301.0	4239.7	4362.2
% Trust staff who are BAME		Jun-24	7.0%	6.3%		n/a	5.7%	5.2%	6.3%
% Trust staff who are declared disabled		Jun-24	8.4%	8.6%		n/a	6.9%	5.8%	8.1%
% DBS Compliance		Jun-24	97.2%	95%		n/a	97.2%	-	-
% Turnover		Jun-24	16.4%			n/a	18.2%	16.6%	19.8%
% Vacancy		Jun-24	11.7%			n/a	10.4%	9.0%	11.7%
% Sickness in month		Jun-24	6.2%			n/a	6.5%	5.4%	7.6%
% Long term sickness		Jun-24	3.7%			n/a	3.8%	3.5%	4.0%
Appraisals - Trust		Jun-24	82.6%	95%			77.6%	70.3%	84.9%
% Stat and Mand Training		Jun-24				n/a	78.6%	-	-
Staff Engagement Score		Jun-24	5			n/a	5.0	-	-
FTSU Cases		Jun-24	19			n/a	11.4	-1.3	24.1
Meal Break Compliance - SCAS		Jun-24	45.1%	70%			51.6%	34.3%	68.9%
Over-runs >30 mins - SCAS		Jun-24	18.5%	25%			17.6%	15.1%	20.1%
Time to hire		Jun-24	118			n/a	102.5	-	-

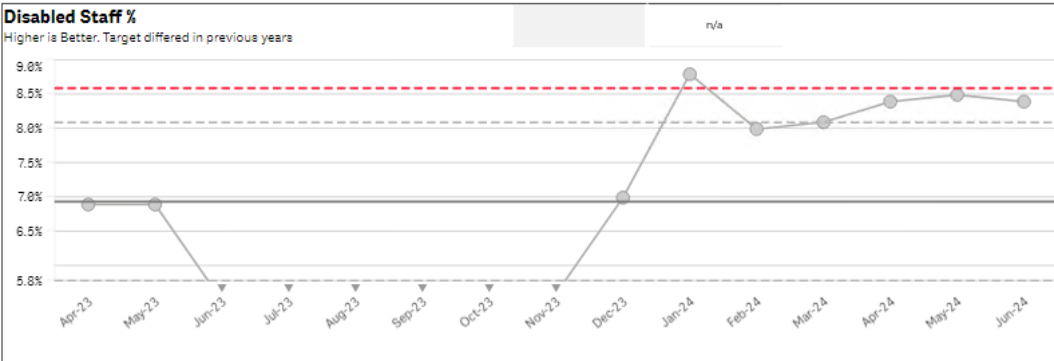
# People - Workforce



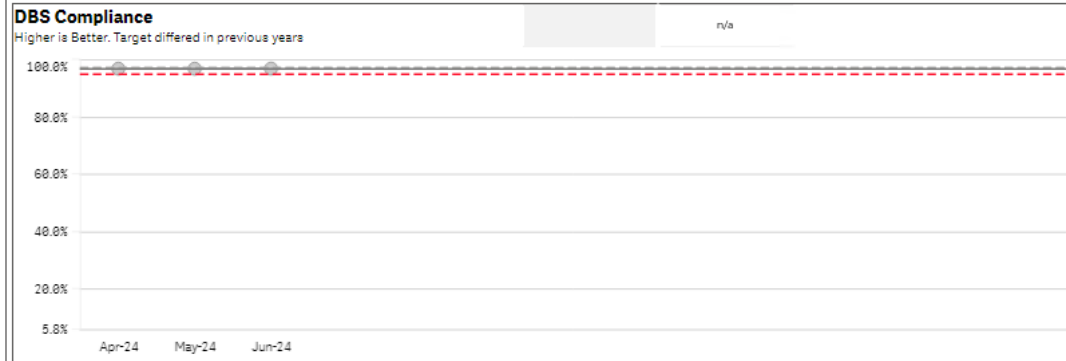
Variation	-
Assurance	-
Target	-
Latest	4258.1



Variation	-
Assurance	-
Target	6.3%
Latest	7.0%



Variation	-
Assurance	-
Target	8.6%
Latest	8.4%



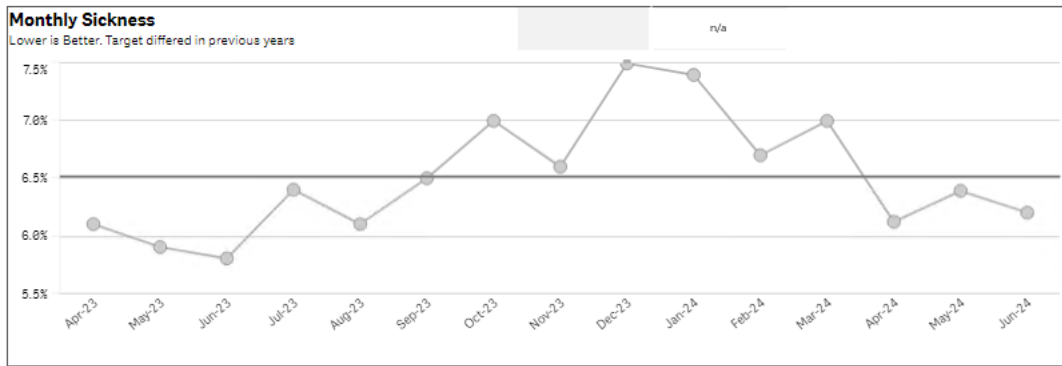
Variation	-
Assurance	-
Target	95%
Latest	97.2%

**Understanding the Performance:**  
We have seen more leavers than joiners in June, but that is not unexpected as we have reduced our recruitment in CCC and many of the frontline operations start dates are in Q2. PTS recruitment has been challenging this month and the announcements about changes to contracts will clearly impact on retention moving forward.

**Actions (SMART):**  
We have good fill rates for our NQP start dates in Q2. We need to re-work our PTS workforce plans for Q2 onwards.

