

NHS

**South Central
Ambulance Service**

NHS Foundation Trust



Annual Members Meeting

23 October 2024

Welcome

We'll be starting at 5pm

Please check your
microphone is muted

Annual Members Meeting 2024

23 October 2024



1. Chair's welcome

- Declarations of interest
- Minutes of 2023 meeting

2. Review of 2023/24

3. Financial review and accounts

4. Auditor's report

5. Questions

6. Service presentation – Expanding clinical pathways

7. Council of Governors' review

8. Questions and close





NHS
South Central
Ambulance Service
NHS Foundation Trust



Review of 2023/24

David Eltringham
Chief Executive Officer

Our services and strategy

999



111



PTS



Mission

We deliver the right care, first time, every time.

Vision

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

Values



Caring



Professional



Innovative



Teamwork



SCAS in numbers



*Includes incidents outside of category 1 - 4



<p>South Central Ambulance Service NHS Foundation Trust</p> <p>CQC overall rating Inadequate ●</p> <p>25 August 2022</p> <p>See the report ></p>	Safe	Inadequate ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Requires improvement ●
	Well-led	Inadequate ●

2023/24 in context

Increasing demand across 999 and 111

- 999 incidents: 606,000
(19% increase from 2022/23)
- 111 calls: 1.5 million
(15.6% increase from 2022/23)

NHS still recovering from pandemic

Waiting list backlogs, hospital and primary care very busy, causes knock on impacts for ambulance services.

Financial challenges

- Total budget was £353m
- We finished the year £25m overspent
- £9m of savings delivered



Performance summary

999



Contact centres

Calls made	822,750
Calls answered	778,051
Abandonment rate	5.1%
Average call answer time	20 seconds

Operations	Demand	Response Time	Target
Category 1	44,829	0h 08m 51s	7 mins
Category 2	320,326	0h 34m 14s	18 mins
Category 3	141, 420	5h 22m 31s	2 hour
Category 4	6,554	6h 44m 13s	3 hours

111



	Actual	Target
Calls answered	1,512,813	
Answered within 120 seconds	70.5%	95%
Abandoned after 30 seconds	5.24%	3%

PTS



- No national targets, but over 60 key performance indicators across multiple local contracts.
- Overall activity down slightly, but variable by contract.
- Performance trend charts within the annual report.

2023/24 highlights

Fit for the future programme

- An extensive long term modernisation programme
- 7 pillars of work covering every aspect of SCAS

Clinical pathway development

- Over 150 pathways as alternatives to A&E
- Over 50,000 patients benefit each year

Patient safety actions

- New patient panel to aid service improvement
- New training for staff on patient safety, safeguarding, and mental health awareness
- New national Patient Safety Incident Response Framework (PSIRF)



2023/24 highlights continued

Supporting our people

- Health and Wellbeing strategy implemented
- Menopause policy implemented
- Over 400 leaders attended training on compassionate and inclusive leadership
- Staff network development workshops
- Sexual safety campaign progressed

Charity and volunteers

- 900 volunteers, including 725 active Community First Responders
- 225 new volunteers joined in 2023/24
- 6,063 Public Access Defibrillators supported, with nearly 500 deployments



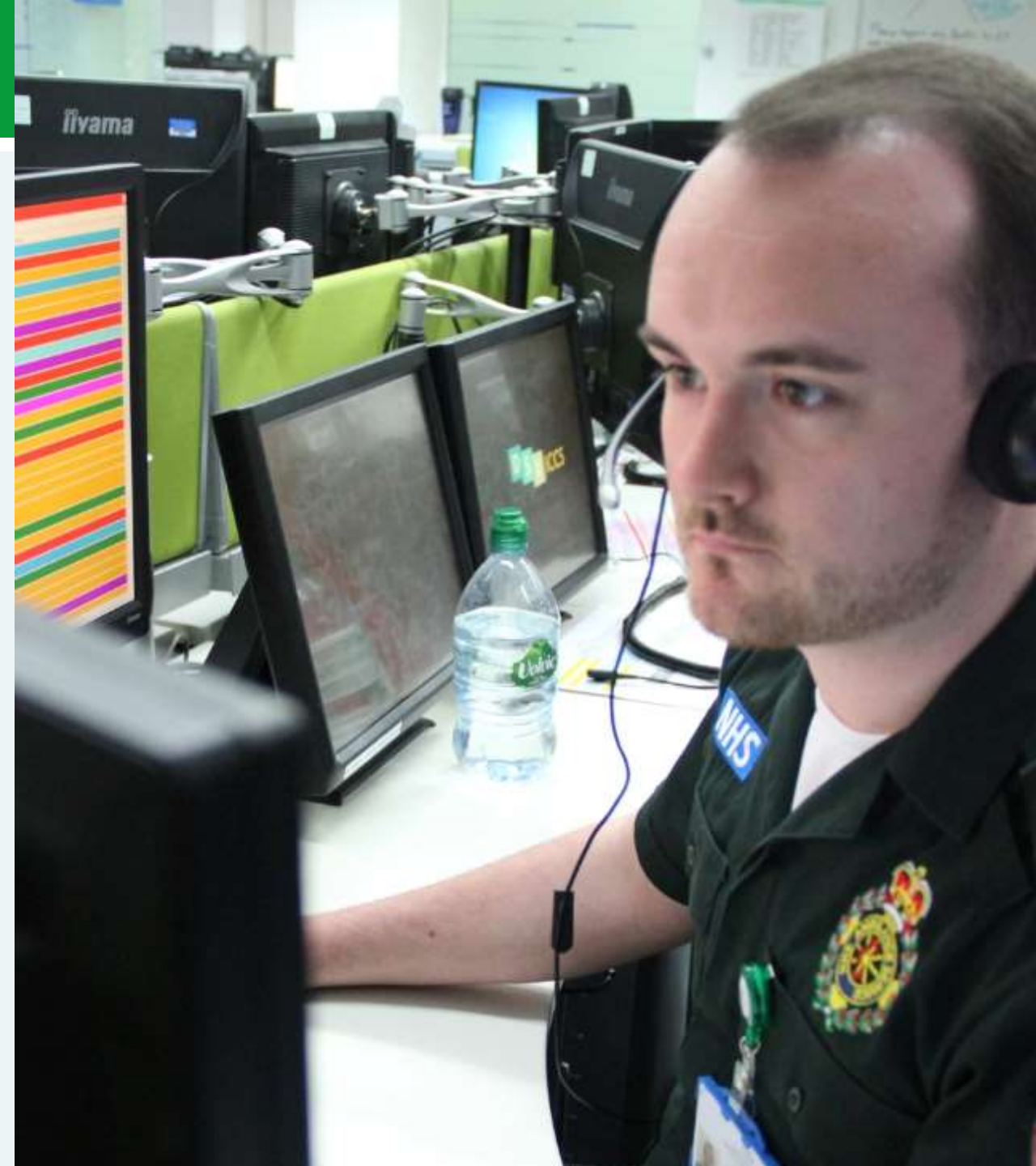
Looking forward

Fit for the future

- Pilot projects on greater local autonomy
- Corporate structure review
- Fleet modernisation
- Digital modernisation

Partnerships to drive improvement

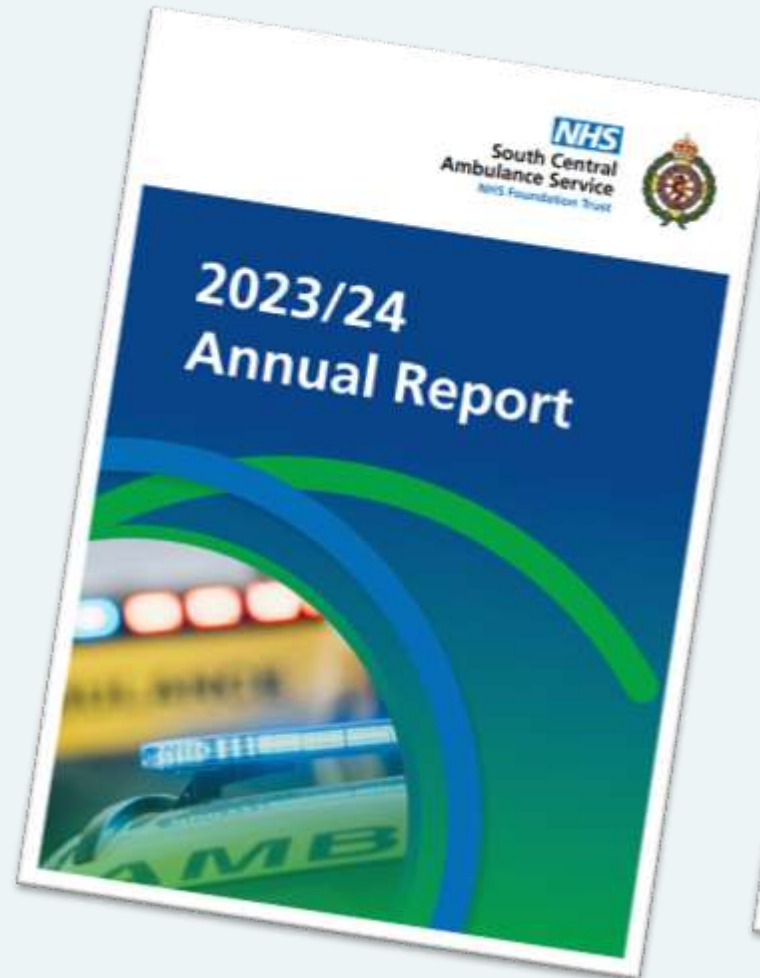
- Working with hospitals on patient flow
- Southern Ambulance Service Collaboration
- Shared roles with other ambulance trusts



