

## **Bundle Public Board of Directors 30 January 2025**

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- 10 Quality and Patient Safety Report Helen Young SR1 9For Assurance  
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- 11 Chief Medical Officer's Report John Black SR1 9For Noting  
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- 13 Finance Report Month 9 Update Stuart ReesSR5 16 For Assurance  
13.0 Month 9 Finance Report TB January 2025
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14.0 Cover Sheet ICS M9 Integrated Care System Report Public  
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- 15 Assurance Upward Report Finance and Performance Committee, 21 November and 18 December  
2024 Les Broude - For Noting/ Assurance  
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- 16 Assurance Upward Report Audit Committee, 15 January 2025 Mike McEnaney -For Noting/  
Assurance  
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- 17 Questions submitted by Board Members on agenda items: 11, 12, 15 & 16 --
- 18 Assurance Upward Report People and Culture Committee, 16 January 2025 Ian Green - For  
Noting/ Assurance  
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Noting/ Assurance

- 19.0 Charitable Funds Committee Upward Report - January 2025
- 20 Communications, Marketing and Engagement Update Gillian Hodgetts -For Noting  
20.0 Communications Marketing and Engagement Public Board Paper Cover Sheet - 30 January 2025  
21.0 Cover Sheet - CDO Board Report January 2025
- 21 Chief Digital Officer Report Craig Ellis SR8 15 SR10 20For Noting  
21.0 Cover Sheet - CDO Board Report January 2025
- 22 Questions submitted by Board Members on agenda items: 18, 19, 20 &21 --
- 23 Board Assurance Framework Becky Southall-For Approval  
23.0 202501 Board Assurance Framework Cover Page  
23.1 SCAS BAF - 24-25 January
- 24 Board Site Visits Becky Southall -For Noting  
24.0 Board Site Visits coversheet Jan 2025  
24.1 Board Site Visits
- 25 Any Other Business Professor Sir Keith Willett CBE -Verbal For Noting
- 26 Questions from observers (items on the agenda) Professor Sir Keith Willett CBE -Verbal For Noting
- 27 Review of Meeting Summary of Board Actions: Becky Southall Non-Executive Director: Mike McEnaney Executive Director: Mark Ainsworth -Verbal For Noting
- 28 Date, Time and Venue of Next Meeting in Public Thursday 27 March 2025 at 9.45am Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN -Verbal For Noting



## Agenda

### Public Trust Board

**Date:** Thursday 30 January 2025

**Time:** 9.45 – 12.45

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

#### **Members:**

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

#### **In attendance:**

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

#### **Apologies:**

Paul Kempster	Chief Transformation Officer
Dharmika Perera	Non-Executive Director



<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
<b>OPENING BUSINESS</b>			
1	-	Verbal For Noting	09.45
2	-	Verbal For Noting	
3	-	For Approval	
4	-	For Approval	09.50
5	-	For Noting	09.55
6	-	For Noting/ Information	10.05
7	-	For Noting	-
8	SR1 9	For Information	10.15
9	-	For Assurance	10.35
<b>High quality care and patient experience - We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.</b>			
10	SR1 9	For Assurance	11.05
11	SR1 9	For Noting	-
12	-	For Noting	-
<b>5 MINUTES COMFORT BREAK 11.15</b>			
<b>Finance &amp; Sustainability – We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partner.</b>			

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
13 <b>Finance Report Month 9 Update</b> Stuart Rees	SR5 16	For Assurance	11.20
14 <b>Hampshire and Isle of Wight ICB Month 9 Finance Report</b> Stuart Rees	SR5 16	For Noting	11.40
15 <b>Assurance Upward Report</b> Finance and Performance Committee, 21 November and 18 December 2024 Les Broude	-	For Noting/ Assurance	11.50
16 <b>Assurance Upward Report</b> Audit Committee, 15 January 2025 Mike McEnaney	-	For Noting/ Assurance	12:05
17 <b>Questions submitted by Board Members on agenda items: 11, 12, 15 &amp; 16</b>	-	-	
<b>People &amp; Organisation</b> – We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.			
18 <b>Assurance Upward Report</b> People and Culture Committee, 16 January 2025 Ian Green	-	For Noting/ Assurance	12:10
19 <b>Assurance Upward Report</b> Charitable Funds Committee 10 January 2025 Nigel Chapman	-	For Noting/ Assurance	-
<b>Partnership &amp; Stakeholder Engagement</b> - We will engage with stakeholders to ensure SCAS strategies and plans are reflected in system strategies and plans.			
20 <b>Communications, Marketing and Engagement Update</b> Gillian Hodgetts	-	For Noting	-
<b>Technology transformation</b> – We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.			
21 <b>Chief Digital Officer Report</b> Craig Ellis	SR8 15 SR10 20	For Noting	-
22 <b>Questions submitted by Board Members on agenda items: 18, 19, 20 &amp; 21</b>	-	-	
<b>Well Led</b> – We will become an organisation that is well led and achieves all of its regulatory requirements by being rated Good or Outstanding and being at least NOF2.			
23 <b>Board Assurance Framework</b> Becky Southall	-	For Approval	12.15
24 <b>Board Site Visits</b> Becky Southall	-	For Noting	-

<u>Item</u>	<u>BAF</u>	<u>Action</u>	<u>Time</u>
<b>25</b>			
<b>Any Other Business</b> Professor Sir Keith Willett CBE	-	<b>Verbal For Noting</b>	-
<b>26</b>			
<b>Questions from observers (items on the agenda)</b> Professor Sir Keith Willett CBE	-	<b>Verbal For Noting</b>	12.35
<b>27</b>			
<b>Review of Meeting</b>  Summary of Board Actions: Becky Southall  Non-Executive Director: Mike McEnaney  Executive Director: Mark Ainsworth	-	<b>Verbal For Noting</b>	12.45
<b>28</b>			
<b>Date, Time and Venue of Next Meeting in Public</b> Thursday 27 March 2025 at 9.45am Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN	-	<b>Verbal For Noting</b>	-

# Our Values



## Caring:

Compassion for our patients, ourselves and our partners



## Professionalism

Setting high standards and delivering what we promise



## Innovation

Continuously striving to create improved outcomes for all



## Teamwork

Delivering high performance through an inclusive and collaborative approach



# **BOARD MEMBERS REGISTER OF INTERESTS**

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



## **INTRODUCTION & BACKGROUND**

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

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

## **DOCUMENT INFORMATION**

**Date of issue:** 21 January 2025

**Produced by:** The Governance Directorate

## **PROFESSOR SIR KEITH WILLETT CBE, TRUST CHAIR**

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

1. Professor of Trauma Surgery, University of Oxford
2. Chair of the Chair' Group and Council of the Association of Ambulance Chief Executives (AACE)
3. Retained with NHS England and NHS Improvement to support COVID-19 public inquiry
4. Patron of IMPS (Injury Minimization Programme for Schools). An NHS charity under Oxford University Hospital NHS Foundation Trust

### **Current 'Other' Interests**

5. Honorary Air Commodore to 4626 Squadron, RAuxAF

### **Interests that ended in the last six months**

6. None

## **SUMIT BISWAS, NON-EXECUTIVE DIRECTOR / DEPUTY CHAIR**

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

1. None

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

4. None

## **LES BROUDE, NON-EXECUTIVE DIRECTOR / SENIOR INDEPENDENT DIRECTOR**

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

1. None

### **Current 'Other' Interests**

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

### **Interests that ended in the last six months**

4. None

## **NIGEL CHAPMAN, NON-EXECUTIVE DIRECTOR**

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

1. None

### **Current 'Other' Interests**

2. Labour City Councillor for Headington Hill and Northway, Oxford City Council.

3. Oxford City Council – Cabinet Member for Citizen Focused Services & Council Companies, Member of Oxford City Council Planning Committee
4. Director Empowering Leadership Ltd
5. Chair Elmore Community Services, Oxford
6. Community Governor, New Marston Primary School, Oxford (part of the River Learning Trust)