**Risks:**

# People - Workforce

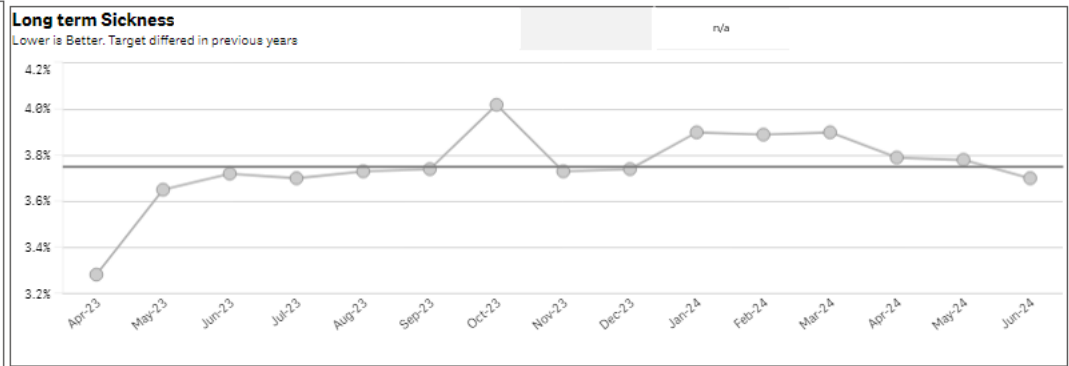


Variation -

Assurance -

Target -

Latest 6.2%

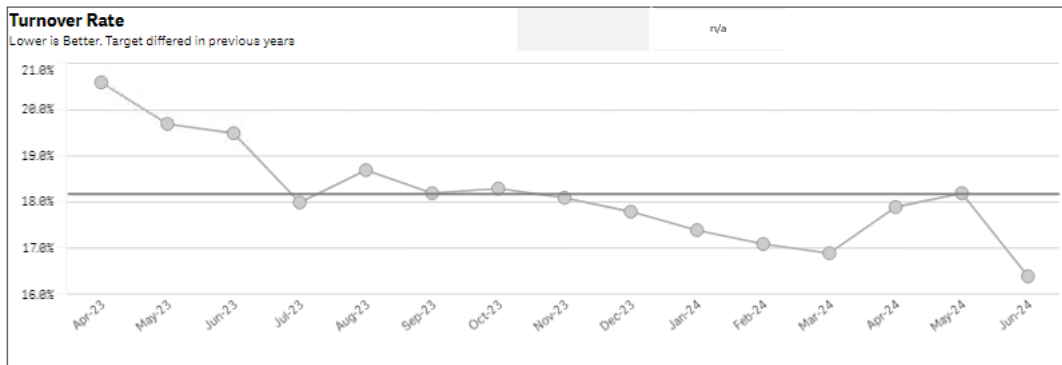


Variation -

Assurance -

Target -

Latest 3.7%

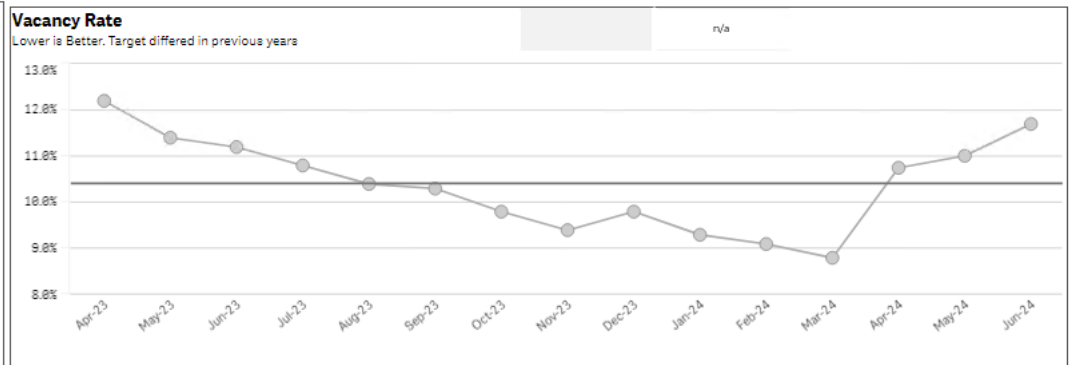


Variation -

Assurance -

Target -

Latest 16.4%



Variation -

Assurance -

Target -

Latest 11.7%

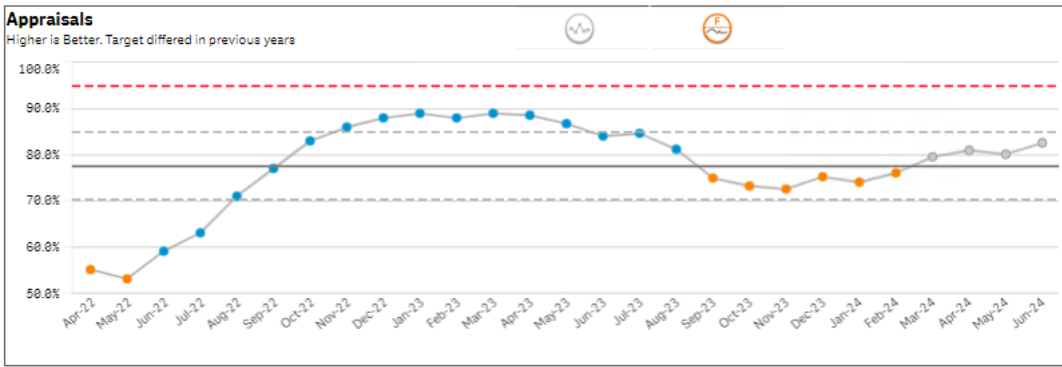
**Understanding the Performance:**  
 We have seen a reduction in turnover which may be a reflection of the reinvigoration of the retention and engagement plans within the Trust.

**Actions (SMART):**  
 Further plans are currently being developed with local leads to reflect local priorities and needs with support from our People Promise Manager and HR.

**Risks:**  
 As we go through a re-structure, this can be unsettling and we may see turnover increase outside of the planned reductions.



# People – Culture & employee development



Variation

Expected

Assurance

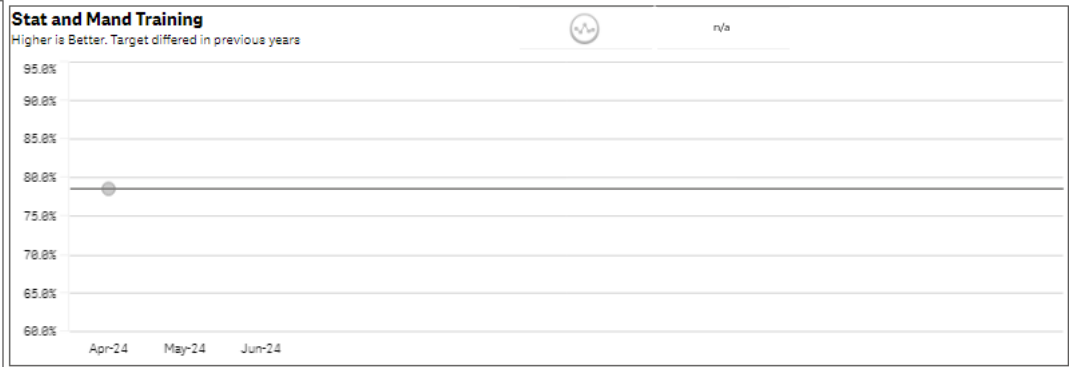
Fail

Target

95.0%

Latest

82.6%



Variation

Expected

Assurance

-

Target

-

Latest

-



Variation

Expected

Assurance

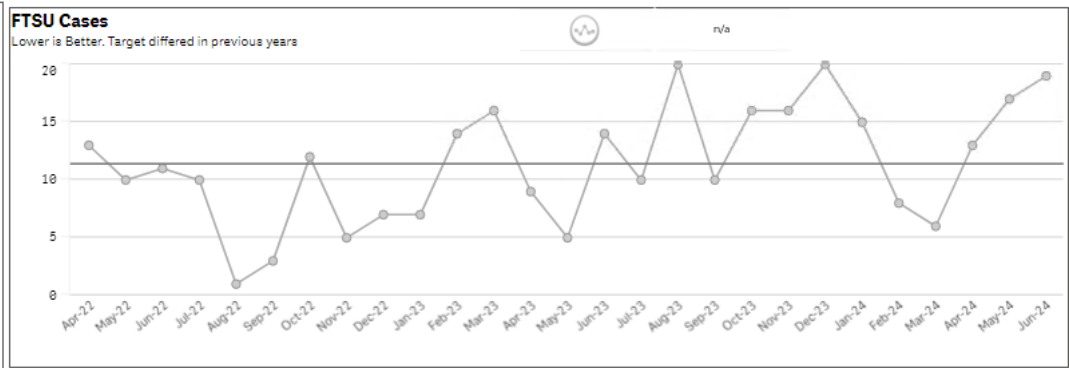
-

Target

-

Latest

4.96



Variation

Expected

Assurance

-

Target

-

Latest

19

**Understanding the Performance:**  
 19 cases of which only 5 were 'open' continuing with the Fear and Futility theme where people are not feeling safe to speak up to Managers. Bullying & Harassment, Sexual Safety and system/process are the higher concerns received.

Staff engagement scores is a quarterly figure from the national people pulse survey ( April , July and January ).

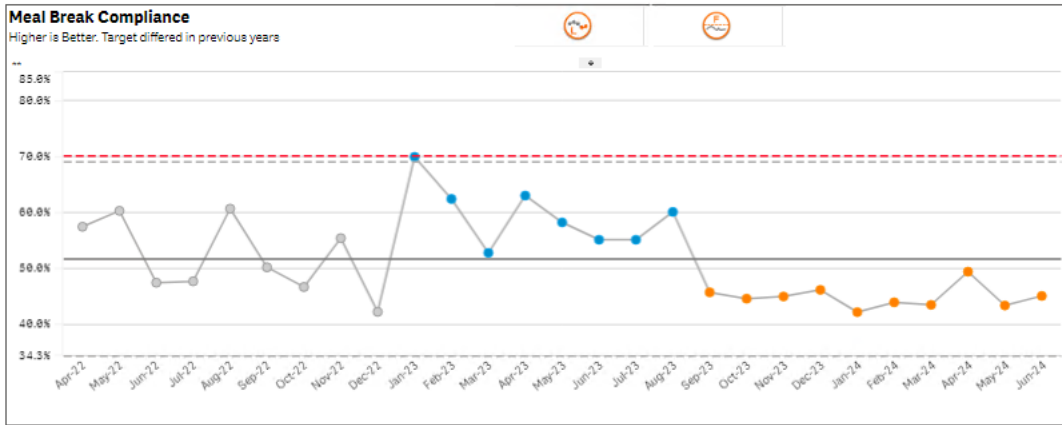
Between May 2024 and June 2024, there was a positive percentage change of 3.07% in PDR completion rate. Noting that 111 D and EOC C both maintained 100% increase from last month. OPS Support and Finance department continue to have challenges.