Find out more

www.scas.nhs.uk/about-scas/publications

Our full Annual Report and Quality Account for 2023/24 are available on our website, alongside other key documents.





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NHS Foundation Trust



Financial review and accounts 2023/24

Stuart Rees
Interim Director of Finance

Financial performance 2023/24

Overall position: a reportable deficit of £25.1m (target break-even)

Capital expenditure (two elements):

- Normal was £15m. £8.5m over the limit of £6.5m.
- IFRS 16 (leases) was £3.2m, £11.7m under the limit of £14.9m due to the delay in the 2022/23 and 2023/24 Ambulance cohorts.

Year-end cash balance: £25.1m

Staff costs: £216.9m (£219.3m in 2022/23)

Suppliers paid within 30 days: 95.8% (96.4% 2022/23), target 95%.



Income

Total income for 2023/24 was £353.2m
(2022/23: £353.4m)

- Integrated Care Boards income increased by £16.9m (5.5%)
- Non-Recurrent Covid income stopped, a reduction of £11.4m
- Ambulance Capacity Fund £10.4m
- Category 2 Performance Fund £4.8m
- One off non-recurring income related to donated ventilators £2.7m



Expenditure

Expenditure increased by £24.4m to £378.4m
(£354m in 2022/23)

Significant cost increases included:

Expenditure area	Cost increase 2023/24
Patient Transport	7.7m
999 transport costs	1.8m
Short term leases	1.9m
Premises costs	2.1m
IT costs	1.1m
Net impairments	5.3m
Depreciation expenses	2.5m



Prior period adjustments

Land Valuation

The five-year revaluation for land in Oxford gave rise to an adjustment of £6m in the 2022/23 financial year.

IFRS 16 Leasehold Property (International Financial Reporting Standard)

The IFRS16 leasehold property in High Wycombe. £12m was de-recognised in the accounts following the cancellation of the project.



Capital investment

Group Capital Spend £'000	2023/24	2022/23
Estates	4,506	3,614
Equipment - Operations	1,070	427
South Central Fleet Services Limited	16	153
Fleet	-	177
Information Technology	772	418
NHS Digital	531	1,017
Vehicles	5,077	3,540
Donated Ventilator Equipment	2,758	-
Education	275	-
	15,005	9,346

The largest **estates** investments:

- Milton Keynes 111 control centre £2.9m
- Central Logistics Unit/Pharmacy base £1.0m
- Sluices upgrade £0.3m
- Electric vehicles charging points £0.3m

The largest **vehicle** investments:

- 2022/23 ambulance replacement £1.2m
- 2023/24 ambulance replacement £3.2m
- PTS vehicles and electric vehicles £0.7m

The largest **equipment** investments:

- Ventilators (donated) £2.8m
- 2022/23 ambulance equipment £1.1m

Capital vehicle sale and leaseback proceeds £1.7m

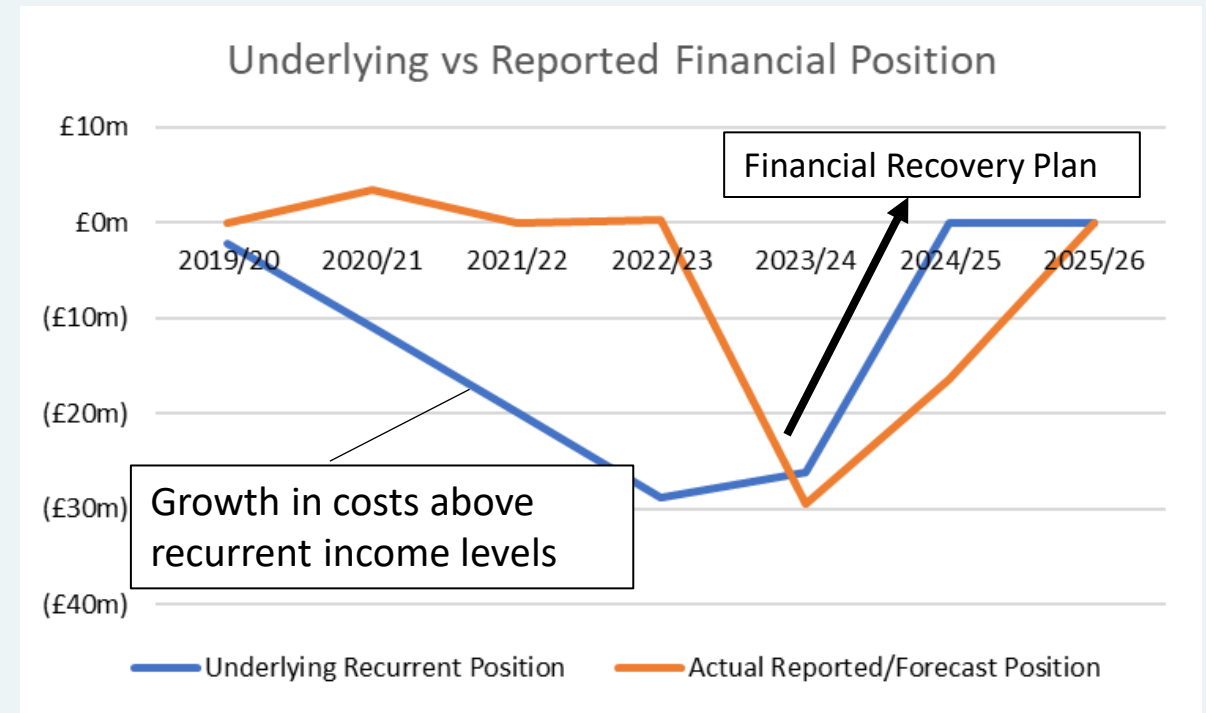
Financial Recovery Plan

The Trust had a small deficit post Covid of £2.1m, support by sustainability and transformation funding.

Rising local operational costs had been masked by additional income for Covid-19 national services.

Savings target of £32.3m in 2024/25.

Plan is to return to balance in 2025/26.



South Central Ambulance Service NHS Foundation Trust

Auditor's Annual Report

Year ended 31 March 2024

July 2024

 AZETS



Key messages

The purpose of the Auditor’s Annual report is to bring together all of the auditor’s work over the year. A core element of the report is the commentary on value for money (VFM) arrangements, which aims to draw to the attention of the Board and the wider public relevant issues, recommendations arising from the auditor’s work and the auditor’s view on whether previous recommendations have been implemented satisfactorily.

We have undertaken our work in accordance with the Audit Plan issued earlier in the year and reported to Those Charged with Governance. We have complied with the National Audit Office (NAO) Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

Area of work	Our responsibilities	Conclusions
Financial statements	<p>We are required to audit the financial statements of the Trust and group under the National Health Service Act 2006. We express an opinion as to whether:</p> <ul style="list-style-type: none"> the accounts give a true and fair view of the financial position of the Trust and group and of the expenditure and income for the year; and the accounts have been prepared in accordance with proper practices and the requirements of the National Health Service Act 2006. <p>We confirm whether the financial statements have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).</p> <p>We are required to give a separate audit opinion on the Trust accounts’ consolidation schedules (TACs) and to carry out specified procedures under group audit instructions.</p>	<p>Our audit opinion is unqualified on the Trust and group’s financial statements. This means that we consider the financial statements give a true and fair view of the financial performance and position of the Trust and group.</p> <p>In the group audit instructions, the Trust was selected for full scope audit procedures. We are in the process of completing the work in this area to report to the NAO.</p> <p>We have completed our work on checking the financial statements to the TACS and have reported in our independent auditor’s statement on the Trust’s consolidation schedules.</p>

continued.....