**Interests that ended in the last six months**

7. Director of Farrar Chapman Ltd\*

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

**IAN GREEN, NON-EXECUTIVE DIRECTOR**

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

1. Chair of Salisbury NHS Foundation Trust

**Current ‘Other’ Interests**

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

**Interests that ended in the last six months**

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

**MIKE McENANEY, NON-EXECUTIVE DIRECTOR**

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

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

**Current ‘Other’ Interests**

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

**Interests that ended in the last six months**

7. None

**Dr DHAMMIKA PERERA, NON-EXECUTIVE DIRECTOR**

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

1. None

**Current 'Other' Interests**

2. Global Med Director of MSI Reproductive Choices
3. Member of the Clinical Committees on Safe Abortion Care at the WHO and at the International Federation of Obstetricians and Gynecologists (FIGO)

**Interests that ended in the last six months**

4. None

**KATIE KAPERAROS, NON-EXECUTIVE DIRECTOR**

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

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

**Current 'Other' Interests**

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

**Interests that ended in the last six months**

6. None

**DAVID ELTRINGHAM, CHIEF EXECUTIVE OFFICER**

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

1. None

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

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

**PAUL KEMPSTER, CHIEF OPERATING OFFICER**

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

1. None

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

## **JOHN BLACK, CHIEF MEDICAL OFFICER**

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

1. Emergency Medicine Consultant, Oxford University Hospitals NHS Foundation Trust
2. Honorary Consultant Civilian Adviser in Pre-hospital Emergency Care to the Army
3. Member National Ambulance Medical Directors Group (NASMeD)
4. Investor Oxford Medical Products Ltd\*

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

### **Current 'Other' Interests**

5. None

### **Interests that ended in the last six months**

6. None

## **PROFESSOR HELEN YOUNG, CHIEF NURSE**

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

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

### **Current 'Other' Interests**

5. None

### **Interests that have ended in the last six months**

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

## **STUART REES, INTERIM DIRECTOR OF FINANCE**

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

1. SCFS Ltd Managing Director as of December 2023

### **Current 'Other' Interests**

2. None

### **Interests that ended in the last six months**

3. None

## **CRAIG ELLIS, CHIEF DIGITAL OFFICER**

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

1. None

**Current 'Other' Interests**

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

**Interests that ended in the last six months**

3. None

**MARK AINSWOTH, DIRCTOR OF OPERATIONS**

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

1. None

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**NATASHA DYMOND, INTERIM DIRECTOR OF PEOPLE**

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

1. None

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**DUNCAN ROBERTSON, CHIEF PARAMEDIC**

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

1. None

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**BECKY SOUTHALL, CHIEF GOVERNANCE OFFICER**

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

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

**Current 'Other' Interests**

2. None

**Interests that ended in the last six months**

3. None

**END**



## Minutes Public Trust Board Meeting

**Date:** 28 November 2024

**Time:** 9.45am – 1.00pm

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

**Members Present:**

Nigel Chapman	Non-Executive Director
Ian Green	Non-Executive Director
Dhammika Perera	Non-Executive Director
Mike McEnaney	Non-Executive Director
Professor Helen Young	Chief Nurse Officer
Mark Ainsworth	Director of Operations
Dr John Black	Chief Medical Officer
Craig Ellis	Chief Digital Officer
Stuart Rees	Interim Director of Finance

**In Attendance:**

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

**Apologies:**

Katie Kapernaros	Non-Executive Director
Les Broude	Non-Executive Director
Jamie O’Callaghan	Interim Chief Governance Officer
Natasha Dymond	Acting Director of People
Melanie Saunders	Chief People Officer
Paul Kempster	Chief Transformation Officer
Kofo Abayomi	Head of Corporate Governance & Compliance

Item No.	Agenda Item
<b>1</b>	<b>Chair’s Welcome, Apologies for Absence</b>
1.1	Keith Willett (Chair) opened the meeting and welcomed those present. Apologies were received as above.



<b>2</b>	<b>Declarations of Interests</b>
2.1	No declarations of interest, further to those received in writing, were received.
<b>3</b>	<b>Minutes from the meeting held on 26 September 2024</b>
3.1	The minutes were agreed as an accurate record of the meeting.
<b>4</b>	<b>Matters Arising and Action Log</b>
4.1	<p>The action log was reviewed, and the following action was agreed to be closed:</p> <p>Action 1 (25.07.24) - Sumit Biswas requested that Non-Executive Directors are provided with relevant communications for site visits. Gillian Hodgetts confirmed that the Communications team are developing FAQs and developing responses to more specific questions to support the engagement process and will be shared in due course.</p> <p>Action 4 (26.09.24) Patient Story - Helen Young / Mark Ainsworth to organise a visit to the 111 call centre for Mrs Smith.</p> <p>Action 5 (26.09.24) Patient Story - Natasha Dymond to organise conversation with retrained staff member.</p> <p>Action 6 (26.09.24) IPR - Mark Ainsworth to provide report to Board on PTS VOR performance. The Board agreed that information is circulated to Board members and agreed to close the action.</p> <p>Action 7 (26.09.24) IPR: Meal break policy change - Les Broude asked a further question pertaining to PTS 60 second performance and Mark Ainsworth agreed to provide the information outside of the meeting. <b>ACTION:</b> Mark Ainsworth to provide information relating to PTS as described.</p> <p>Action 8 (26.09.24) IPR: Vehicle cleanliness audits - HoG to ensure that agendas for Q&amp;S and F&amp;P committees reflect appropriate oversight of vehicle cleaning requirements and performance against targets going forward.</p> <p>Action 9 ((26.09.24) IPR: Recruitment times by role type to be reported to the next meeting of the P&amp;C Committee. iDoP to report, HoG to schedule.</p> <p>Action 11(26.09.24) Quality and Safety report - HY to consider reporting requirements relating to Call handler performance.</p> <p>Action 7 (28.03.24) - Annual Assurance of SCAS EPRR functions to be presented to the Board.</p>
<b>5</b>	<b>Chairs Report</b>
5.1	Keith Willett, Chair, presented highlights from his report. In particular, he referred to the busy period and challenges faced by the organisation from a performance and financial perspective. He thanked the front line staff, crews and those involved behind the scenes for all their hard work despite challenging times of the corporate reviews and executive restructure consultation.
5.2	The Chair acknowledged the positive energy, commitment and compassion shown by staff on his site visits.
5.3	The Board <b>NOTED</b> the Chairs Report.
<b>6</b>	<b>Chief Executive Officer's Report</b>