**Actions (SMART):**  
 FTSU newsletter circulated, sharing learning, themes and work completed by the Team. Manager drop-in sessions well attended providing support and safe space to discuss topics such as Sexual Safety. BME Conference attended. Reasonable adjustments work on-going with LD & EDI Lead. Interviews completed for Deputy Guardian; External FTSU Audit in progress.

New template well received, progression made towards digital PDR solution.

**Risks:**  
 Increased case numbers and feeling of fear and futility. Defensiveness & lack of engaging/embedding/understanding of FTSU.

# Workforce - Employee Experience



**Variation**

Declined

**Assurance**

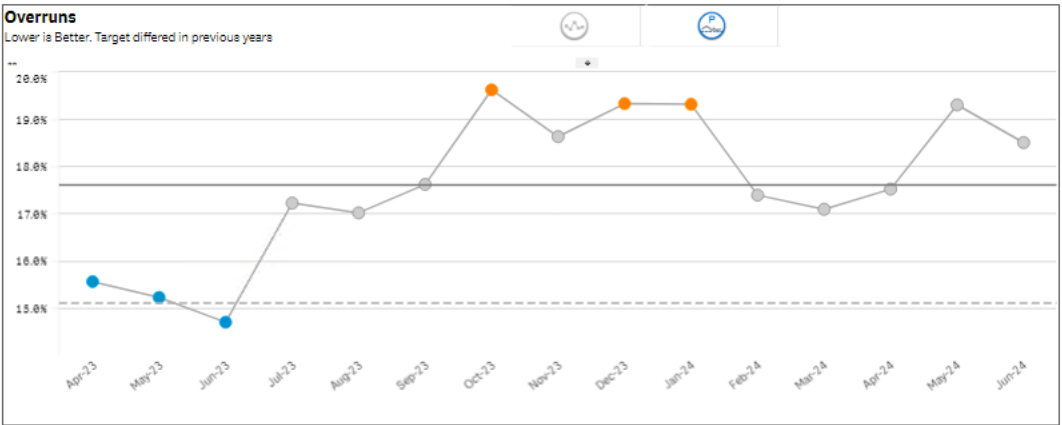
Fail

**Target**

70%

**Latest**

45.1%



**Variation**

Expected

**Assurance**

Pass

**Target**

25%

**Latest**

18.5%



**Variation**

Expected

**Assurance**

-

**Target**

-

**Latest**

118

**Understanding the Performance:**  
 Meal breaks continue to fail and as such is a focus still, June saw a 1.6% improvement from may, this was partly attributed to the lower C2 demand in the first half of the month as well as the QA handover delays and movement of vehicles south to support the South East demand. Also in the month the overruns decreased compared to the previous months again attributable to demand and reduced delays.




Time to hire for June is higher than previous months. This is partly due to lower numbers recruited in June with a small number of candidates with external factors delaying start dates affecting the overall average.








**Actions (SMART):**  
 The unions have a greed a draft paper which now needs to be agreed at exec then two QIA's need to be completed to allow the trial to progress.

**Risks:**  
 The negative impact currently on staff and patients with the MB and EOS policies.



# Finance


Assurance →   

Variance	q	Fail	Hit and Miss	Pass	No Target
↑					1
					
			Debtors > 90 days > 5% total balance		
					1
					
					
					

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

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Debtors > 90 days > 5% total balance		Jun-24	8.7%	5%			16.8%	-2.3%	36.0%
Agency Spend		Jun-24	155	363		n/a	327.778	106.282	549.274
Overall SOF Segment		Jun-24	4			n/a	3.55556	3.35094	3.76017
CIP's Total		Jun-24	2,608	3,173	-	-	855.933	-1,440.79	3,152.65
Pay Spend		Jun-24	17,500	17,704	-	-	17,749.1	13,019.7	22,478.6

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

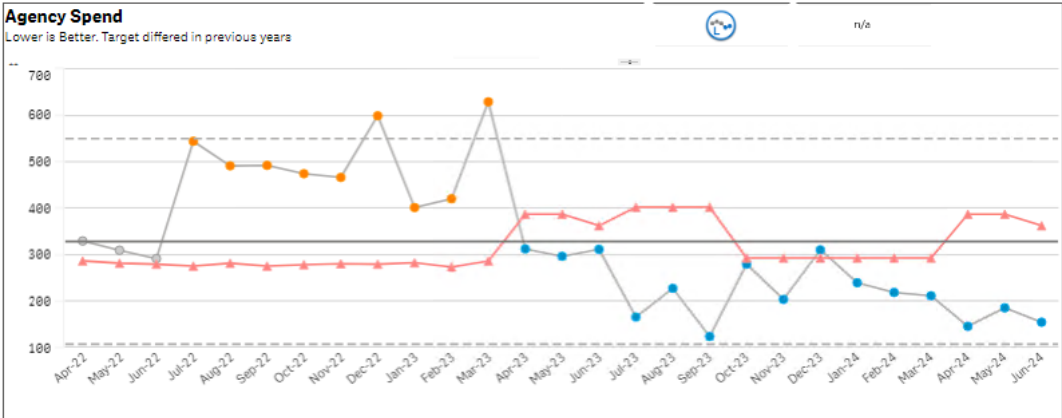
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Overall SOF Segment		Apr-24	4			n/a	3.556	3.351	3.76