Key messages

Area of work	Our responsibilities	Conclusions
<p>Annual report, annual governance statement and other information published with the financial statements</p>	<p>We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures subject to audit (labelled in the remuneration report and the staff report) as prescribed by the Foundation Trust Annual Reporting Manual (the 'ARM'),</p> <p>We consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the ARM or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.</p>	<p>We have not identified any significant inconsistencies between the information presented in the annual report and our knowledge of the Trust.</p> <p>Our audit opinion on the audited sections of the remuneration report and the staff report is unqualified.</p> <p>We confirm that the Governance Statement had been prepared in line with the requirements set out in the FT ARM.</p>
<p>Value for money</p>	<p>We are required under Schedule 10 (1)(d) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the National Audit Office requires us to report to you our commentary relating to proper arrangements.</p> <p>We assess the arrangements in place for securing economy, efficiency and effectiveness in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.</p> <p>We are required to report our commentary under specified criteria: Financial sustainability, Governance and Improving economy, efficiency and effectiveness.</p>	<p>We have identified three significant weaknesses in the arrangements for securing at economy, efficiency and effectiveness in the use of resources at the Trust.</p> <p>Our commentary in relation to VFM is included later in this report.</p>

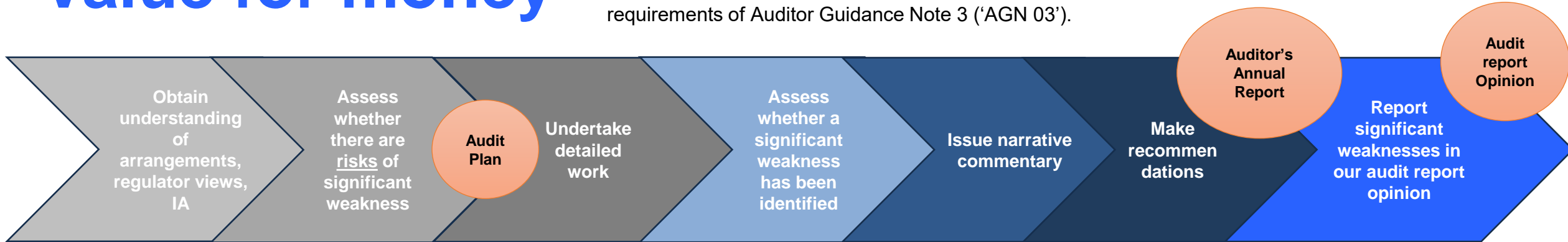
continued.....

Key messages

Area of work	Our responsibilities	Conclusions
Public interest report	Under Schedule 10 (3) of the National Health Service Act 2006 the auditor of a foundation trust must consider whether to make a report in the public interest if they consider a matter is sufficiently important to be brought to the attention of the audited body or the public.	We did not identify any matters for which we considered a public interest report to be required as part of our external audit for 2023/24.
Referral to NHS England	Under Schedule 10 (6) of the National Health Service Act 2006 the auditor of a foundation trust must consider whether to make a referral to a foundation trust's regulatory body (NHS England) if the auditor has reason to believe that the trust, or a director or officer of the trust is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful, or is about to take, or has taken, a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.	We did not identify any matters for which we considered a referral to be required as part of our external audit for 2023/24.
Key recommendations	The NAO Code of Audit Practice requires that where auditors identify significant weaknesses as part of their arrangements to secure value for money, they should make recommendations setting out the actions that should be taken by the Trust. We consider these to be key, or essential, recommendations.	We have reported key recommendations in relation to the significant weaknesses reported as part of our VFM work. These are included later in this report.
Other recommendations	We raise "other recommendations" in areas where we believe the weaknesses identified are not significant, or where arrangements are generally satisfactory but further improvement could be achieved.	We raised no other recommendations.

Value for money

We are required to consider whether the Trust has established proper arrangements to secure economy, efficiency and effectiveness in its use of resources, as set out in the NAO Code of Practice and the requirements of Auditor Guidance Note 3 ('AGN 03').



In undertaking our work we have identified significant weaknesses in arrangements as set out in the table below. We have made key recommendations in respect of these weaknesses.

Reporting criteria	Planning – risk of significant weakness identified?	Final – significant weakness identified?	Key recommendations made?	Other recommendations made?
Financial sustainability How the body plans and manages its resources to ensure it can continue to deliver its services	Yes	Yes	Yes	No
Governance How the body ensures it makes informed decisions and properly manages risk	Yes	Yes	Yes	No
Improving economy, efficiency and effectiveness How the body uses information about its costs and performance to improve the way it manages and delivers its services	No	No	No	No

Value for money

In addition to our financial statements work we performed a range of procedures to inform our value for money commentary, including:

- Meeting with management and regular meetings with senior officers
- Interviews as appropriate with other Board members and management
- Review of Board and committee reports and attendance at audit committee meetings
- Reviewing reports from third parties, including the Care Quality Commission (CQC)
- Considering the findings from our audit work on the financial statements
- Review of the Trust's annual governance statement and annual report and other publications
- Considering the work of internal audit and the counter fraud function
- Consideration of correspondence with NHS England

Foundation Trusts are responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in their use of resources. This includes managing key operational and financial risks and taking properly informed decisions so that they can deliver their objectives and safeguard public money.

As auditors, we are required to consider whether the Trust has established proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We performed risk assessment procedures at the audit planning stage to identify any potential areas of significant weakness which could result in value for money not being achieved. This included considering the findings from other regulators and internal auditors, reviewing records at the Trust and performing procedures to update our knowledge of the high-level arrangements in place. The resulting risk areas were set out in our audit plan.

For each identified risk area, we performed further procedures during our audit to consider whether there were significant weaknesses in the processes in place to achieve value for money.

The NAO Code of Audit Practice requires us to structure our commentary on VFM arrangements under three reporting criteria: financial sustainability, governance and improving economy, efficiency and effectiveness.

We have set out on the following pages our commentary and findings on the arrangements at the Trust in each area.

Summary of findings

Based on the audit work performed, we have identified three significant weaknesses in the Trust's arrangements for achieving value for money and have therefore raised appropriate key recommendations in relation to these.

Financial sustainability

This relates to how the Trust plans and manages its resources to ensure it can continue to deliver its services.

We considered the following areas:

- how the Trust identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into the plans;
- how the Trust plans to bridge its funding gaps and identifies achievable savings;
- how the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- how the Trust ensures that its financial plan is consistent with workforce, capital, investment, and other operational plans, which may include working with other local public bodies as part of a wider system; and
- how the Trust identifies and manages risks to financial resilience, such as unplanned changes in demand and assumptions underlying its plans.

The Trust's budget for 2024/25 was submitted to the Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) in May 2024, presenting a planned deficit of £11.2m. This was subsequently adjusted to reflect a deficit position of £10.1m, following further consultation with the ICB, and re-submission to the ICB on 12 June 2024. The HIOW system is facing significant financial challenges and on 1 June 2023, the ICB its 7 NHS Trusts were placed into NHS Oversight Framework Segment 4. The NHS Recovery Support Programme is intended to collectively address the scale of the ICBs financial deficit in a sustainable way, while also delivering other key commitments to improve access, reduce waiting times and reduce health inequalities.

Since July 2023, the Interim Director of Finance has undertaken a thorough exercise to understand the genesis of the Trusts declining financial position and has analysed establishment headcount over a number of years to understand staffing trends, as well as associated performance outcomes. The Interim Director of Finance has also assessed the Trust against the model hospital and these analyses have been used to inform and support the formation of the Financial Recovery Plan (FRP).

The Trust's FRP for 2024/25 and beyond, details efficiency requirements of £27.7m in 2024/25, stretching to £33.5m recurrently for 2025/26 to meet an underlying breakeven run rate position by the end of 2025/26. The FRP was assessed and progress is being monitored regularly by the Finance and Performance Committee, which was established in March 2023. The FRP received formal Board approval on 30 November 2023, however, these efficiency targets have since been extended by a further £1.1m following the submission to the ICB on the 12 June 2024.

We have reviewed the latest budget submission and the FRP which details efficiencies of £27.7m, for which £600k of these are currently noted as unidentified. £12.7m of these recurrent efficiency targets relate to Patient Transport Services (PTS) and a detailed PTS project plan and timeline has been produced specifically for this income and expenditure stream. However, the action tracker for monitoring progress of the redesign of PTS is yet to be developed.