- 6.1 David Eltringham, Chief Executive Officer, referred to his report and presented some additional information verbally, as follows:
- a) Melanie Saunders, Chief People Officer has decided to move on from SCAS, she had been with the Trust for over two decades. The Board formally recorded their thanks and appreciation for all her work and wished her well in future endeavours.
  - b) He acknowledged that staff were working in difficult and challenging times and assured the Board that the leadership team remained focussed on ensuring that there is a balance in this set of challenging circumstances, with continued focus on delivering performance whilst ensuring quality and safety for patients. He noted the pressure on staff and the trust working in very stringent financial envelope. David Eltringham thanked front line, PTS teams and volunteers for all their hard work. He also expressed his thanks to the corporate team who were operating in very difficult circumstances and having difficult conversations around the corporate review.
  - c) David Eltringham emphasised the importance of system wide partnership and working together. He informed the Board that SCAS has been working hard from an operational perspective with Portsmouth and South East Hampshire over the last few months to get the new Emergency Department open at the Queen Alexandra Hospital to improve urgent and emergency care response, which had been challenging. Mark Ainsworth and his team have been working closely with the hospital and SCAS has had the opportunity to redesign and rethink some of the pathways. David Eltringham was of the view that this would improve performance in the South East region.
- 6.2 Sumit Biswas asked about the corelation between release to respond and the newly opened emergency department at the Queen Alexandra hospital and whether the hospital was in a position to implement release to respond before the festive period. David Eltringham responded that release to respond start date is scheduled for 12 December however it was not sensible to start this at the Queen Alexandra hospital around the opening of the emergency department. Mark Ainsworth, Executive Director of Operations and his team have worked very hard to build workable policies and procedures so that this is done safely and the Queen Alexandra Hospital is no exception. The Board noted that David Eltringham and members of the operations team joined a walk through the new emergency department and there were discussions around clarity on how release to respond will operate with emphasis on making sure that the pathways through the hospital are improved. The Board were informed that there is a Standard Operating Procedure in place that is safe and workable and agreed with the hospital.
- 6.3 Nigel Chapman sought assurance that the Trust's financial constraint would not impact patient safety, particularly in relation to Category 3 and 4 performance currently off target. David Eltringham explained that the data is monitored on a daily basis and discussed at the daily Executive huddle and reported to the relevant Board Committees. Whilst it is recognised that there are extended waits for Category 3 and 4 patients, there are safety measures in place to ensure they do not suffer harm. Helen Young also carries out thematic reviews so that the Trust is sighted on any incidents of harm or possible harm. The Board noted that there was still work to be done internally and system wide around how we manage Category 3 and 4 patients. Helen Young, Chief Nurse further summarised pieces of work including the newly commissioned thematic review into the deteriorating Category 4 to review internal and system wide factors contributing to delays. She provided assurance that whilst there is poor patient experience, no harm have been identified. Further to Nigel Chapman's query whether re-



6.4	<p>categorisation of patients takes place in order to get to them as quickly as possible, Helen Young described the process in place including a safety welfare monitor call by a clinician to monitor patients during the waiting period. A thematic review of Category 3 and 4 patients who ended up as Categories 1 or 2 including pathway of the journey to see if there are any opportunities for improvement. Mark Ainsworth, Executive Director of Operations provided further assurance that crew members are encouraged when they arrive on scene to report by Datix if patients are not as presented particularly after a long wait.</p> <p>The Board <b>NOTED</b> the Chief Executive Officer Report.</p>
7	<p><b>Update to the Public Board on the previous Private Board meeting</b></p>
7.1	<p>The Board <b>NOTED</b> the update from the Private Board meeting held on 26 September and 31 October 2024.</p>
8.	<p><b>Patient Story</b></p>
8.1	<p>The Board heard a presentation from a staff linked to UK Disability History month. Sarah Battram-Cake, talked to the Board regarding her experience working at SCAS. The main issues Sarah has experienced have been around a lack of understanding of what reasonable adjustments are needed, lack of communication, unconscious bias towards people with disabilities and long-term health conditions, and a lack of internal processes to support staff and managers with implementing reasonable adjustments.</p>
8.2	<p>Helen Young, Chief Nurse, informed the Board that the Executive Team will be marking the UK Disability History month on 3 December and would use this opportunity to raise awareness and this was an opportunity for the Trust Board to show support. The Board were also informed that Helen Young and Natasha Dymond, Interim Director of People, are Executive Sponsors of the DARE network.</p>
8.3	<p>The Chair thanked Ms Battram-Cake for attending the Trust Board meeting and for sharing her story and her advice on steps the Trust can take to mitigate future occurrence and to make the Trust more inclusive. An apology on behalf of the Trust Board was given to Ms Battram-Cake for all she had been through.</p>
8.4	<p>Ian Green, Non-Executive Director and Chair of the People and Culture Committee noted points made by Ms Battram-Cake on reasonable adjustments, recruitment and stated that these were not isolated cases and that there had been a number of board level discussion around these issues. He offered to meet with Ms Battram-Cake to discuss the DARE network in detail and discussions on how the People and Culture Committee can commission a deep dive on supporting people with disabilities and to ensure that a more robust process is in place for responding to reasonable adjustments either through the recruitment or induction.</p>
8.5	<p>Nigel Chapman, Non-Executive Director urged the executive team to think about ownership and responsibility for ensuring the right process. Ms Battram-Cake advised the Trust to look outside the ambulance sector particularly the fire service and not only rely on line managers to take reasonable adjustments actions forward. <b>Action: Deep Dive commissioned by People and Culture Committee on supporting staff with disabilities to include out of sector reasonable adjustments particularly the fire service.</b></p>



<p>8.6</p> <p>8.7</p> <p>8.8</p>	<p>David Eltringham thanked Ms Battram-Cake for her story and felt that proactive steps were needed to support this issue. He also expressed interest in attending the disabilities network sessions.</p> <p>Mike McEnaney, Non-Executive Director &amp; Chair of the Audit Committee informed the Board that there were two medium actions outstanding from last year’s internal audit of the Trust’s Equality Diversity and Inclusion. He stated that there was a link with the issue being discussed, these actions had been outstanding for over a year. He advised that these needed to be resolved quickly and for them to be embedded as business as usual.</p> <p>The Board <b>NOTED</b> the Staff Story.</p>
<p><b>9</b></p> <p>9.1</p> <p>9.2</p> <p>9.3</p> <p>9.4</p> <p>9.5</p> <p>9.6</p> <p>9.7</p>	<p><b>Integrated Performance Report (IPR)</b></p> <p>The Board received a report providing the high-level Integrated Performance information designed to give organisational oversight of all key areas across the Trust for assurance purposes. It covered performance in the areas of Quality, Operations, Workforce and Finance for the performance period of October 2024, the seventh month of the financial and operational year.</p> <p>The Board received the following sections of the IPR for discussion:</p> <p><b><u>People</u></b>      The Board received the workforce performance for the reporting period, noting in particular the trend for vacancies and turnover which were largely impacted by the corporate restructure and loss of the PTS contract. The Interim Chief People Officer and her team were focussed on improving performance.</p> <p>The Board noted that there was a deep dive of the Trust’s recruitment processes and it was the view of the Committee that more work is required to assure the Committee of the robustness of the Trust’s recruitment process. A quality improvement piece of work was requested by the Committee with progress updates to be reported to the Board.</p> <p><b><u>Quality and Safety</u></b>      The Board received the Quality and Safety performance for the reporting period and noted the following key highlights:</p> <p><b><u>Safeguarding</u></b>      The Board noted that the current compliance rate for safeguarding level 3 training was now at 91% with full plans to sustain the compliance level.</p> <p><b><u>IPC</u></b>      Vehicle cleanliness audits continue to increase due to the improvements made with digital tracking. Helen Young highlighted that although the audits continue to increase, the level of cleanliness were still not deemed to be of the right standard and quality and there is an increased risk that vehicles in operations do not meet the required standard thereby impacting patient safety. Steps to mitigate this issue include regular meetings between the IPC, estates and fleet teams to provide relevant training on IPC audit requirements.</p>