**Understanding the Performance:**

**Actions (SMART):**

**Risks:**

# Finance - Finance 1



**Variation**

Improving

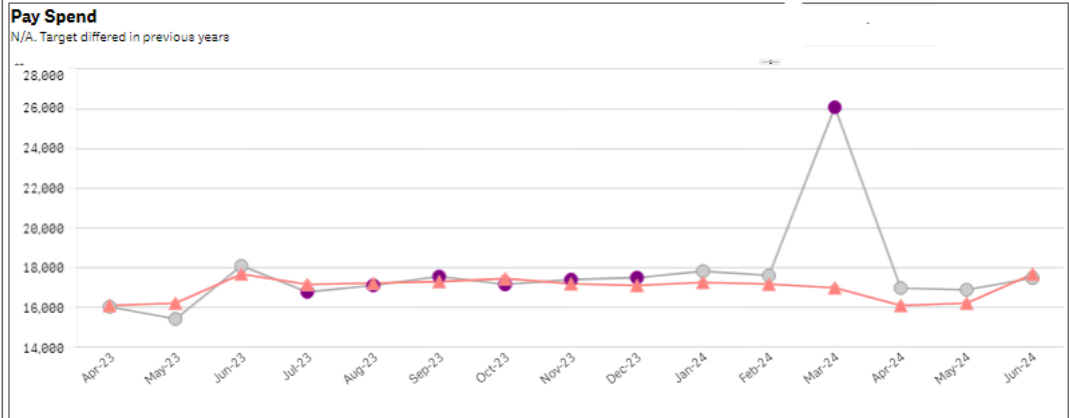
Assurance

Target

363

Latest

155



**Variation**

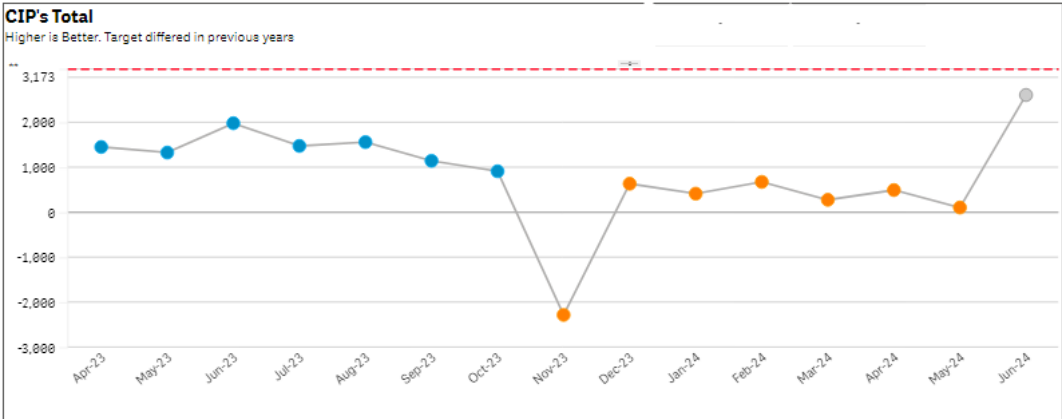
Assurance

Target

17,704

Latest

17,500



**Variation**

Assurance

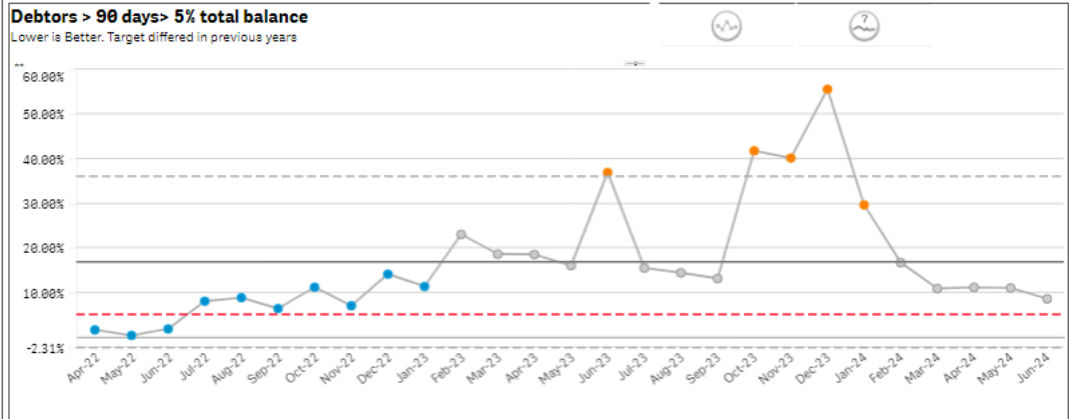
Fail

Target

3,173

Latest

2,608



**Variation**

Expected

Assurance

Random

Target

5%

Latest

8.7%

**Understanding the Performance:**

Agency continues to reduce as the Trust replaces agency nurses in the 111 services with substantive staff. This couple with the increase in frontline staff has lead to increase in the pay run rate.

The aged debt position for the month was £178k which was 8.67% of over all debt. This has increased by £78k since May and there is a focus on reduce this back below the 5% target.

There was a YTD catch up in CIPs with the year to date position now £3.2m against a plan of £4.5m.

**Actions (SMART):**

There is a weekly focus on the cost savings performance within the Financial Recovery Group and key areas such as PTS have specific recovery actions in place. We are starting to see the impact of this focus specifically within PTS.

**Risks:**

There is a risk that the loss the Thames Valley and Sussex PTS contracts may impact the Trusts' ability to reduce costs in line with the Financial Recovery Plan as the focus turns to the exit plan.

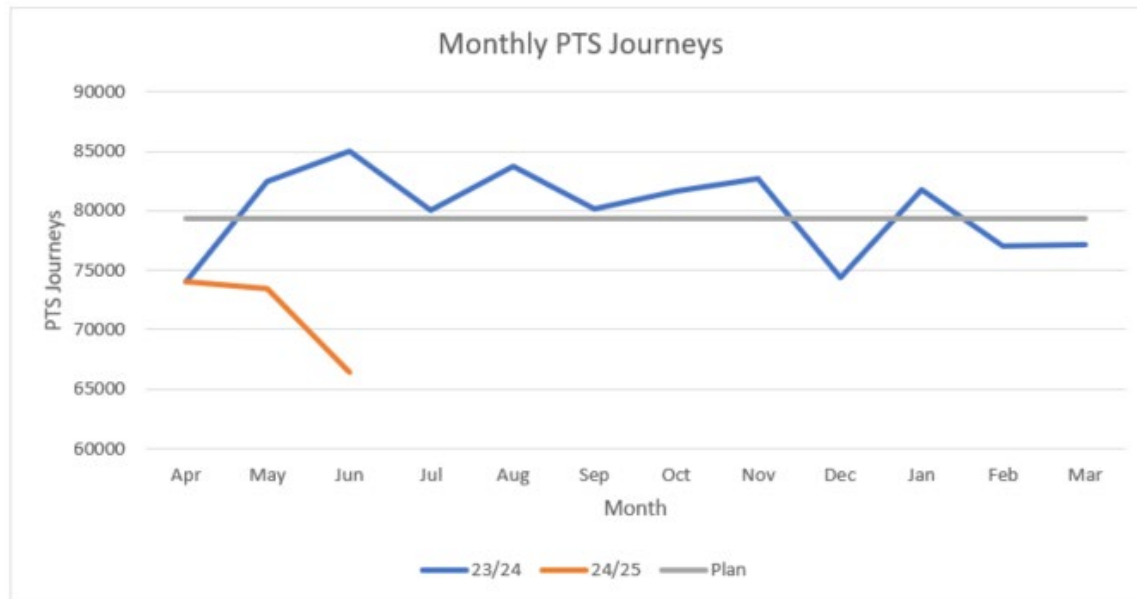
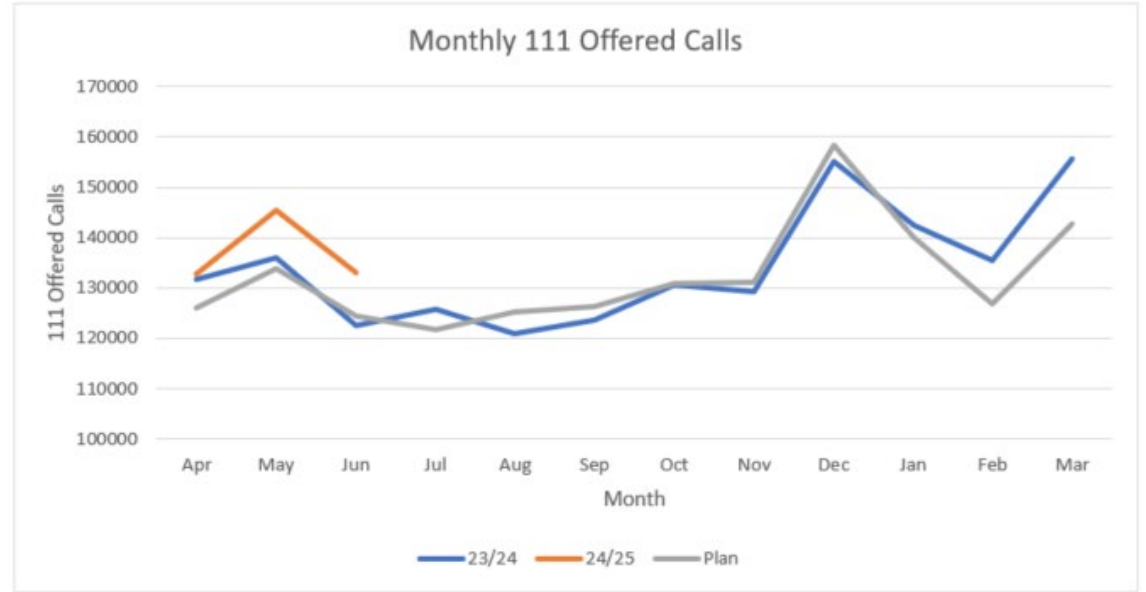
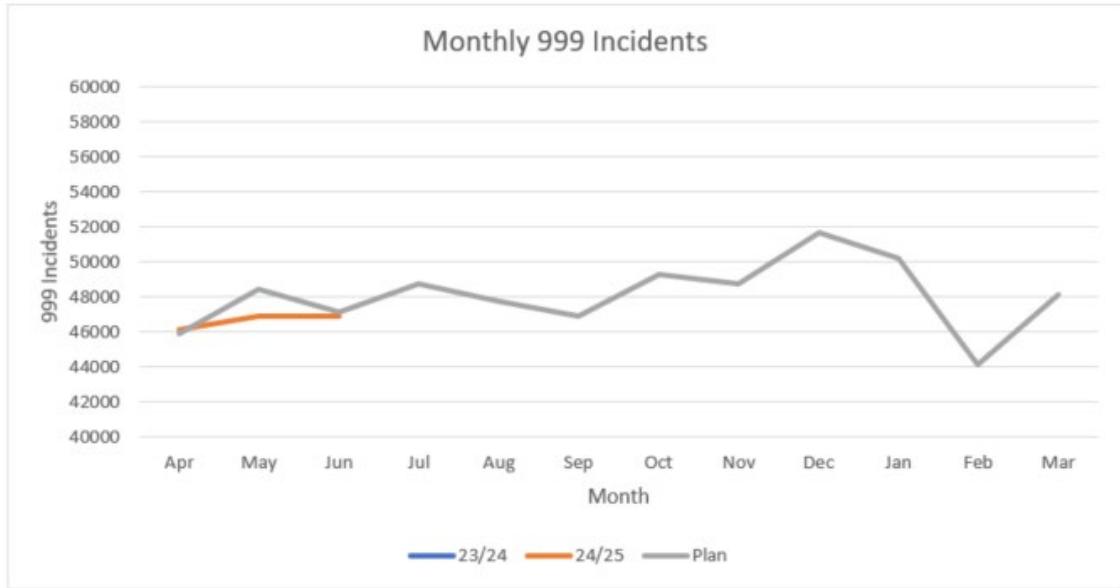
Other risks are the ability to achieve the financial improvement in the 999 service as the Trust focuses on meeting the national expectations around Category 2 response times.