We recognise that improvements have been made at the Trust within the year to identify, assess and monitor efficiency savings, and we have also noted some improved check and challenge at an Executive and Non-Executive level to assess the robustness of such plans.

Financial sustainability (continued)

However, we also recognise that the Trust has set highly ambitious recurrent efficiency targets for 2024/25 amounting to c.8% of annual expenditure. The Trust does not have a strong track history of being able to deliver against such efficiency targets since COVID funding ceased, having delivered £9.6m in 2023/24 against a plan of £36.3m which is a 26.4% achievement. Of this, only 50% was delivered recurrently, giving an achievement of £4.8m. In addition, in April 2024, the Trust reported being £0.7m behind plan, with an in-month deficit of £1.9m, the main driver of which being non-emergency PTS.

Whilst we consider that the Trust is now heading in a positive direction, we continue to have concerns over the Trust's ability to meet such ambitious financial efficiency targets in 2024/25, especially with significant churn at an Executive level, which could impair the ability to meet the budget submitted for the year.

We also identified in 2022/23, that the Trust did not have a medium-term financial plan. This continued to be the case during 2023/24 and whilst there has been recognition that this plan needs to be developed, this is still currently outstanding.

In assessing the financial sustainability of the Trust and how the Trust plans and manages its resources to ensure it can continue to deliver its services, we concluded that two significant weaknesses exist:

1. The Trust did not have adequate arrangements in place to identify, monitor and deliver its 2023/24 efficiency targets leading to a deficit position of £21.7m. The Trust set itself a £36.3 m Cost Improvement Plan (CIP) target for 2023/24, but only delivered £9.6m of savings of which £4.8m were non-recurrent leading to an adjusted deficit position of £21.7m for the year. The Trust has set itself an ambitious CIP target of £27.7m for 2024/25.
2. During the 2023/24 year the Trust did not have a MTFP in place and this is still outstanding.

We have two key recommendations in relation to the significant weaknesses identified above:

1. We recommend that the Trust closely monitor the achievement of recurrent and non-recurrent efficiency targets for 2024/25, ensuring full engagement and accountability from efficiency owners within the Trust. Developing an action tracker for PTS and monitoring against this will be critical to the Trusts FRP success and should be regularly monitored, reported and constructively challenged by the Board.
2. We continue to recommend that an MTFP is developed, evaluated for robustness, and approved by the Board as soon as practicable.

Governance

This relates to the arrangements in place for overseeing the Trust's performance, identifying risks to achievement of its objectives and taking key decisions.

We considered the following areas as part of assessing whether sufficient arrangements were in place:

- how the Trust monitors and assesses risk and gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee; and
- how the Trust monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests).

In 2022/23 two significant weaknesses were identified in the Trust's arrangements to secure value for money in the Trusts arrangements relating to Governance. Both weaknesses pertained to the 'Improvement Programme' which was developed to address the Care Quality Commission (CQC) report outlining rating of "inadequate" which was published in August 2022. Following the publication of the report, the Trust engaged with national, regional and ICB colleagues developing and implementing an improvement plan. In late 2022 it was confirmed that the Trust would enter the NHSE Recovery Support Programme (RSP) which is designed to offer support and guidance to Trusts. Part of the RSP is the agreement by the Trust and stakeholders to an exit date following the delivery of exit criteria.

Our work in the prior year led to two recommendations which are detailed in our 2022/23 Auditor's Annual Report. The Trust has taken on board the recommendations, and as a result, our work for 2023/24 is assessed based on the arrangements in place throughout 2023/24 and at the year-end 31 March 2024.

The Trust have an Improvement Programme Oversight Board (IPOB) which reports into the Board on a regular basis. At March 2024, the Board received a report which set out the key risks and an overall RAG assessment on progress made in addressing the findings of the CQC report. The report summaries the 'must do's' and 'should do's' to address the findings in the CQC report as well as the 'exit criteria' to allow them to consider removal from NHS Oversight Framework Segmentation 4 (NOF 4), which they entered on 21 September 2022. The IPOB paper ties through to the Board Assurance Framework (BAF) as presented in March 2024, to become an organisation which is well led and achieves regulatory requirements by being rated as good or outstanding and being at least NOF 2.

At February 2024, the improvement programme identified one "exit criteria" as "off track, recovery actions not yet effective". This was highlighted to Board with the work outstanding in this area and actions needed to address this. The Trust reported that they considered themselves 'on track' to meet the exit criteria from NOF 4 by September 2024.

Governance (continued)

The Trust also holds Tripartite Provider Assurance Meetings (TPAM) on a monthly basis. We have reviewed the latest report presented on the 16 May 2024 which notes that 3 'exit criteria' and 1 'must do' are not yet sufficiently progressed to be green RAG rated. We also noted that 8 'exit criteria', 1 'must do' and 7 'should dos' are not sufficiently progressed to be considered embedded and sustainable at the Trust.

We have reviewed the information publicly available on the Trust's website and note the transparency of having a dedicated section on the website titled "Improvement Programme" where the Trust have directed all 2023/24 updates to within the wider Stakeholder Bulletins. The latest one available to review at the time of this report is April 2024's which summarised a brief update of progress made.

In addition, the Trust's Improvement Programme has partly led to the development of an Operations Modernisation Programme, known as "Fit for the Future", which was presented to Board in November 2023 and launched in December 2023 as part of a wider change to the Trust's overall vision and strategy for 2024 – 2029. A series of engagement events were held in December 2023 to launch the Trust's new strategy (including the Fit for the Future Programme). The events were well attended by staff and information provided was well received. It provided staff with the opportunity to ask questions about changes to the organisation.

The Chief Executive has now been in place for a full 12 months and we can see from reviewing Board minutes and papers that regular updates are provided to senior stakeholders as appropriate. Some of the improvements SCAS are working on includes a 12-week cultural review which is underway in the Trust from March 2024.

We recognised in the prior year a lack of cohesion between the improvement programme and other strategic Trust-wide documents, leading to a lack of accountability for risk and project owners. Based on our work performed, we are satisfied that the governance arrangements have been somewhat improved to address this weakness. We also noted the Improvement programme being too focused on quick fixes with a view to exit NOF 4. We have also seen improvements in the way the Trust have developed the Fit for the future Programme with a focus on cultural improvements needed.

The Trust have also made relevant governance changes in order to deliver this programme by appointing their existing Chief Operating Officer into the role of Chief Transformation Officer from October 2023 to oversee this programme. A new committee has been set up, which is titled "Fit for the Future Programme Board" which reports into the Executive Management Committee. We were able to obtain the Terms of Reference for the Programme Board which sets out key objectives for the Programme Board, membership and key reporting chains which is considered good practice.

Governance (continued)

We have however assessed the wider governance arrangements and specifically considered how the body ensures that it makes informed decisions and properly manages its risks. We met with numerous Trust stakeholders including the Chief Executive, Interim Director and Finance and the Audit Committee Chair and the Trusts NHS Improvement Director.

Whilst we recognise that improvements have been made by the Trust and that there is now cohesion between Trust wide strategic documents, we also recognise that progress on the Improvement Programme has been slower than anticipated, and being able to demonstrate when actions have been embedded remains unclear.

Significant churn at an Executive level continue to make the delivery of a clear action plan challenging and we have limited comfort that the Trust will be able to meet the date of September 2024 to deliver the criteria needed to exit NOF 4. Since completing our work in this area and the date of this report, management have informed us that the exit date has been extended to March 2025.

In assessing the governance of the Trust, we concluded that one significant weakness exists:

1. The Trust did not have adequate arrangements in place within 2023/24 to deliver and monitor against the criteria agreed within the Improvement Programme.

We have one key recommendations in relation to the significant weaknesses identified above:

1. We recommend that the Trust closely monitors its progress of the Improvement Programme and that the responsible executive leads are held accountable for non-delivery by the Board. Where progress is delayed, mitigating actions should be determined in a timely way, with realistic and achievable actions set to enable the Trust to continue to deliver, promoting shared responsibility for delivery between the executive leads. The Board should satisfy itself that revised delivery arrangements are robust.

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Lead Governor Report

Helen Ramsay, Lead Governor

Overview

- What is the role of Governors at SCAS?
- Who are the Governors at SCAS?
- How have Governors held the Non-Executive Directors to account for the performance of the Board of Directors in 2023/24?
- Who are our members and how and why do we engage with them?
- Why do Governors want to focus on health inequalities?
- Join SCAS and become a Member
www.scas.nhs.uk/get-involved/membersgovernors

What is the role of Governors at South Central Ambulance Service?