9.8	The Board noted progress of the Quality improvement programme monitored by the Quality and Safety Committee.
9.9	<p><u>Complaints/Patient Experience</u></p> <p>The Board noted improvements put in place to enhance patient experience by improving response to complaints received and extending the period of investigations.</p>
9.10	<p>In response to Nigel Chapman’s concern that there was still no progress made on cleanliness of vehicles on the road, Helen Young explained that there is ongoing work commissioned by the Executive Management Committee. The Chief Nurse, Executive Director of Operations and Chief Finance Officer are to report back to the Committee on how this issue will be managed medium to long term. The Board noted that there are three levers in place to address this issue, which formed part of the IPC improvement piece. <b>Action: The Board requested that the output (components of the problem, three levers proposed and likely success) is reported to the Quality and Safety Committee.</b></p>
9.11	<p><u>Operations</u></p> <p>The Board received the Operations performance for the reporting period and noted the following key highlights:</p> <ul style="list-style-type: none"> <li>• Hear and Treat continued to improve with performance slightly above target.</li> <li>• Funding for Category 2 segmentation now in place and this enables us to increase clinician cover in the contact centre therefore increasing the number of calls going through Category 2 segmentation.</li> <li>• Handover delays: Queen Alexandra Hospital continues to impact Category 2 performance by over 15 minutes.</li> <li>• Meal break compliance continues to show special cause variation with a lower than expected performance at 35%. The new meal break policy was effective from 30 October 2024. It was reported at the last meeting that within 24 hours of the policy being in effect, patient harm was identified, as a result it was paused, reviewed and new parameters introduced to mitigate further risks. It will take time to embed to see significant impact. The Board noted a summary of changes made to the policy.</li> <li>• The Board noted November performance for Category 2, Hear and Treat and handover target.</li> </ul>
9.12	The Board noted the Trust’s operational performance and discussed further improvements to performance and overall IPR development.
9.13	The Chair raised a question submitted by a Governor ahead of the meeting around the absence of data point for October relating to VoR and queried the reason and implication. The Board noted that this was an oversight. A verbal update was provided that the performance for the reporting period was 40% with an increase in lost hours and crews without vehicles reported daily.
9.14	<p><u>Finance</u></p> <p>The Board noted the finance section of the IPR.</p>
9.15	The Board <b>noted</b> the Integrated Performance Report.
<b>10</b>	<b>Emergency Preparedness Resilience and Response Report</b>



10.1	James Amos, Head of Resilience presented the report and asked the Board to note the statement of compliance which was based on the peer review by HIOW and BOB ICB and the self-assessment against the EPRR core standards. The Board noted that the Trust compliance level is Substantially Compliant with 200 out of 204 core standards fully compliant and 4 partially compliant. Improvements and ongoing actions were highlighted with plans to be fully compliant by January 2025, progress will be monitored by the EPRR Delivery Group. The top national and internal EPRR risks were noted.
10.2	Sumit Biswas queried whether there have been changes to the standards year on year. In response James Amos explained that the standards are updated every three years with the last three years being the same with major changes expected next year around cyber and business continuity. Sumit Biswas further queried the accuracy of the Trust's forecast. It was noted that the planning and forecast team carry out monthly reviews which are then reported to the Executive Director of Operations.
10.3	<b>Winter Framework &amp; Preparedness Report</b>
10.4	The Board received the winter framework, noting that processes from last year which worked very well were extended for the current year. It was noted that there is a Winter Preparedness Group which meets fortnightly and then monthly as we progress well into the winter. Mark Ainsworth highlighted that the team are horizon scanning for additional winter risks with focus on severe weather, events in the middle east and fuel oil as these have direct impact on the Trust and patients. This is done with local resilience board partners, risks around these include acuity of calls, handover delays not reducing. There Board noted that there is currently no additional winter funding available and there is limited funding to put in place incentive schemes or increase private providers.
10.5	The Board <b>noted</b> the Emergency Preparedness Resilience and Response and Winter Framework & Preparedness Reports.
11	<b>SCAS Charity Annual Report and Accounts</b>
11.1	Vanessa Casey, Managing Director, SCAS Charity presented the SCAS charity audited annual accounts and annual report for Board approval.
11.2	The Board noted that the charity income increased considerably last year due to the legacy received by the charity and this helped with unrestricted reserves. Vanessa Casey highlighted that the main priority is for the charity to be more sustainable in terms of unrestricted income but this remained a risk for the charity.
11.3	The Chair thanked Vanessa Casey and her team for all their work undertaking the first audit process.
11.4	The Board noted that both the Charitable Funds and Audit Committees had recommended approval of the accounts to the Board.
11.5	The Board <b>approved</b> the accounts for submission to the Charity Commission.
11.6	<b>Charitable Funds Committee Upwards report</b>



11.7	The Board received and noted the Charitable Funds Committee upward report.
<b>12</b>	<b>Quality and Patient Safety Report</b>
12.1	The Board received the Quality and Safety Report which contained data for the period of October and November 2024.
12.2	<p>Helen Young, CNO, introduced the report and drew out some elements for particular note, as follows:</p> <ul style="list-style-type: none"> <li>a) Uptake and completion of Mental Capacity Act (MCA) training was currently reporting at, Level 1 96% against the 95% target. The Board noted that as part of the CQC feedback, it was highlighted that staff were not sighted or confident in handling mental health cases therefore there has been increased push in training within the Trust and this was the first time the compliance rate exceeded the target. Patient notes and records have also been audited with staff experience of dealing with patients where they have to access mental capacity and this is going in the right direction.</li> <li>b) An improved safeguarding referral form was launched in October, this has improved the trust processes significantly and received positive feedback from our partners.</li> <li>c) The Trust submitted evidence against NHS England s106 undertakings as a result of the Trust being rated inadequate by the CQC. There was a follow up visit by NHS England and the ICB to triangulate our evidence and to answer further questions. The initial feedback from the triangulation visit was good and they were pleased with the quality of evidence provide. They also noted the ongoing culture piece of work, though it was recognised that there was still more work to be done to embed culture, well-led and patient safety. The next step is a discussion among NHS England colleagues and a decision taken in January whether to issue a certificate of compliance against any of the undertakings.</li> </ul>
12.3	Dhammika Perera, noted that the report was good and informative but advised that in order to track progress the report should include key areas identified for improvement and up to date progress and plans to make improvement more robust. Helen Young advised that the three year quality strategy detailed year 1 through year 3 improvements and outstanding actions. It was further noted that there is a planned board seminar on CQC compliance that will include the journey from the CQC inspection to progress made to date.
12.4	The Chair highlighted impact of the mental health rapid response vehicles and stated that it was fundamental to how the Trust act as the care navigator and secure alternative pathways to avoiding conveyance. Whilst this is progressing well, there is still room for improvement to reach the target hours, he queried whether targeted work was also being done to get other partners on board in this area for this to progress from SCAS charity funded to fully commissioned work. Helen Young responded that evidence is collated and shared with ICB Quality Boards and all forums where necessary however this does not yet have the traction and impact. The Board discussed opportunities and how to carry this forward.
12.5	David Eltringham drew the attention of the Board to the review of the ambulance service by Carnall Farrar, this report will be considered at the Joint Board meeting with South East Coast Ambulance Service. The focus of the review will be on how we commission services and the move to common ambulance commissioning. David Eltringham stated that this was a real