## Data Quality Reference

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

	<b>Accurate Data Quality</b>	<b>Inaccuracies in Data Quality</b>
<b>YTD</b>	21	45
<b>12 Months</b>	21	45







### UPWARD REPORT

<b>Name of Committee reporting upwards:</b>	Finance and Performance Committee
<b>Date Committee met:</b>	18th July 2024
<b>Chair of Committee:</b>	Les Broude, Non-Executive Director/ Senior Independent Director
<b>Reporting to:</b>	Council of Governors

#### **1. Points for Escalation**

- The committee note the Trust position over the last months has been moderately encouraging. However, the committee received the Financial Recovery Plan (FRP) Report and while recognising the quality of the report, the committee noted the poor start to the financial year of the FRP and through discussion agreed the need to escalate the risk of the current delivery of the FRP at £1.3m behind plan, highlighting: non-emergency patient transport services (NEPTS) financial recovery plan, BOB ICB 111 Contract and implications, unidentified cost improvement plans and the increasing challenge with approving new spend. Agreement to escalate to Board:
  - Need to deliver the 2024/25 Financial Plan, with a particular focus on the recurrent underlying position to ensure that the starting position for 2025/26 is sustainable,
  - Need for ownership, focus and pace throughout the Executive Team and Trust,
  - Need for pace in developing the schemes for the unidentified cost improvement gap and recovery of the Q1 shortfall.

#### **2. Key issues / business matters to raise**

- The committee was presented with the:
  - Digital Key Risks – Assessment and agreed there need to be a focus on the top 5 risks with a detailed risk mitigation plan for to be present to the committee in September.
  - Estates Operational Report with a number of areas of risk highlighted in the report, which the committee requested a detailed risk mitigation plan and action plan to be presented back to the committee.

#### **3. Areas of Concern and / or Risks**

- The Committee along with the YTD report, received presentations on Trust Month 3 results:
  - Operational Position: the committee note the current performance, with areas of discussion on hours available versus plan and the impact of handover times/delays at acute partners and the Fleet availability. The request was that

in the next report links to the system improvement work was included and the likely impacts and the actions which the Trust can control.

- Financial Position: the committee emphasized the need for actions to address the current financial run rate, noting the impact of the FRP progress (see above).

**4. Items for information / awareness**

- The Committee was presented with the Patient Level Information and Costing System (PLICS), this was approved.
- The Committee was presented with the HIOW ICS Infrastructure Strategy, this was recommended for Board approval, highlighting the importance for the Trust to get more involved with system partner going forward across areas such as digital schemes and estates.
- The Committee was presented the Board Assurance Framework & Risk Report. The committee noted there are 75 risks where the review was overdue for departments and requested the Governance team look to strengthen the arrangement to complete these.

**5. Best Practice / Excellence**

- The committee acknowledged the continued improvement to the quality of the reports received.

**6. Compliance with Terms of Reference**

- The meeting was quorate for most of the committee and for all the items that needed decisions/approvals.

Author: Les Broude

Title: Non-Executive Director/ Senior Independent Director

Date: 18th July 2024



## Upward Report of the – People and Culture Committee

**Date Meeting met**            **17<sup>th</sup> July 2024**  
**Chair of Meeting**           **Ian Green, Chair**  
**Reporting to**                **Council of Governors**

Items	Issue	Action Owner	Action
<b>Points for escalation</b>			
PDR Action Plan	Following the recent deep dive the Committee received the action plan setting out the trajectory to deliver the PDR target. Whilst this gave a degree of assurance the Committee noted that collective corporate leadership was required to deliver against the plan. It was agreed that this should come back to the next committee with an update. outlining what could be achieved and what “good” would look like with a successful PDR system for SCAS.	NH	Further update to September meeting
Corporate Review	Received an update report on Corporate Review. Key risk identified as bandwidth with executive colleagues to champion the review on their divisions and lack of capacity for effectively communicate the reason for the review. Positive to hear that comms support was now identified but this had been slow in coming.	CPO	

Culture Review	The committee received and reviewed the report commissioned looking at the Culture within SCAS. The report identified some areas where things were improving but the overall picture identified further areas for improve. It was acknowledged that this was not something that could be achieved overnight but does require focussed action. Additional resource was now available to assist with this and an urgent presentation should be made to the Board in August.	CPO	Discussion at a Board workshop
<b>Key issues and / or Business matters to raise</b>			
<b>Areas of concern and / or Risks</b>			
Corporate Risk Register/BAF	Updated BAF and risk register reviewed. Timeliness of reviews/mitigating actions remains a concern, but this was already coming back to the September meeting	CPO	Consideration at September PCC
<b>Items for information and / or awareness</b>			
2023/24 Metrics	Data was reviewed – split between clinical and non-clinical staff was presented for the first time leading to assurance being sought of international recruitment. Historical data would come back to September committee	CPO	September
<b>Best Practice and / or Excellence</b>			

<b>Compliance with Terms of Reference</b>			
<b>Policies approved*</b>			

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

**Author: Ian Green**

**Title: Chair**

**Date: 20<sup>th</sup> July 2024**



## Upward Report of the Quality and Safety Committee

**Date Meeting met**            **17 July 2024**  
**Chair of Meeting**            **Dharmika Perrera, Non Executive Director (NED)**  
**Reporting to**                    **Council of Governors**

Items	Issue	Action Owner	Action
<b>Areas of concern and / or Risks</b>			
<b>Vacancy situation in Patient Care</b>	A number of planned retirements in the Senior Patient Care Team and vacancies in the pharmacy team may mean a risk for patient safety.	Chief Nursing Officer	Provide progress update on recruitment to September Q&S
<b>Areas still working on improvement.</b>	Resuscitation eLearning and practical compliance levels below target.	Chief People Officer / Chief Medical Officer	Provide update on plan for reaching mandatory completion rates and an update at September Q&S
<b>Risk relating to IPR</b>	Whilst mitigations are in place, timeliness are not meeting Q&S meeting. Narratives still require improvement.	Chief Finance Officer	Provide a timely IPR with narratives that explore what is seen, not just repeat what data shows.
<b>Items for information and / or awareness</b>			
<b>End of WMAS support</b>	As per Operations update, due to impact.	Chief Operating Officer	Provide update on impact and mitigation measures at next Q&S.