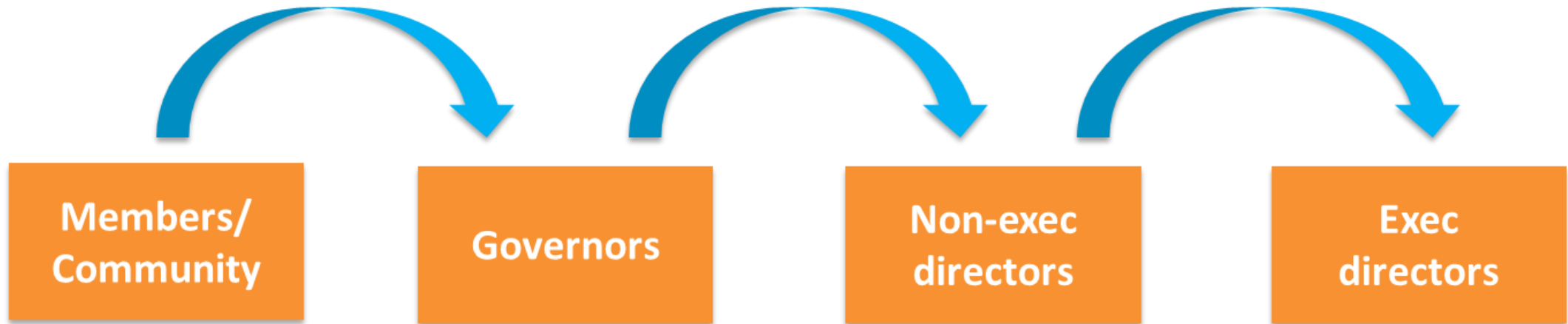
Two main statutory duties (of equal importance):

- Representing the interests of the Members (public/staff/community first responders) in their constituency, as well as the interests of the Trust as a whole and the interests of the public
- Holding the Non-Executive Directors to account for the performance of the Board of Directors

www.scas.nhs.uk/get-involved/membersgovernors

How does it work?

Each Appoints the Next



Each Answers to the Previous

Public Governors

Berkshire



Mark Potts



Mark Davis
Deputy Lead
Governor



Tony Jones

Hampshire



Chris Wood



Hilary Foley



Tony Nicholson



Charles McGill



David Lockett
MBE



Vacancy

Oxfordshire



Helen Ramsay
Lead Governor



David Wesson



Heather Wicks

Buckinghamshire



Mike Appleyard



Paul Kelly



Huw Pateman

Rest of England and Wales



Vacancy

Staff, Community First Responder (CFR) and Appointed Governors and Chair

Staff Governors



Appointed Governors




CFR Governor



Chair



How have Governors held the Non-Executive Directors to account for the performance of the Board of Directors in 2023/24?

- Asking questions of the Non-Executive Directors at formal Council of Governor meetings
 - Governor attendance at board meetings
 - Regular meetings with buddy Non-Executive Directors
 - Governor visits to ambulance sites with buddy Non-Executive Directors
 - Redesign of recruitment process for a new Non-Executive Director for a wider and more diverse outreach
- 

Who are our Members?

SCAS has a total membership of 8,868 Members, as of 25 September 2024, broken down as follows:

- Public: 4,415
- Staff: 4,453

Membership is FREE and keeps you connected with SCAS, the latest news, stories and events. Please join us. You can register here:

<https://www.scas.nhs.uk/get-involved/membersgovernors/>



How do we represent the interests of our Members and the wider public?



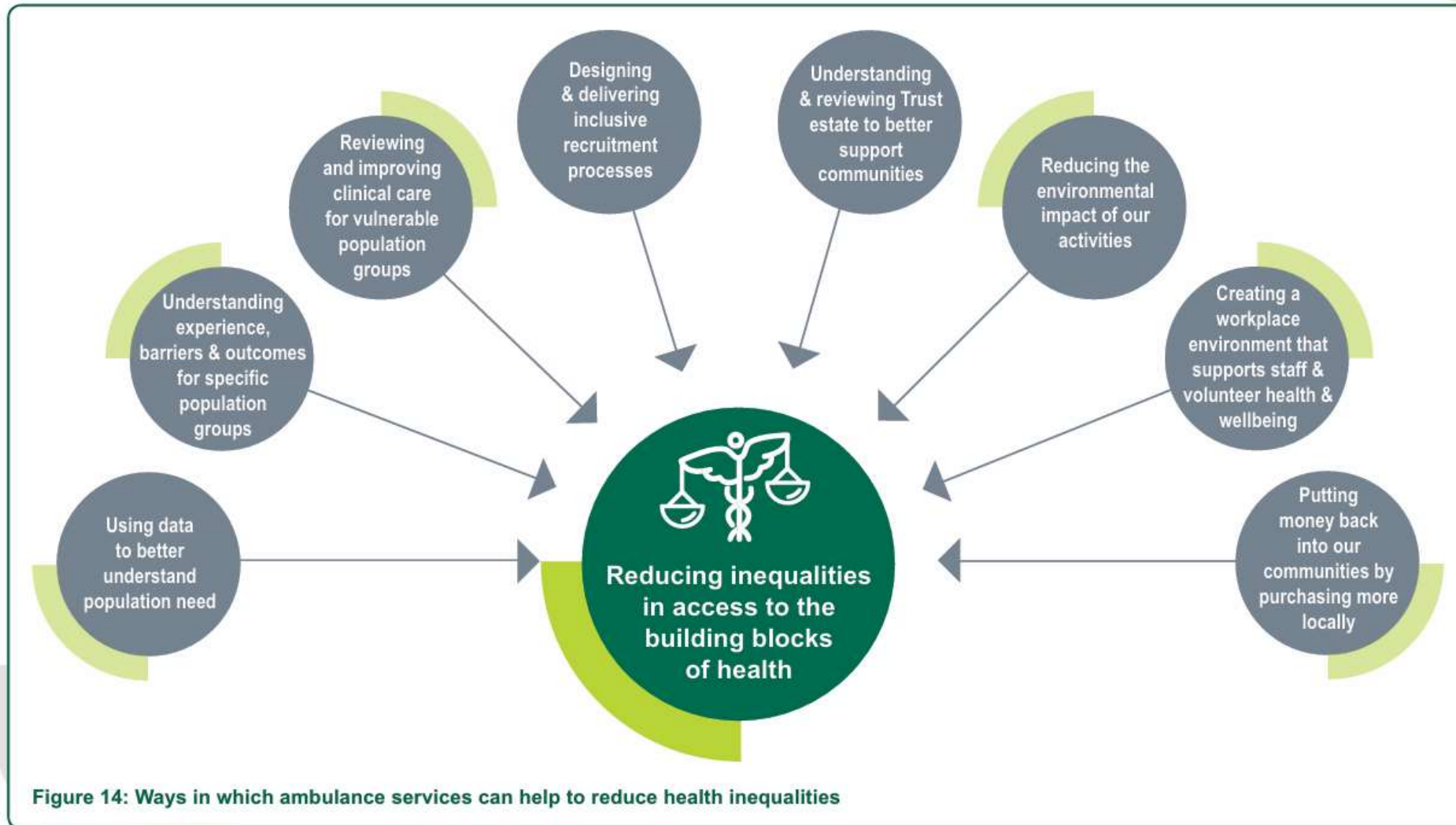
- Public engagement :
 - Emergency Services Days
 - Recruitment events and careers fairs
 - Engagement with multi faith groups
 - Public Health Talks (in person and online)
- Engagement with underrepresented communities to understand and address health inequalities with thematic analysis of feedback and insights
- Collaboration with patient panels, voluntary and community associations and governors from other NHS Trusts
- Membership and Engagement Committee (MEC)

Why do we engage?