12.6	<p>opportunity to highlight some of the inequalities/variations across the operational areas including mental health which is a high priority area.</p> <p>The Board <b>NOTED</b> the Quality and Patient Safety Report.</p>
<p><b>13</b></p> <p>13.1</p> <p>13.2</p> <p>13.3</p>	<p><b>Chief Medical Officer's Report</b></p> <p>The Board received the report of the Chief Medical Officer. It was taken as read and discussion opened.</p> <p>In response to Sumit Biswas' query on the survey study investigating frontline ambulance service staffs' thoughts and experience of cultural competence, John Black explained that the survey is part of a PhD thesis that will involve surveying our staff and looking at the impact on the ethnicity of patients they attend to and how it impacts their decision making. This is linked to ethnicity competence and is a study designed to test some of the inequalities issue.</p> <p><b>The Board noted the Chief Medical Officer's Report.</b></p>
<p><b>14</b></p> <p>14.1</p> <p>14.2</p> <p>14.3</p> <p>14.4</p> <p>14.5</p> <p>14.6</p>	<p><b>Finance Report Month 7 Update</b></p> <p>Stuart Rees, Interim DoF, presented the report. He explained that SCAS was currently reporting an in-month surplus of £0.6m in month 7, against a planned surplus of £0.5m. The Trust also received YTD deficit funding of £3.6m from H10W ICB, meaning the reportable position year to date is now £2.9m deficit against the £6.5m deficit, before deficit funding. The Trust was still forecasting a control total of £10.1m. The Finance and Performance Committee will monitor the forecast position monthly and respond to the ICB if we believe this is no longer possible. Currently the Committee is assured that this is still achievable.</p> <p>The Board noted that all provider organisations were required to submit their annual plan to the Hampshire and Isle of Wight ICB how they will get to the year-end position including their financial plan. Stuart Rees highlighted that the SCAS plan was rated assured with risks.</p> <p>Stuart Rees informed the Board that although there are improvements in the run rate, work is still needed to achieve the year-end position and to ensure that the financial capital is delivered. There have been three extraordinary Finance and Performance Committee meetings focused on the financial recovery plan and mitigations between now and year-end. Actions from these meetings are tracked at the Executive Management Committee with progress reported back to the Finance and Performance Committee.</p> <p>Further to the update on capital position, the Board were informed that it was required to sign off month 8 capital return and asked for delegated authority to the Interim Finance Director and the Trust Chair or Chief Executive Officer to sign off the capital position.</p> <p>Mike McEnaney highlighted the PTS risk and stated that although the Trust can achieve the plan this financial year. He sought assurance that there is grip on the first quarter of the new financial year. Stuart Rees provided a breakdown of mitigations relating to PTS and explained that although there is still no total grip, the Trust is making good progress.</p> <p>David Eltringham commented that the extraordinary Finance and Performance Committee meetings were useful and the same approach would be incorporated into the Executive</p>



	Management team to ensure that the Trust is on track with our plan, this exercise will be done at least twice yearly.
14.7	<b>The Board noted the Finance Month 7 Update.</b>
<b>15</b>	<b>Hampshire and Isle of Wight ICB Month 7 Finance Report</b>
15.1	The Chair informed the Board that it was required to provide assurance around the delivery of the Trust's plan and to ensure that risks against achieving the plan are mitigated. The Board was also asked to recognise the Trust's contribution to ICB system transformation.
15.2	Stuart Rees added that this was a significant ask between now and year-end. The ICB system Chief Executives are involved in this with specific workstreams which linked into system improvements.
15.3	David Eltringham highlighted the importance of seeing the role played by Chief Executives as system leaders which is about delivering plans committed to by each organisation this also goes beyond system level transformation. The Board noted that David Eltringham was leading on the HloW urgent and emergency care transformation with focused on 5 key areas: single point of access, same day emergency and urgent care treatment centres, decision to admit criteria, hospitals and release to respond. David Eltringham explained that some of the work are not specific to ambulance services. He also stated that Mark Ainsworth team play a significant role in working with challenged systems around urgent and emergency care. It was noted that a disproportionately large amount of time is spent focused on Portsmouth and South East Hampshire being the most challenged urgent and emergency care system in the patch therefore it is appropriate to focus our energy there.
15.4	In response to Mike McEnaney's query on how the system vacancy panel to review any proposed external recruitment impacted SCAS. Stuart Rees explained that all recruitment apart from frontline recruitment had to go through this panel.
15.5	The Board <b>noted</b> the Hampshire and Isle of Wight ICB Month 7 Finance Report.
<b>16</b>	<b>Assurance Report</b>
16.1	Finance and Performance Committee 23 October and 21 November 2024.
16.2	The Board <b>NOTED</b> the Finance and Performance Committee Assurance Reports.
<b>17</b>	<b>Assurance Report</b>
17.1	Audit Committee 20 November 2024
17.2	The Board <b>NOTED</b> the Audit Committee Assurance Report.
<b>18</b>	<b>Questions submitted by Board Members on agenda items:14-17</b>
18.1	No questions received.





<p><b>19</b></p> <p>19.1</p> <p>19.2</p> <p>19.3</p>	<p><b>Assurance Report</b></p> <p>The Board received the People and Culture Committee assurance report of the meeting held on 14 November 2024 and the Attrition Report received at the same meeting.</p> <p>Mike McEnaney sought clarity on length of service information in the report, He was concerned that the Trust was losing staff within 12 months of them joining the Trust. As the Chair of the Committee was absent during this discussion, this was referred to the Committee. <b>Action: The Board referred the issue of Length of Service information to the People and Culture Committee for clarity.</b></p> <p>The Board also noted that a piece of work is being undertaken to consider staff who leave the Trust close to service milestones.</p> <p>The Board <b>NOTED</b> the People and Culture Committee Assurance Report and information on the Trust’s key attrition report.</p>
<p><b>20</b></p> <p>20.1</p>	<p><b>Communications Update</b></p> <p>The Board <b>NOTED</b> the Communications Update.</p>
<p><b>21</b></p> <p>21.1</p>	<p><b>Questions submitted by Board Members on agenda item 20</b></p> <p>No questions were received.</p>
<p><b>22</b></p> <p>22.1</p> <p>22.2</p>	<p><b>Board Assurance Framework (BAF)</b></p> <p>The Board received a report setting out proposed changes to the BAF.</p> <p>The Board <b>APPROVED</b> the amended Board Assurance Framework</p>
<p><b>23.</b></p> <p>23.1</p>	<p><b>Any other business</b></p> <p>There was no other business at this meeting.</p>
<p><b>24</b></p> <p>24.1</p>	<p><b>Questions from observers</b></p> <p>An observer advised that the newly implemented process for extending complaints should be reviewed to further simplify the process.</p>
<p><b>25</b></p> <p>25.1</p>	<p><b>Executive Director Review of the meeting:</b></p> <p>Craig Ellis, Chief Digital Officer, reflected that:</p> <ul style="list-style-type: none"> <li>• Positive introduction from the Chair and Chief Executive Officer set the tone of the meeting</li> <li>• Slightly increased presence of members of the public and governors. Advised that consideration to be given to more onsite presence</li> <li>• Incredibly powerful staff story</li> <li>• More work needs to be done around actions and prompt feedback</li> <li>• Advised that pre-preparation work around IT is needed to make the meeting run smoother</li> </ul>



	<ul style="list-style-type: none"><li>• IPR discussion was positive with a good balance of the sections</li><li>• It was positive to see and hear directly from relevant Asst Directors and their experience, which is good for succession planning and building a collaborative organisation</li></ul>
<b>26</b>	<b>Date, Time and Venue of Next Meeting in Public</b>
26.1	The next public meeting of the SCAS Board would take place at 9.45am on 30 January 2025 at the Ark Conference & Events Centre, Dinwoodie Drive, Basingstoke, Hampshire, RG24 9NN