<b>Hospital Handover Delays</b>	As per Operations update, actions and meetings have not delivered tangible results, although aware of ongoing work, this still presents highest risk to quality and patients.	Chief Operating Officer	Provide account of what has not worked and why at next Q&S.
<b>Safeguarding</b>	Some of the Safeguarding system interfaces and some of the Safeguarding referral pathways are not fully effective and present a risk to pt safety.	Chief Nursing Officer	Provide assurance that referral pathways are effective, and risks mitigated through the SG Committee and EMC.
		Chief Digital Officer	Provide overview of Clinical System risks and plan to address these including those specifically related to safeguarding to September Q&S.
<b>Preparedness and Assurance</b>	SCAS preparedness for CQC inspection and compliance against the single assessment framework, including the ability of front-line staff to recognise and articulate the changes made since last CQC visit, was discussed. A concern that staff may not be able to articulate the changes and innovation sufficiently.	Chief Nursing Officer	Provide further and ongoing update on CQC preparedness and compliance.
		Head of Comms	Present Comms plan to support CQC preparedness
<b>Policies approved*</b>			
<b>Mental Health Policy</b>	Policies approved by Q&S, but several policies presented with DRAFT watermarks and comments.	Chief Governance	Policies' content approved under the condition that all versions formatted as FINAL polices.
<b>Learning Disability and Neurodiversity Policy</b>			
<b>Clinical Service Policy</b>			
<b>Resuscitation Policy</b>			



		Officer / Executive Assistant	
<b>Patient Clinical Record Policy</b>			
<b>Restrictive Interventions Policy</b>			

**Author: Dhammika Perera**

**Title: Non-Executive Director**

**Date: 17 July 2024**



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

Agenda item 8

# Non-Executive Director Update

Dr Dhammika Perera

Non-Executive Director

Council of Governors Meeting

29<sup>th</sup> July 2024





**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# Introduction

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

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



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# **Dharmika Perera**

- **I joined SCAS as a NED in February 2023.**
- **I chair the SCAS Quality & Safety Committee. We welcome governor participation and have been happy to see more governors join the meetings.**
- **I also sit on the Audit Committee and the Charitable Funds Committee.**
- **I am the NED buddy for the staff governors.**
- **I am also the NED focal point for FTSU and Staff Health & Wellbeing**
- **I meet with each team approximately once a month.**



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# 2024 activities undertaken

## Board/Board Committee/CoG meetings

- I attended each of the three public Board meetings held in 2024.
- I also attended five of the six private Board meetings and Board development sessions held in 2024.
- I attended all Audit and Charitable Funds Committee meetings of 2024 as well.



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

# 2024 activities undertaken

## Other SCAS activities

- I visited the Winchester & Eastleigh RC/HART
- I visited the Hightown RC
- Several meetings with the FTSU team
- Two meetings with the Staff Health and Wellbeing team
- Several discussions with several staff governors and with the lead governor.
- Appraisal and one to ones with Keith Willett
- Regular NED calls with Kate Hall, NHS Improvement Director



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

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

## Areas of Challenge

- Difficulties adhering to cost improvement programmes as shown by repeatedly missed CIP targets
- Embedding improvements in a way that would lead to better results at the next CQC inspection.
- Poorly managed circumstances outside of the NHS and NHS circumstances outside of SCAS that has major negative impacts on SCAS.



**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

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

## A Word on Culture

- Current culture (SCAS and NHS) is suboptimal for running results driven, nimble organizations at scale.
- Accountability needs to increase at all levels, with systems that allow all levels of SCAS to be held to account.
- A culture that recognizes results is urgently needed.





**NHS**

South Central  
Ambulance Service  
NHS Foundation Trust

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

## Areas of Opportunity

- The presence of the ICB/ICS entities that could, theoretically, lead to lessen pressures faced by SCAS.
- Access to NEDs who come from different areas and bring valuable insights and advice.
- Fit for the Future – Properly executed, this could make SCAS fit for purpose for years to come.



## Report Cover Sheet

<b>Report Title:</b>	Membership and Engagement Committee (MEC) update
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday, 29 July 2024
<b>Agenda Item:</b>	11
<b>Executive Summary:</b>	<ol style="list-style-type: none"> <li><b>1. Purpose</b> <ul style="list-style-type: none"> <li>• This paper gives an update on the recent MEC and subsequent engagement activity.</li> </ul> </li> <li><b>2. Background</b> <ul style="list-style-type: none"> <li>• The purpose of the Committee is to make recommendations and report to the Council of Governors about membership recruitment, engagement, communications, involvement and representation.</li> </ul> </li> </ol>
<b>Recommendations:</b>	The Council of Governors is asked to Note the report.
<b>Accountable Director:</b>	Gillian Hodgetts, Director of Communications, Marketing, and Engagement
<b>Author:</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Previously considered at:</b>	N/A

<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A



## Meeting Report

<b>Name of Meeting</b>	Council of Governors
<b>Title</b>	Membership and Engagement Committee (MEC) update
<b>Author</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Accountable Director</b>	Gillian Hodgetts, Director of Communications, Marketing, and Engagement
<b>Date</b>	29 July 2027

### Purpose

This paper gives an update on the recent MEC and subsequent engagement activity.

### Background and Links to Previous Papers

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

The MEC was held on 14 May from 6 – 8 pm in attendance of public governors, and Non-Executive Directors and observers.

The Resuscitation Council UK (RCUK) gave a presentation on their report on tackling health inequalities in resuscitation. Esther Kuku, Director of Communications and Engagement, introduced the report and gave an overview, and Charles Deakin, SCAS, responded to governors' questions.

This was followed by an update of engagement activity, led by the Governors, including two public talks, both held online, which are part of a series of talks featuring expert healthcare professionals. <https://www.scas.nhs.uk/get-involved/your-health-matters/>

Choosing the right healthcare for your child, was held online in May in collaboration with University Hospitals Southampton, with up to 350 public members registered. Joanne Mc Partlane, SCAS presented on the panel. <https://www.scas.nhs.uk/choosing-the-right-healthcare-for-your-child/>

Every second counts: tackling health inequalities in resuscitation, was held online in June, in collaboration with RCUK, with up to 100 public members registered. Charles Deakin, SCAS, presented on the panel. <https://www.scas.nhs.uk/every-second-counts/>

Helen Ramsay, Lead Governor, updated the MEC on the recent activities of the governor working group to reduce health inequalities. An update will be given at the Council of Governors.

Governors have been invited to attend events over the summer, including targeted engagement activities to reduce health inequalities, which are mapped out with feedback and insights, and associated outcomes as well as events in partnership with other emergency services <https://www.scas.nhs.uk/get-involved/events/>

The Council of Governors is asked to note the report.



## Report Cover Sheet

<b>Report Title:</b>	Approval of new Chair and Deputy Chair, Membership and Engagement Committee (MEC).
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday, 29 July 2024
<b>Agenda Item:</b>	11
<b>Executive Summary:</b>	The Council of Governors is invited to approve Alan Weir, Staff Governor, Corporate Services, who has expressed interest in standing as the Chair, and Mark Potts, Public Governor, Berkshire, who has expressed interest in standing as the Deputy Chair. There have been no other expressions of interest.
<b>Recommendations:</b>	The Council of Governors is asked to approve the new Chair and Deputy Chair for the Membership and Engagement Committee.
<b>Accountable Director:</b>	Gillian Hodgetts, Director of Communications, Marketing, and Engagement
<b>Author:</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Previously considered at:</b>	N/A
<b>Purpose of Report:</b>	Approve
<b>Paper Status:</b>	Public

<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A



## Meeting Report

<b>Name of Meeting</b>	Council of Governors
<b>Title</b>	New Chair and Deputy Chair, Membership and Engagement Committee (MEC).
<b>Author</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Accountable Director</b>	Gillian Hodgetts, Director of Communications, Marketing, and Engagement
<b>Date</b>	29 July 2024

### Purpose

This paper sets out the new Chair and Deputy Chair of the MEC.

### Background and Links to Previous Papers

A new Chair and Deputy Chair have been appointed to facilitate the MEC in line with the Terms of Reference of the Committee.

### Executive Summary

Alan Weir, Staff Governor, Corporate Services, has expressed an interest in standing as the Chair. Mark Potts, Public Governor, Berkshire, has expressed an interest in standing as the Deputy Chair. There have been no other expressions of interest.