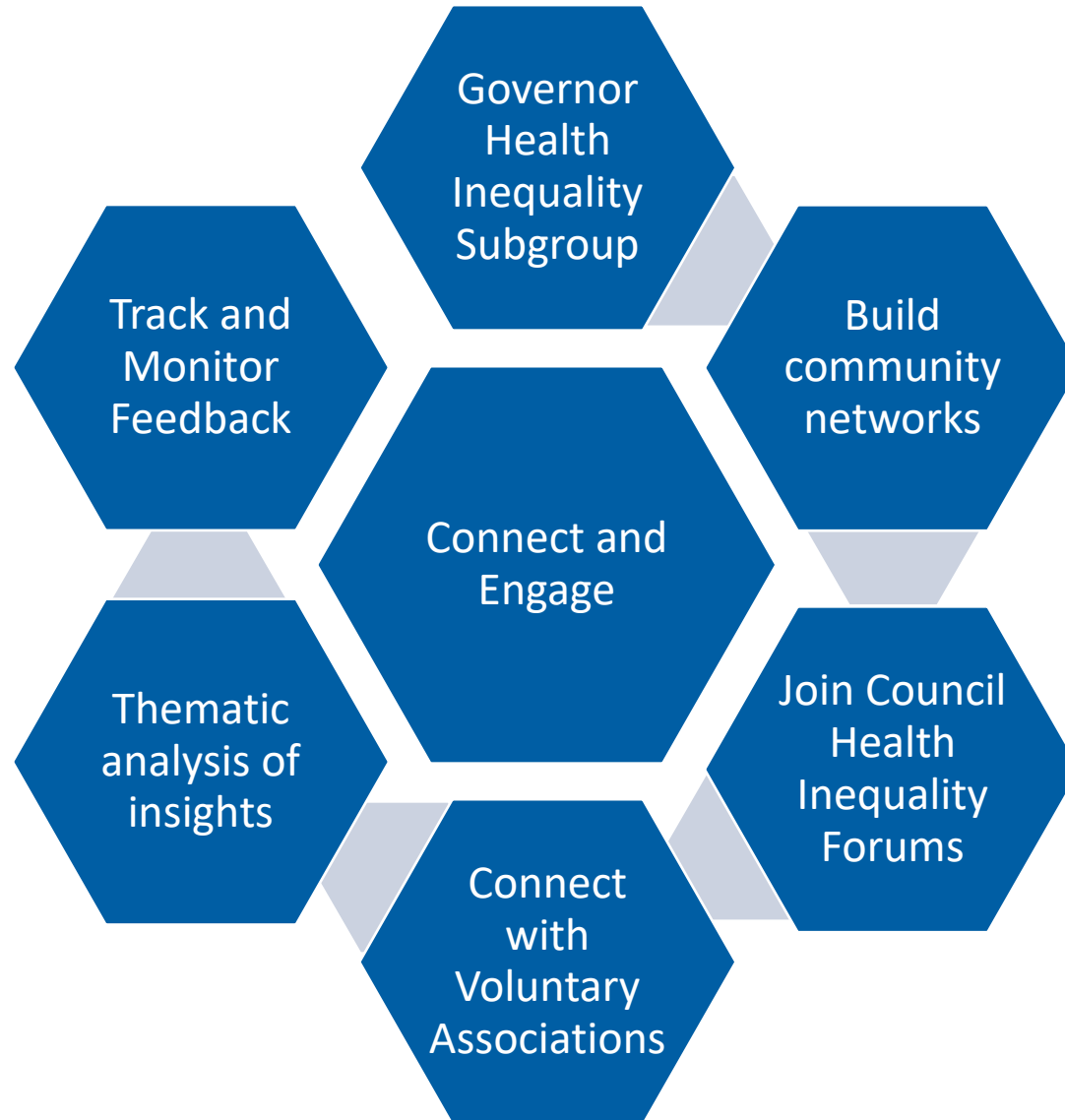
- Improves health outcomes
- Service improvements
- Builds partnerships
- Improves trust
- Social benefits
- Economic returns
- Addresses health inequalities
- Health & Care Social Act 2006 & 2012



How can the Ambulance Service help reduce health inequalities?



How can Governors help reduce health inequalities?



Governors provide a way to both listen to and shape the Trust's response to the members and the wider public, helping to give those **underrepresented a voice.**

Join us

Find out how to become a Member on our website
www.scas.nhs.uk/get-involved/membersgovernors/





NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS Clinical Pathway Development

- **The Urgent Care Pathway Programme**
- **The Clinical Pathway Team**
- **Pathway Developments and Team Workstreams**
- **Future Plans and Opportunities**

Chris Jackson

Assistant Senior Operations Manager

Annual Members Meeting
23rd October 2024



**The Urgent
Care Pathway
Programme**

**The Clinical
Pathway Team**

**Pathway
Developments
& Team
Workstreams**

**Future Plans &
Opportunities**



URGENT CARE PATHWAYS
FIRST TIME - EVERY TIME

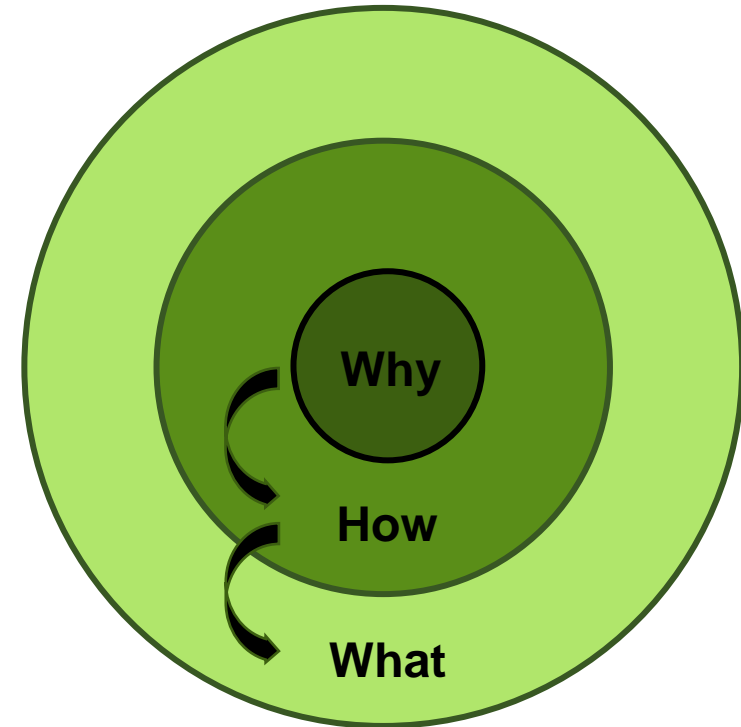


1. *Urgent Care Pathways* - Access to key services across our footprint for our clinicians to refer our patients to directly
2. *Clinical Governance* - Ensuring the safety & consistency of all Urgent Care Pathways across SCAS
3. *Digital Software Solution* - SCAS Connect - Visibility of those services for our mobile clinicians
4. *Mobile Data Terminal* - Supporting the reporting, data & metrics to understand the patient journey to improve care

Why ?



1. Our patients are the most important
2. Right care, first time, every time
3. Improve the quality of care, outcomes, safety and experiences for all our patients
4. Improve the number, access and visibility of urgent care pathways
5. Embed Urgent Care Pathways into every day clinical practice
6. Supporting our staff:
 - to provide the best possible care to their patients
 - to make simple, safe and efficient decisions
 - to empower them to streamline services to improve their working day
7. Support operational performance measures
8. Support national & local strategies



Why - Our purpose

How - Achieving our goal

What - This is what we will do

Service Overview



Primary Percutaneous Coronary Intervention (PPCI)
 (Heart Attack angioplasty artery stenting)

Hyper Acute Stroke Unit (HASU)

Major Trauma Centre

Emergency Department (ED)

Emergency Care

Abdominal Aortic Aneurysm (AAA)

Maternity

Neonates

Intermediate Care

Urgent Care Centre

Mental Health

111

- Others**
- Falls Prevention
 - Diabetic/Hypoglycaemia
 - District Nurses
 - Community Matron
 - Sexual Health
 - Eye Casualty
 - Maternity/Early Pregnancy
 - Cancer/Haematology
 - Bladder/Bowel Service
 - Drug/Alcohol Service
 - COPD/Respiratory
 - CCF Care
 - MS/Parkinsons

Urgent Care

Specialist Practitioner

Care Home Support

Out of Hours GP

GP Practice

Hospital Referral

Palliative Care

Urgent Care - Low Acuity

Historic

Emergency Department



Alternative Care Pathways

- Same Day Emergency Care
- Urgent Community Response
- Others

Aspiration

Appropriate Care Pathways



- Same Day Emergency Care
- Urgent Community Response- Others
- Emergency Department



**The Urgent
Care Pathway
Programme**

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**Pathway
Developments
& Team
Workstreams**