## Board Meeting in Public January 2025

### Key for Status

	Open		Propose to Close
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Action No.	Date of Meeting	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
1.	28/11/24	Patient Story	Deep Dive commissioned by People and Culture Committee on supporting staff with disabilities to include out of sector reasonable adjustments particularly the fire service	Natasha Dymond	January 2025	Open	Verbal update at January Meeting.
2.	28/11/24	Quality & Patient Safety Report	<u>Complaints/Patient Experience</u> The Board requested that the output (components of the problem, three levers proposed and likely success) is reported to the Quality and Safety Committee.	Helen Young	January 2025	Open	Verbal update at January Meeting.
2.	26/09/24	Chief Executive Report	Craig Ellis, CDO, agreed to provide a digital app to assess the reach of	Craig Ellis	January 2025	Open	November update: Interim Plan: Microsoft Form has been drafted up between IT/Comms- plan to go live

			communication briefings to staff.				<p>in January 2025. Medium-term Plan: Digital team is looking to develop a power-app during early 2025 to enhance the feedback gained.</p> <p>January Update After discussion with comms, current view is to utilise the Internal Comms survey as the initial indicator not an additional form which may have a negative effect. In addition, feedback Ongoing discussion between GH/CE on medium-term approach.</p>
3.	26/09/24	Hampshire and Isle of Wight ICS Finance Report	<p>Board Workshop be arranged to allow full consideration and assurance that the Urgent and Emergency Care Transformation Programme would deliver the planned outcomes and cost improvements, with an appropriate plan in place for any shortfalls</p> <p>Action - HoG to progress Board workshop on Urgent and Emergency Care Transformation Programme.</p>	Kofo Abayomi/Stuart Rees	January 2025	Propose to Close	<p>January Update HIOW ICS have moved on considerably since this was presented and the targets for delivery of break even have altered. The system paper on the agenda will update the will update the Board on latest state of play. Recommend that this forms part of the planning workshop/meetings proposed to hold in the next couple of months.</p>
10.	26/09/24	Quality and Patient	Further report to Board to be received relating to the performance of medicines	Helen Young	January 2025	Open	Verbal update at January Meeting.

		Safety Report	management following its move back in-house (HY and HoG)				
12.	26/09/24	Assurance Report - Audit Committee 18 September 2024	Board to receive a more detailed report on asset management within the next two meetings – DoO & HoG to facilitate.	Kofo Abayomi/Stuart Rees	February 2025	Open	Executive Management Committee received reports. Further work is required. Update scheduled for Board in February.



**Trust Board of Directors Meeting in Public  
30 July 2025**

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

**Executive Summary**

The purpose of the Chair's report is to keep the Board updated of stakeholder engagement and site visits since the Board meeting held in November 2024.

**Alignment with Strategic Objectives**

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

**Relevant Board Assurance Framework (BAF) Risk**

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

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

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## **1. Purpose**

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

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

### **December 2024**

- Royal Berkshire Foundation Trust Chair Recruitment Focus Group
- A Perfect Day in SCAS 999's EOC
- BLMK Leaders and Chairs Meeting
- BLMK Research and Innovation Strategy Development Workshop (chair)
- NHS England Chair's Advisory Group
- Webinar with Amanda Pritchard and Secretary of State to discuss Winter Preparedness
- BOB ICP Listening Exercise
- NHS Confed Chairs Session re AI
- Making Data Count training (3 modules)
- SCAS Patient Panel Mental Health Meeting
- SCFS Ltd Board Meeting
- Board to Board – SCAS/PHU
- Extra-Ordinary RemCom
- Petersfield RC Leadership Visit
- Andover RC Leadership Visit
- South East Operating Model Workshop
- NHSE's 10-year Health Plan Working Finance Group

### **January 2025**

- NHSE and NHS Providers Chair Roundtable
- SCAS Charitable Funds Committee
- Northern House 111 Leadership Visit
- Quality and Safety Committee
- BLMK Leaders and Chairs Meeting
- BLMK Research and Innovation Strategy Development Workshop (chair)
- SCAS RSP Escalation Meeting
- Future Health Leaders Forum and Dinner – Windsor Castle
- BOB Monthly Trust Chair Meeting
- SECAMB/SCAS Chair and CEO Meeting
- Extra-Ordinary AACE Board
- Membership and Engagement Committee
- Private Dinner with Matthew Style (Director General for secondary care & integration, DHSC)

### **Other**

- Monthly: SE Senior Leaders Briefings (Anne Eden, NHSE SE Regional Director)
- Team Brief Lives
- Extra-Ordinary Finance & Performance committee
- New Governor Introductory Calls

## **Recommendation**

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





**Board of Directors Meeting in Public  
30 January 2025**

<b>Report title</b>	CEO Report
<b>Agenda item</b>	6
<b>Report executive owner</b>	David Eltringham, Chief Executive Officer
<b>Report author</b>	David Eltringham, Chief Executive Officer
<b>Governance Pathway: Previous consideration</b>	Not Applicable
<b>Governance Pathway: Next steps</b>	Not Applicable

**Executive Summary**

The CEO Report includes the following:

- Performance update
- Finance update
- Operating Model
- Recovery Support Programme Meetings
- South Central Ambulance Service/South East Coast Ambulance Service Collaboration
- Executive Structure Review
- Corporate Review
- Elective Recovery Plan
- Home Office Visit
- Acknowledgements

**Alignment with Strategic Objectives**

The CEO report aligns with the Well Led objective.

**Relevant Board Assurance Framework (BAF) Risk**

The CEO report relates to All BAF risks.

**Financial Validation**

Not Applicable

**Recommendation(s)**

What is the Committee/Board asked to **Note** the CEO report.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## Chief Executive Officer's update

30 January 2025

### Performance

The NHS has continued to manage the significant demand on its services which has been impacting across the entire country. Our own service has not been immune, and staff have worked incredibly hard to deliver care both virtually via phone support and clinically in person. Despite December seeing the highest ever number of ambulance incidents across England, we worked more closely than ever with our partners and were in the top three Trusts for achieving Category 2 response times.

A number of new initiatives and innovations have enabled us to achieve better together. 'Release to respond' is one such development, now operating across all the Trusts in our patch and in due course our border hospitals also. This is designed so our crews are able to leave patients in the care of hospitals quickly, thereby freeing them up to respond more promptly to serious and life-threatening calls coming in from the community. Single Point of Access (SPoA) also reduces ambulance attendances prior to dispatch and provides alternatives to A&E once an Ambulance crew is on scene. Whilst re-engineering processes has improved the care pathways that patient's access, modernization of facilities such as the new Emergency Department at Queen Alexandra Hospital Portsmouth, has seen early successes. Improving patient flow through the hospital thereby reducing handover delays is already improving care for patients and whilst still early days, SCAS has seen a noticeable improvement in the number of hours lost waiting to handover patients to the department.

The challenges of Winter are by no means over but with continued close cooperation with our NHS and social care partners, we remain optimistic that further developments can be made for the benefit of our patients and the population we serve.

### Finance update

Whilst much hard work has gone in to improving our finances, and significant progress being made, our financial position remains challenged. The Hampshire and Isle of Wight Integrated Care System of which we are a part, committed to an overall deficit of £70m, supported by a non-recurrent cash backing from NHS England. SCAS benefitted to the tune of £6m from a share of this allocated deficit funding. Our current position as of month 9, is a reported deficit of

£2.4m (£1.2m after deficit support funding), which aligned with the planned position. The current year to date position is a deficit of £8.7m (£3.9m deficit after deficit support funding) with the Trust forecasting to achieve its control total of £10.1m deficit (£4.0m after deficit support funding).