### Recommendations

The Council invited to **approve:**

Alan Weir – Chair

Mark Potts – Deputy Chair





## Report Cover Sheet

<b>Report Title:</b>	Governor Health Inequalities Working Group update
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday, 29 July 2024
<b>Agenda Item:</b>	11
<b>Executive Summary:</b>	The report provides the Council of Governors with the work being undertaken by the Governor Health Inequalities Working Group and planned work ahead.
<b>Recommendations:</b>	The Council of Governors is asked to Note the report.
<b>Accountable Director:</b>	Gillian Hodgetts, Director of Communications, Marketing, and Engagement
<b>Author:</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Previously considered at:</b>	N/A
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable

<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A



## Meeting Report

<b>Name of Meeting</b>	Council of Governors
<b>Title</b>	Governor Health Inequalities Working Group update
<b>Author</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Accountable Director</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
<b>Date</b>	29 July 2024

### 1. Purpose

This paper gives an update on the governor health inequalities working group and invites the Council of Governors to note and discuss.

### 2. Background and Links to Previous Papers

Every day, ambulance services take thousands of calls from the public and see first hand that in our least well-off neighborhoods people are dying years earlier than they should. Health inequalities such as deprivation, low income and poor housing have always meant poorer health, reduced quality of life and early life-expectancy for many people. Improvements to the local economy, social and environmental wellbeing, and outcomes for patients and carers experiencing health inequalities is rising up the agenda of healthcare priorities. Please see information on mandatory and advisory guidance below which the governor working group is the governor working group is reviewing.

- <https://aace.org.uk/reducing-health-inequalities/>
- <https://nhsproviders.org/reducing-health-inequalities-a-guide-for-nhs-trust-board-members>
- <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities>

### **3. Executive Summary**

The governor working group meets on a monthly basis to explore a strategic approach to reduce health inequalities and collaborates across the SCAS network to engage with local communities to gather insights and feedback on access to services. The engagement is targeted in areas of demand and deprivation set out in intelligence provided by business information. Up to date, The governor working group has engaged with the Southampton Council of Faiths, the Banbury Mosque, the Banbury community larder, Blackbird Leys community and the Irish catholic community in Hampshire. Insights and feedback are mapped to help SCAS understand our local population, and identify gaps in services and patient needs.

The governor working group is reviewing the following items and invites the COG to note and discuss the following:

- Plan on a page – based on AACE guidance.
- Completion of the self – assessment process recommended by AACE to process and gauge progress against key objectives in reducing health inequalities.
- Executive Director Lead for Health Inequalities to be identified.
- The development of a Trust wide Health Inequalities strategy.
- Information and training for staff and volunteers to improve public health capacity in line with the Make Every Contact Count (MECC) principles and strategy.



## Report Cover Sheet

<b>Report Title:</b>	Governance Update
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday, 29 July 2024
<b>Agenda Item:</b>	12
<b>Executive Summary:</b>	<p>The report provides the Council of Governors with the work being undertaken within the Governance Directorate and planned work ahead and covers:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director appointment</li> <li>• Annual Members Meeting</li> <li>• Governance Team Recruitment</li> <li>• Election Update</li> <li>• Governors Update</li> </ul>
<b>Recommendations:</b>	The Council of Governors is asked to Note the report.
<b>Accountable Director:</b>	Jamie O'Callaghan, Interim Chief Governance Officer
<b>Author:</b>	Kofo Abayomi, Head of Corporate Governance & Compliance
<b>Previously considered at:</b>	N/A
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options -</b></p> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>

<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A

# COUNCIL OF GOVERNORS MEETING – 29 July 2024

## Governance Update

### 1. Non-Executive Director – Katie Kapernaros

The Trust convened an extraordinary meeting of the Council of Governors on Monday 29 April 2024, to approve the appointment of Katie Kapernaros, who replaces Anne Stebbing on the Board. Katie Kapernaros joined the Trust on 1 July 2024.

### 2. Annual Members Meeting

The Trust will be convening its Annual Members Meeting in the coming months, date to be confirmed. The meeting is where the Governors officially receive the Trust's annual report and accounts. The meeting will be held virtually.

The Trust is required to hold an Annual Members Meeting within nine months of the end of each financial year. The meeting enables the Board of Directors to present the annual accounts, provide feedback on how the trust has performed over the last year and the challenges and financial plan for the year ahead. The Annual Members' Meeting is a chance for Trust members, staff and members of the public to come together to learn more about the Trust's services, achievements and its future vision.

Governors also provide an update of some of their work on the members behalf over the last year and present the Trust Membership Report. There is also a chance to ask questions during the meeting about the information presented.

The Annual Members Meeting is open to all members of the Trust, Governors, Directors, representatives of the Trust's auditors and members of the public.

### 3. Recruitment

#### Jamie O'Callaghan, Interim Chief People Officer

Jamie O'Callaghan joined the Trust on 2 July 2024, on an interim basis while recruitment to fill the role previously held by Daryl Lutchmaya is ongoing. Jamie joins from East Kent Hospital NHS Foundation Trust where he held the role of Interim Director of Corporate Governance. His previous NHS experience also includes Moorfields Eye Hospital NHS Foundation Trust and Croydon Health Services NHS Trust. Over the course of his career Jamie has played a central part in developing evidence-based proposals to deliver governance reform at the law society and improved and developed the risk assessment and risk registers in other organisations.

#### Susan Wall, Corporate Governance & Compliance Manager

Susan Wall was successfully recruited into the Corporate Governance & Compliance Manager role, to fill the vacancy arising from Nora Hussein's resignation. Susan Wall took up the role on 1 July 2024. Susan Wall supports the Council of Governors as part of her role.

**4. Election Update**

Staff: 999 Operations North: Ian Henry Sayer elected unopposed.

Public: Oxfordshire: Heather Wicks elected.

**5. Governor Update (Leavers)**

Claire Dobbs, Appointed Governor (Air charities Partner Governor) (End of Term)

Malcolm Carpenter, Hampshire Public Governor





## Report Cover Sheet

<b>Report Title:</b>	Council of Governors Development Plan Update
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday 29 July 2024
<b>Agenda Item:</b>	13
<b>Executive Summary:</b>	The report is to provide an update on the Council of Governors Development Plan.
<b>Recommendations:</b>	The Council of Governors are asked to note the report.
<b>Accountable Director:</b>	Jamie O'Callaghan, Interim Chief Governance Officer
<b>Author:</b>	Helen Ramsay, Lead Governor Susan Wall, Corporate Governance and Compliance Manager
<b>Previously considered at:</b>	Not applicable
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	
<b>List of Appendices</b>	

## COUNCIL OF GOVERNORS MEETING – 29 July 2024

### Council of Governors Development Plan update

#### Purpose

The report is to provide an update on the Council of Governors Development Plan.

#### Background and Links to Previous Papers

A Council of Governor workshop held in January 2024 provided an opportunity for Governors to collaborate to think about what support they would like to receive to assist them in their communications and engagement. The items of interest raised have been added to the Council of Governors Development Plan. The report details progress updates.

The Council is asked to note the update.

#### Draft Council of Governors Development Plan

<u>Development Area</u>	<u>Description</u>	<u>Aim</u>	<u>Proposed Due date</u>	<u>Update</u>
<b><u>Accountability</u></b>				
Non Executive Director (NEDs) / Governor buddy system	Support network	To ensure that NEDs and Governors stay in touch and can raise issues	April 2024	August 2024 Governance
Board Committee Observations	Information sharing	Rota established to enable 2 observers to attend each Board Committee Governors encouraged to share key learnings with other Governors.	<del>Most recently January 2024.</del> For the remainder of 2024, target rota in place by mid May 24.	Plan and process in place  Invites to scas emails
NED briefings to Governors at CoG meetings	Information sharing	Rota of NEDs to present NED updates about their areas of work.	July 2024	Rota in place