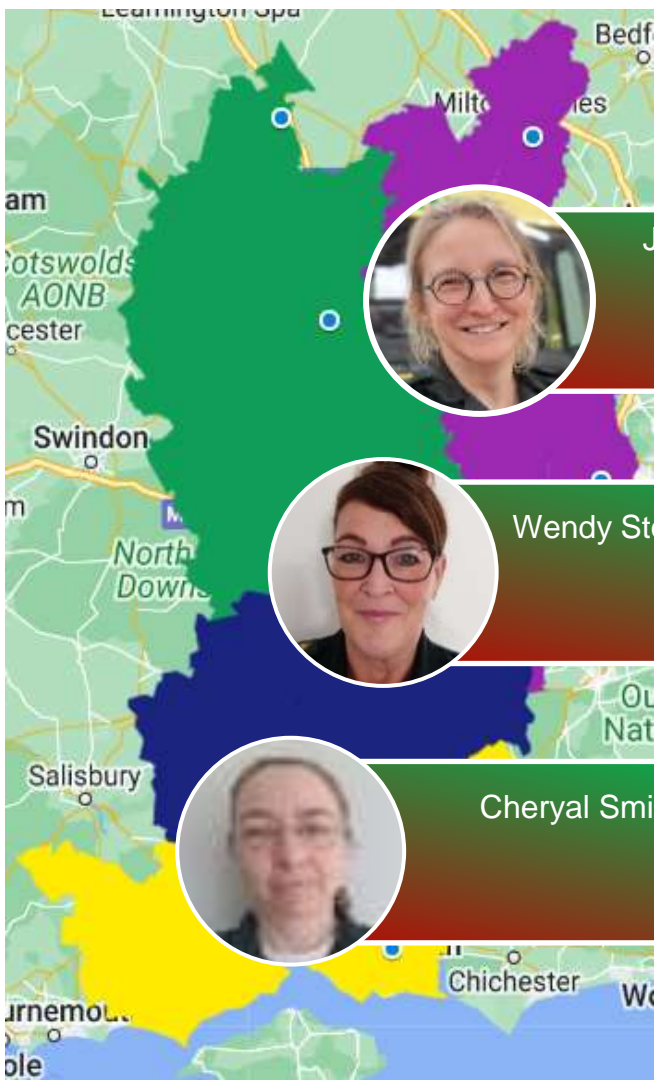
**Future Plans &
Opportunities**



CLINICAL PATHWAYS

Ensuring our patients get the Right Care: First Time - Every Time

The Clinical Pathway Team



Karen Robbins - Clinical Pathway Administrator

- Developing, managing and collating the teams administrative functions
- Database management, SCAS Connect testing & staff accounts



Jennifer Smith - Clinical Pathway Lead

- Milton Keynes
- Buckinghamshire
- Oxfordshire



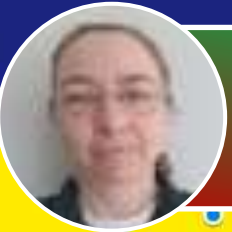
Wendy Stonehouse - Clinical Pathway Lead

- North & Mid Hampshire
- Berkshire & Frimley



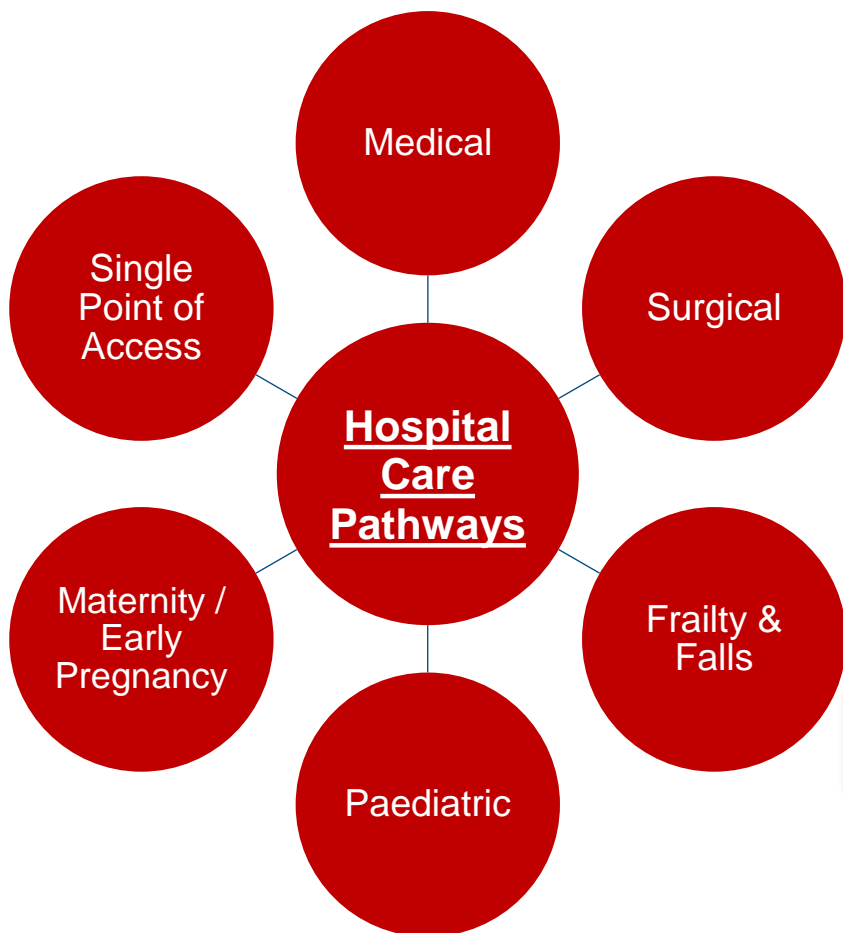
Cheryl Smith - Clinical Pathway Lead

- South-East Hampshire
- South-West Hampshire



CLINICAL PATHWAYS
Ensuring our patients get the Right Care: First Time - Every Time