Work continues in earnest to make the organisation fit for the future, both operationally and financially. Future reports will feature the progress being made in operational modernisation as well as other initiatives running across the service to make efficiencies and improve our effectiveness in the delivery of care to our patients.

### **Operating Model**

Whilst our response to Category and 1 and Category 2 calls attracts much attention, it is our response to the lower acuity Category 3 and Category 4 calls that is now inviting greater scrutiny. As a service, we are committed to ensuring that the response to these less urgent calls, is the best possible one for our patients, utilising the most appropriate care pathways available in primary and community care.

To understand the nature and response to the calls we are getting, we are working closely with our commissioners to explore our service data, focusing on our response times and associated outcomes for patients. Commissioners are seeking greater transparency and evidence of efficiency in our approach. With healthcare resources being increasingly stretched, there is increasing need to demonstrate we are providing cost effective services, that are proportionate for the patient's condition and that are being provided for them in the most suitable environment for their needs.

### **Recovery Support Programme (RSP) Meetings**

SCAS continues to engage with our Recovery Support Programme (RSP) with progress meetings taking place to set out our improvement journey. Invaluable input and support from NHS England colleagues is helping to move the organisation forward, developing SCAS staff along the way and providing critical friends to challenge thinking and encourage innovation and improvement. For that input and knowledge, we are hugely appreciative.

## **SCAS/SECAMB Collaboration**

As previously reported, SCAS and our neighbouring South-East Coast Ambulance Service have agreed that it is sensible for us to collaborate across a range of different areas, in part addressing the challenges of increased demand and challenging finances but ultimately aiming to improve outcomes for our patients. As we work towards the creation of a group model, our organisations continue to retain their independence but come together, as we did in December, to share knowledge and ideas. As a result of that productive joint board meeting, a Memorandum of Understanding (MOU) is expected to be presented to the board this month. This collaboration aims to establish a joint strategy and appoint a shared advisor.

Alongside this partnership, we will continue working with all five ambulance services as part of the recently created Southern Ambulance Services Collaboration (SASC). More to follow on recent progress in future reports.

## **Executive Structure Review**

In order to deliver the challenging portfolio of work associated with making our organisation fit for purpose, the Executive Structure review was launched on the 8 October 2024. I received much feedback which was carefully reviewed and a revised proposal has now been approved by the Trust's Remuneration Committee. The new structures were communicated to staff attending the Trust's Team Brief Live Question and Answer session over a week ago and the document is also available for staff to view on the Trust intranet site.

As a result of the changes and identification of new directorates and associated portfolios, we are now in a position to begin the recruitment process for the vacant substantive positions in the Executive Team which are:

Chief Finance Officer

Chief People Officer

Executive Director of Operations

The role of Deputy Chief Executive will be recruited using the Trusts organisational change process.

Once this process is complete, the successful appointees will take leadership of their new teams, some of which will have changed as a result of the Corporate Review.

## **Corporate Review**

The review and subsequent reshaping of corporate services has been an understandably hard time for very many staff in the Trust. With the financial imperative of achieving a £7m saving by the end of Quarter 2 and an associated 20% reduction in whole time equivalent staff, the consultation proposal was far reaching with a challenging timeframe to adhere to.

The process is well underway with the consultation complete and departments currently working through their staff's provisional status. Staff will be informed of their status in February so that the appointments process can begin. The appointments process is expected to take four months for most staff although some teams or individuals may take longer if there are appeals or complex individual circumstances.

## **Home Office Pharmacy Visit**

Last week SCAS hosted a visit from the Home Office controlled drugs licensing team. This is part of SCAS's ambition to obtain a controlled drugs license for our new medicines management facility at Adanac Park, Southampton. We have recently brought medicine packing in-house and obtaining this license will bring great benefits to SCAS and enable to us to further drive improvements for patients.

## **Acknowledgements**

On behalf of the Board, I wish to formally acknowledge and express our sincere gratitude for the contributions of Melanie Saunders, Chief People Officer and Aneel Pattni, Chief Finance Officer, during the time they have worked with our ambulance service. We deeply appreciate their hard work and service. We wish them both the very best in their future endeavors.

David Eltringham

Chief Executive

January 2025



**Trust Board of Directors Meeting in Public  
30 January 2025**

<b>Report title</b>	Update to the previous Private Board meeting held on 28 November 2024
<b>Agenda item</b>	7
<b>Report executive owner</b>	Becky Southhall, Chief Governance Officer
<b>Report author</b>	Kofo Abayomi, Head of Corporate Governance
<b>Governance Pathway: Previous consideration</b>	Not Applicable
<b>Governance Pathway: Next steps</b>	Not Applicable

**Executive Summary**

The report details agenda items that were received by the Private Trust Board, decisions made, and items noted at the meetings held on 28 November 2024.

**Alignment with Strategic Objectives**

This reports relates to the Well Led objective.

**Relevant Board Assurance Framework (BAF) Risk**

This report relates to all BAF Risks.

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

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## Private Trust Board 28 November

### **1. Confidential Report from the Chair**

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

- a. BOB ICB
- b. SCAS and Secamb Joint Board meeting

### **2. Confidential Report from the Chief Executive Officer**

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

- a. NHS Management and Leadership Framework
- b. Corporate Review

### **3. Finance Report – Month 7**

The Board received the finance month 7 update.

### **4. Financial Recovery Plan**

The Board received the financial recovery plan for month 7.

### **5. Confidential HIOW ICS Finance Report – Month 7**

The Board received the HIOW ICS finance report month 7.

### **6. 24/25 Ambulance Services Contract and Associated variation orders CV01 and CV02**

The Board approved the contract and variation orders.

### **7. Cat 3/4 Ambulance Validation Service – East Berkshire Primary Care**

The Board approved the proposal.

### **8. Self-Assessment HIOW**

The Board approved the completed self-assessment template.

### **9. Digital Update**

The Board received the digital update report.

### **10. Microsoft Office 365 – Agreement Renewal**

The Board approved the Microsoft Office agreement (with Bytes) be renewed for a period of 3 years.

### **11. Digital Risks**

The Board received and noted key digital risks.

### **12. Board Site Visits**

The Board noted the Board site visits report and agreed for this to be reported at the Public Board going forward.



**Trust Board of Directors Meeting in Public  
30 January 2025**

<b>Report title</b>	Volunteer Story
<b>Agenda item</b>	8
<b>Report executive owner</b>	Helen Young, Chief Nursing Officer
<b>Report author</b>	Sarah Callaghan, Volunteer Manager
<b>Governance Pathway: Previous consideration</b>	Not Applicable
<b>Governance Pathway: Next steps</b>	Not Applicable

<b>Executive Summary</b>	
<p>Anthony Morris is a Community First Responder based in Oxfordshire. He was the runner up in the Student of the Year category at our Volunteer Awards 2024.</p> <p>He has been a volunteer with us for just over a year. In between his studies he is a regular responder and also supports new CFRs with buddy shifts.</p> <p>Anthony will give an overview of his experiences of being a CFR with us.</p>	

<b>Alignment with Strategic Objectives</b>	
<p>This report aligns with High Quality Care &amp; Patient Experience</p>	

**Relevant Board Assurance Framework (BAF) Risk**

This report relates to BAF risk SR1 - Safe and Effective Care

**Financial Validation**

Not Applicable

**Recommendation(s)**

The Board is asked to note the volunteer story.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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**Trust Board  
 30th January 2025**

<b>Report title</b>	Integrated Performance Report (IPR)
<b>Agenda item</b>	9
<b>Report executive owner</b>	Stuart Rees, Interim Chief Finance Officer
<b>Report author</b>	Tina Lewis, Senior Transformation Programme Manager
<b>Governance Pathway: Previous consideration</b>	Executive Management Committee and Finance & Performance Committee
<b>Governance Pathway: Next steps</b>	Trust Board

**Executive Summary**

**Summary of the Integrated Performance Report (IPR) – December 2024**

**Purpose and Scope**

The Integrated Performance Report (IPR) provides a comprehensive overview of the Trust's performance across key areas, including **Operational Performance, Quality & Safety, and People**. This report covers December 2024, the ninth month of the financial year.