<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Proposed Due date</u></b>	<b><u>Update</u></b>
Monthly Governor email updates in addition to the Stakeholders Bulletin & Hot News on the Governors Portal	Information sharing	Regular updates circulated based upon current events / news (email to Council of Governors (CoG and NEDs)	November 2023	Stakeholder bulletin complete  Communications & Engagement
Maintain the Governors Portal	Information source	Information relevant to Governors' working environment	Portal updated October 2023	Updates to be made Q3 Governance Q4 familiarity session
Governor Ride-outs and visits	Information gathering / learning	Familiarisation / learning opportunities/ staff contact	Rideouts offered to governors from January 24.	Review of process required as Governors should be accompanied by a NED however not possible due to capacity in DCA.
<b><u>Engagement</u></b>				
Review and update the main website to highlight the work of Governors	Public awareness	Maintain Governors' profiles and current / future engagements / events	In progress	Target August 2024
Governor drop-in events where members and the public can meet governors / webinars	Public awareness / membership	Focus on triple aim at non-SCAS sites	February 2024	Development is in progress Pilot unsuccessful. In place 'Your Health Matters' meetings
A dedicated page on the SCAS website to share information and surveys to gather members' and the public's views	Public awareness / membership	Two-way communication	April 2024	Information available on: Sharing information News Page Stakeholder Bulletins
SCAS email addresses	Communication	Enable Governors to communicate with public / members.	Complete	

<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Proposed Due date</u></b>	<b><u>Update</u></b>
Engage with other stakeholders that have a role in promoting the interests of patients and the public, e.g. local branches of Healthwatch and voluntary sector organisations.	Governors may also work with the Trust to build relationships with organisations that can help gather the views of seldom heard groups.	<p>Governors' understanding of / contribution:</p> <p>To include:</p> <p>SCAS ICS footprint</p> <ul style="list-style-type: none"> <li>• key partners in the system</li> <li>• membership of the Integrated Care Providers (ICP)</li> <li>• membership of the Board and Committees of the ICB</li> </ul> <p>• How is SCAS contributing to the ICS, and what is the impact of the ICS on existing SCAS plans</p> <ul style="list-style-type: none"> <li>• How is SCAS having regard in its decision-making to the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources</li> <li>• How can the Council of Governors support SCAS in leading in or contributing to its ICS</li> <li>• How can the Council of Governors best communicate the ICS plans to the trust members and public</li> </ul>	April 2024 – on-going	<p>Communications &amp; Engagement can support:</p> <p>Community and voluntary sector on-going engagement and opportunities for Governors</p> <p>Governors with information and introductions</p>

<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Proposed Due date</u></b>	<b><u>Update</u></b>
Address health inequalities in both SCAS's plan and contributing to that for the wider system based upon population health data (e.g. demographics and deprivation data) that underpins the ICB's planning, including the identification of unmet need.		Helps the Council of Governors to understand the impact of action taken by SCAS to address health inequalities.	Delivered March 2024	A Health Inequalities Governor Working Group has been established
<b><u>Training &amp; Development</u></b>				
Develop the CoG Induction material	Reference	Introduce new Governors to SCAS	Completed March 2024	
Update the Governor's Handbook	Reference	Keep Governors informed about SCAS policies	Completed March 2024	
Plan the subjects of the Away Day / Workshops	Learning and Development	Improve Governors' knowledge	To be confirmed	
Training requirements – identify suitable courses for Governors	Learning and Development	Improve Governors' knowledge	Training courses circulated when available	Training courses to be circulated when available
<b><u>System Involvement</u></b>				
Facilitate engagement between the ICB, the ICP and SCAS's Council of Governors	Information	To deliver the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.	In progress	Collaboration in place between Communications & Engagement and Governance
Ensure Governors receive information on the ICP's integrated care strategy and the ICB's five-year forward plan, as decisions and aspects of delivery that directly affect SCAS and its patients	Information	Governors are updated in a timely way on system plans, decisions, and delivery	Ongoing	Information can be accessed via Engagement contact to: Meet other Trust Governors Share information with members and wider public

<u>Development Area</u>	<u>Description</u>	<u>Aim</u>	<u>Proposed Due date</u>	<u>Update</u>
Council of Governors should consider how it can support its Board to engage with patients and the community across the geography of the ICS	Information	Governors can become more impactful	July 2024	
Board members should provide ICS updates at Council of Governors meetings to ensure that Governors are well informed and have an opportunity to ask questions	Information	Chair / Board members to cascade key messages after an ICP or ICB meeting	January 2024	Included in CEO updates and Chairs remarks at CoG Formal meetings
Governor engagement sessions arranged by the ICB or ICP to update on progress in the delivery of system plans.	Information	To deliver the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.	Governors will be notified of opportunities	

Council of Governors Workshop feedback 31 January 2024

<b>Area</b>	<b>Comments/feedback</b>	<b>Action Owner</b>	<b>Next Steps</b>
<b>Communications &amp; Receiving Information</b>	Fortnightly Governors briefing from Secretariat	Governance & Comms	Regular monthly bulletin for Governors in place
	Monthly bulletin is generalised, Governors need focused information and data to effectively communicate with constituencies.		
	Personalised weekly update so Governors are informed and able to talk to their networks.		
	Portal to be fixed	Governance	Piloted weekly and Governors agreed monthly was sufficient
	Regular briefings on areas of ambulance service to be restarted, this was done via MS Teams	Governance & Comms	Work in progress and planned training session (x2) to be offered to all Governors, completed
	SCAS to do more about raising the profile of Governors.	Governance & Comms	Link to governor interests
			Governor Website Page is being reviewed Social media - story of Governor

	Governors need to know about critical incidents and when these are stood down.	Governance	Communications available to Governors: Hub Hot news Staff matters Critical updates
	What other ways do we use to share comms outwards to community groups etc and to link ideas	Comms	Communication Strategy
	<p><b>Fit for the Future -FFF</b></p> <ul style="list-style-type: none"> <li>• FAQ should be made available re: FFF</li> <li>• Need to confirm how many hubs and where re: FFF to avoid speculation</li> <li>• We need to find a way of addressing the public's concerns and not communicate things that might not be relevant to them. This is especially in relation to FFF where a connection with the public needs to be made so that they understand how it affects them directly – such as the link between supporting staff and improved performance (faster response times and call answering). Partis House / MK is what we need to aim for and share the positive outcomes from it.</li> <li>• People need to understand what the scale is, numbers, locations and what features we are addressing / problems to solve re: FFF</li> <li>• Need FFF website to keep people updated</li> </ul>	Governance & Comms	<p>Will be uploaded to the portal.</p> <p>Workshop April 2024 Regular webinars Information on SCAS Hub</p>
	Comms should be in layman terms and not too technical – especially when communicating externally – know your audience	Comms	
	We need to test our communication and how effective it is – see how it is landing	Governance & Comms	In progress
<b>Education &amp; Training</b>	Governors want to continue with education sessions.	Governance	
	Governors want to be integrated into the ambulance service, be able to access information and teams		
	Governors need social media templates highlighting – who is a Governor and the role of a Governor		It is not possible for Social Media templates. To consider – story of a governor for social media

	Governors want information about their role and what they do shared with the public in addition to the website.		
	What does moving to Hubs mean for patients?		
	Information flow map to be developed		Communications , collate feedback and outcomes on health inequalities and events
	Governors requested a session on safeguarding		Added to work plan
	Governors wanted to know why there are high volumes of complaints about staff and why this is an issue in the ambulance service		
<b>Governor Involvement</b>	Allocating Governors to ICB to strengthen relationship, using place to achieve this.	Governance & Comms	Communications can assist in introducing Governors to Governors at other NHS FT. This is already happening in Oxford and Southampton. Feedback and outcomes from engagements are record by Communications
	How do Governors feedback information from constituencies to SCAS – develop a system/process of interaction		Receive feedback from Governor engagement activities and share to appropriate channel at SCAS. Firm up arrangements with Governors and the mapping out for communications is on-going
	Work is required to make Governors feel that they are part of the organisation		NHS elect provided training for Governors in May.
	Governors need to be encouraged to map out their stakeholders.		Communications and Engagement regularly maps out stakeholders with Governors at the MEC but we need to encourage other governors, not on the MEC, to think about who is in their networks.
	Governors want information about their role and what they do shared with the public in addition to the website. A request was made for a social media asset Anne Crampton.		
	Need a map of where hubs will be and how this affects different communities so that they can identify with the issues. The map should show how many calls received / activity. We should always use the same map so people become familiar with it	Comms	Post on social media once a week about what it means to be an FT, governor profiles including a photo and text.
	Governance & Comms	Review social media guidelines for governors. Please note that Mark Davis has agreed to offer advice and support to governors on social media usage.	