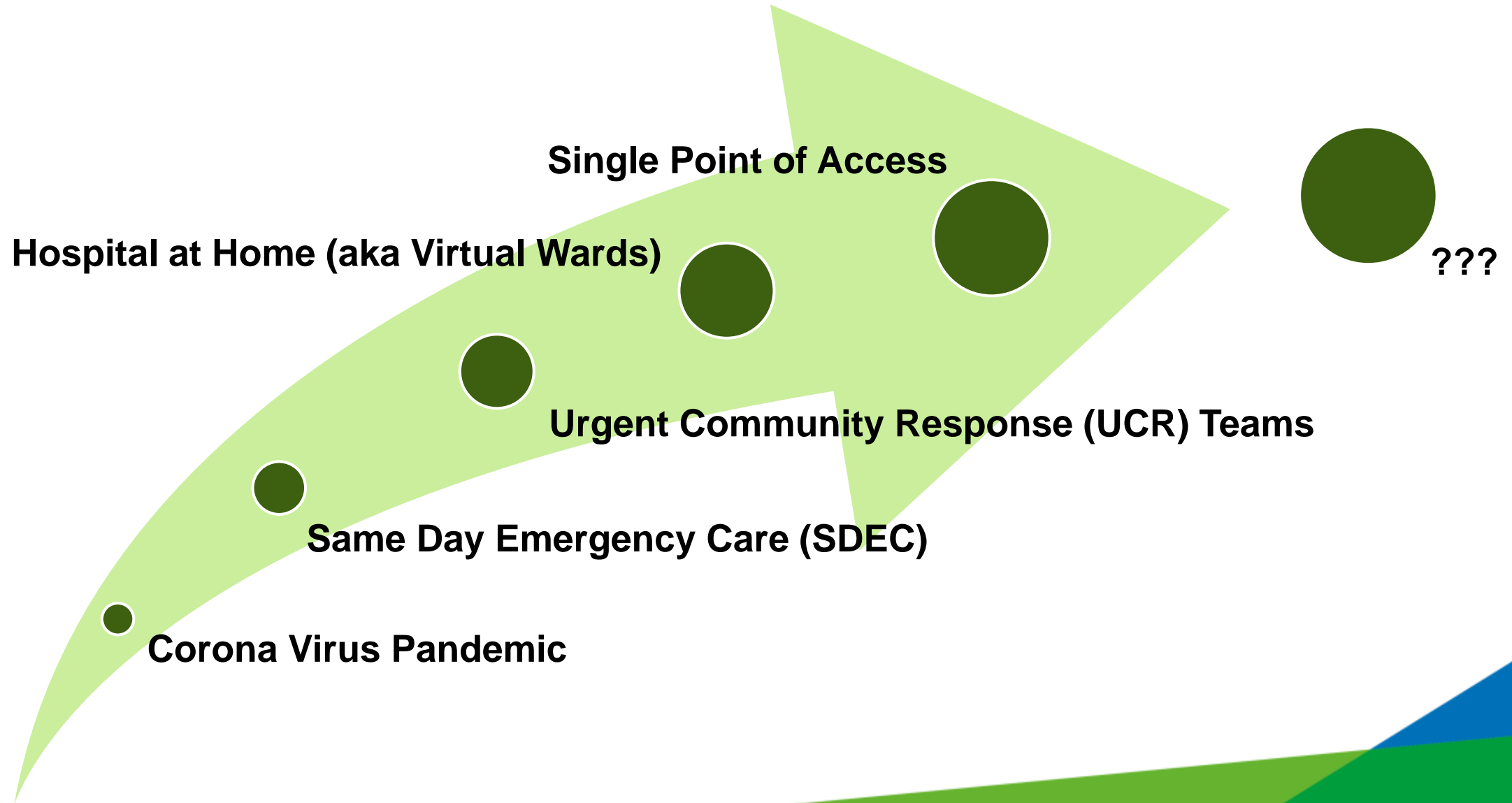
Clinical Pathway Priorities



- Hospital**
- Obstetric & Gynaecology
 - Oncology & Haematology
 - Urology
 - ENT Services
 - Epilepsy
 - Diabetes
 - Low Risk Chest Pain
 - DVT
 - Fractured NoF
 - Low Back Pain
 - Long Term Conditions
 - Eye Casualty



- Community**
- Urgent Treatment Centres
 - Minor Injury / Illness Units
 - Community Hospitals
 - Respiratory Teams
 - Diabetes Teams
 - Falls Prevention
 - Mental Health Services
 - GPs inc. Out of Hours
 - District Nurses
 - Community Matron
 - Drug & Alcohol Services
 - Chronic Cardiac Failure
 - Bladder / Bowel Services
 - Multiple Sclerosis
 - Parkinsons
 - Social Services
 - Social Prescribing



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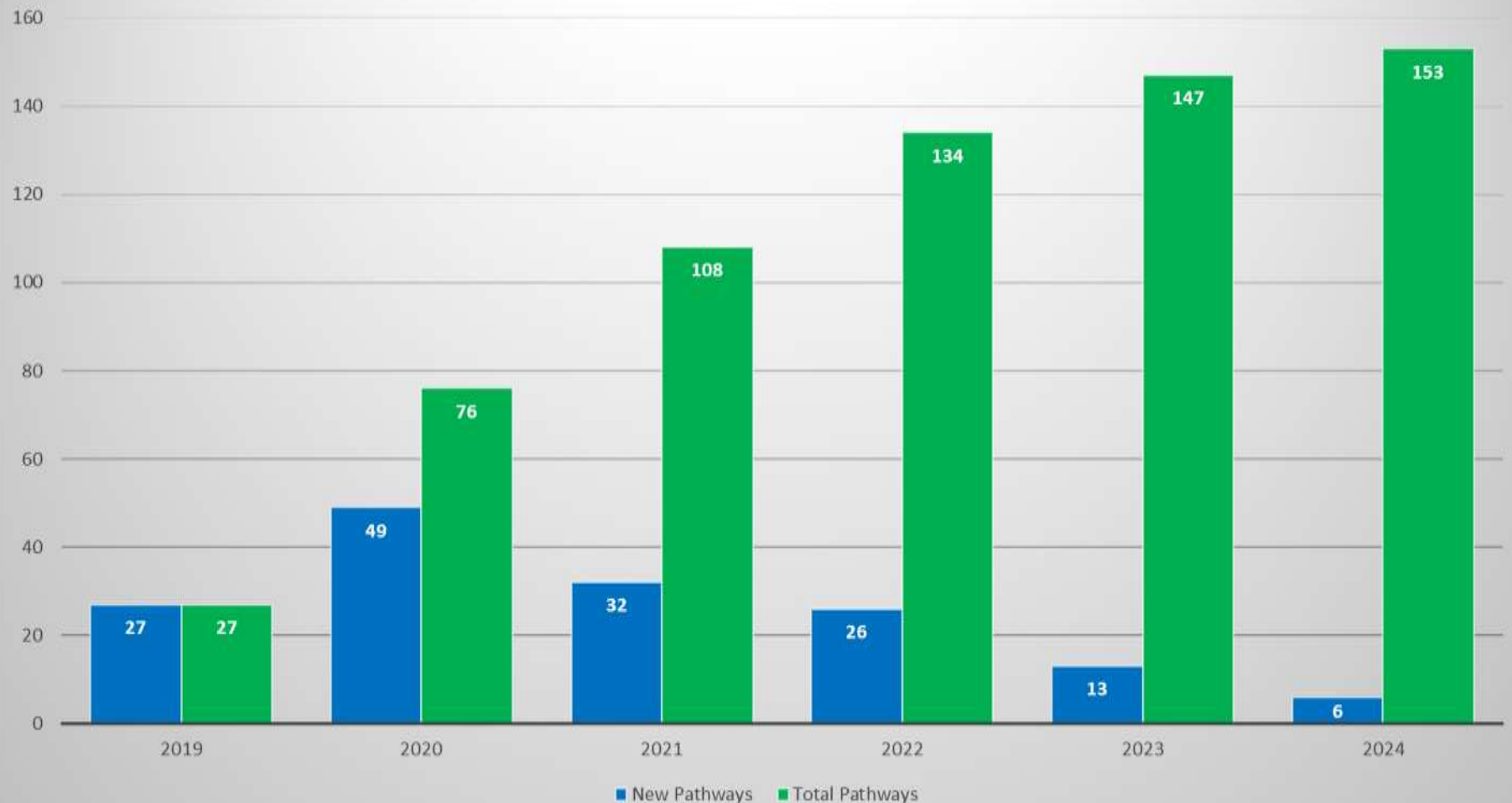


CLINICAL PATHWAYS

Ensuring our patients get the Right Care: First Time - Every Time

Clinical Pathway Development

Number of pathways developed by the SCAS Clinical Pathway Team



Since 2019, the Clinical Pathway team has developed >150 pathways across our footprint.

Essential Supporting Work Streams



Patient Safety & Experience

- Improved outcomes
- Convenience, a holistic approach to care, a patient-centered care approach, enhanced emotional support, improved physical comfort, reduction in the need for service recall and reduced journey time through the healthcare system

Clinical Governance

- Risks are mitigated, adverse events are rapidly detected and investigated openly, and lessons are learned.
- 7 Pillars of Clinical Governance
- Clinical Pathway Audits



- The Trusts digital service finder for our frontline staff
- Increased visibility and accessibility to Clinical Care Pathways
- Continues to develop and enhance, meeting the needs of operational staff

Essential Supporting Work Streams



Staff Engagement & Communication

- Understanding of Clinical Pathways and their key aims and objectives
- Regular updates & publications using a variety of formats,
- Attending induction courses for new staff and delivering regular team time sessions
- Delivered via the SCAS communications team on all platforms available to staff across the trust
- 360° feedback & engagement - Intranet Hub Page - SCAS 'Viva Engage' Platform - Staff Matters - Email

Education & Learning

- Providing our staff with regular education programme
- Up-to-date information and tools
- Develop a wide range of educational resources covering all aspects of Clinical Pathways

Quality Improvement 'Projects'

- Small Quality Improvements Projects
- Highly impactful to Operational frontline staff

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CLINICAL PATHWAYS

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SCAS as a Care Navigator



CLINICAL PATHWAYS

Ensuring our patients get the Right Care: First Time - Every Time

A circular graphic with a gradient from green at the top to red at the bottom, containing the text "Service Development".

Service Development

- Core pathways across SCAS healthcare systems
- Reducing pathway variability
- Clinical Co-ordination Centres (CCC) / 111 Integration
- Winter Planning
- Shared Patient Care Records
- Digital Strategy
 - Video Conferencing and Clinical Triage
 - Direct digital bookings into clinical pathways by frontline staff



Clinical Pathways

- Nursing and Care Home Triage support
- Mental Health Projects
- Hip Fractures
- Low Risk Chest Pain
- Diabetic Pathways
- Epilepsy & Seizure Pathways

A circular graphic with a gradient from green at the top to red at the bottom, containing the text 'National Initiatives' in white.

National Initiatives

- Single Point of Access
- Stroke Pre-Hospital Video Triage expansion
- Same Day Emergency Care (SDEC)
- Urgent Community Response (UCR)
- Hospital at Home (Virtual Wards)



CLINICAL PATHWAYS

Ensuring our patients get the Right Care: First Time - Every Time

Thank you