**Key Highlights**

**1. Assurance and Variation Levels:**

- **Assurance Levels:**
  - *Pass*: 2 metrics consistently meet targets.
  - *Fail*: 8 metrics consistently fail to meet targets without process changes.
  - *Hit or Miss*: 29 metrics fluctuate within control limits.
- **Variation Levels:**
  - *Special Cause*: 6 metrics show consistent improvement; 9 show decline.
  - *Expected/Common Cause*: 35 metrics show typical variations.

Many metrics fall into the "Hit or Miss" category, requiring process changes to achieve targets.

**2. Operational Performance:**

- **Category 1 Response Times:** National target of 7 minutes remains unachievable without process redesign.
- **Category 2 Response Times:** Improved for the fourth consecutive month, aligning with better hospital handover times.
- **Patient Outcomes:** Efforts focus on increasing "Hear & Treat" rates and reducing hospital conveyances.
- **111 Services:** Sustained improvement in clinical validation callbacks within 20 minutes.
- **Patient Transport Service (PTS):** Activity has significantly declined over nine months due to the loss of the Surrey NEPTS contract and demand management protocols.

### 3. Quality & Safety:

- "Breached Duty of Candor" is now reported by exception.
- Metrics are being updated to align with national benchmarks. Changes will be implemented in January 2025, enhancing historical data analysis.
- Improvements noted in **Level 3 Safeguarding**
- Audit activity, vehicle cleanliness compliance has declined.

### 4. People:

- Positive trends in the percentage of BAME staff and staff with disabilities.
- Decline in Whole Time Equivalent (WTE) continues.

### Upcoming Changes

- **January 2025 Updates:**
  - Final updates to Quality & Safety metrics.
  - IPR metrics and definitions will be locked for six months to ensure consistency.

### Challenges

- Report production timing limits full validation of metrics.
- Technical issues and labelling bugs remain under review.

The IPR provides valuable insights but highlights areas requiring process redesign and resource adjustments to meet targets and improve performance.

### Alignment with Strategic Objectives

The IPR report relates to the Well Led objective.

### Relevant Business Assurance Framework (BAF) Risk

The IPR report relates to BAF risk SR9 - Delivery of the Trust Improvement Programme

**Financial Validation**

N/A

**Recommendation(s)**

What is the Board asked to do:

- Note this paper and the IPR document which will be provided as an Addendum to the paper

**For Assurance**

✓

**For decision**

✓

**For discussion**

✓

**To note**

✓

# Integrated Performance Report: Dec-24



## Executive Summary

### Operational Performance

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

### Safety and Quality

### People



## Executive Commentary :

The ARP performance measures have all improved in December and are within expected variation, although failing to meet the national targets. Category 1 performance was 08:54 and improved by 45 seconds from November. Category 2 target for December was 29:52 and we were 3:41 above this target. Performance was impacted by reduced SCAS hours which were 2% below planned levels (3:37 impact) and demand which was 0.4% above planned levels (1:46 impact). The operational hours were below plan due to higher sickness levels across SCAS and private providers, combined with planned reduction of hours due to fleet availability. Handover delays were lower than planned levels and this positively improved cat 2 by 3:48. The introduction of Release to Respond in 45 minutes at all acute trusts, bar OUH, has enabled SCAS to release more crews from hospital to respond to patients. The most significant benefit has been seen at QAH where average handover in December was 40% lower than planned levels. The OUH is due to go live on 20th January and we will continue to monitor delivery at all locations. We have seen some challenges since implementation at the Royal Berkshire Hospital and North Hampshire Hospital, with both hospitals linking delays to the high rates of bed occupancy.

999 mean call answer was 15 seconds and is within expected variation with an increase in demand. The EOC team continue to focus on reducing average handling time to free up ECT hours to reduce call answer times. We have commenced the capacity review with ORH who will provide recommendations on staffing numbers required as well as the efficiency gains they identify from the review. Hear and Treat was above target at 14.9% and continues to show an improving trend following the actions being taken to increase clinician numbers and increasing the volume of calls passing through Cat 2 segmentation.

See and Treat is showing expected variation with performance being just above target at 32.8% and the highest since June 24. See Treat and Convey levels reduced in December to target levels of 49% and within expected variation. The key actions for continuing to reduce ED conveyance are linked to ensuing crews use 'Call before convey' to seek support where to convey the patient to, as well as accessing the single point of access points to seek any support to access community pathways. We are monitoring the changes to the NMA application to ensure we are capturing non-ED conveyance correctly since the national change was rolled out.

Average Hospital Handover time remains within expected variation but has seen an improvement in December reducing to 22 minutes 46, with average clear up times also improving and reducing levels to last seen in October 23 at 13:57. The operations teams continue to focus on reducing clear up times to release crews quicker to respond to patients. The priority action is to monitor RTR45 and ensure we are working closely with all acutes to continue to deliver this process.

Meal break compliance continues to show special cause variation with significantly lower than expected performance. The changes to meal break allocation have yet to yield the desired change with compliance or against the cost improvement plan. Over runs have seen a significant deterioration in Dec by over a 10% worsening of performance (it is possible that there are issues with the data as this is a position we have not seen since April 23). We continue to monitor performance against MB compliance and working in partnership with Unions we are looking at ways to change the performance of both MB and end of shift. It is key we identify new parameters to change and further assess the impact of these subsequent changes.

VOR rates continue to fail at 43% and we are seeing significant challenges with fleet availability. The Fleet Director has a number of actions to improve availability, however the largest issue is workshop capacity. We had to cancel a number of hours of overtime in December and also offered additional annual leave to staff due to the shortage of fleet capacity which impacted on the operational hours delivery.

**111 call answer in 120 seconds remains within expected variation, however performance has dropped below the mean for the second consecutive month. Abandonment rate also shows a corresponding deterioration over the last 2 months. The fall in performance is linked to higher demand levels and reduced logged in hours. We are actively recruiting 111 health advisors to increase the hours available with 3 courses commencing in January to add an additional 17 WTE to the work force.**

## **Executive Commentary (continued) :**

The financial performance for the month was a deficit of £2.4m is in line with the months plan. The year to date (YTD) position is now £8.7m which is broadly in line with plan. The Trust also received year to date deficit funding of £4.8m YTD resulting in an improved YTD deficit position of £3.9m year to date.

The Trust's Integrated Care System (ICS) control total is a deficit of £10.1m (or £4.1m after deficit funding totalling £6.0m). In order to achieve this, the financial recovery plan requirements must be met. The financial recovery plan is not on track with the CIPs year to date position £19.2m against a plan of £20.5m.

The Trust's cash balance at the end of December stood at £22.7m. There was a net cash outflow in month 9 of £1.98m due mostly to purchase ledger payments. In January there is a further £0.9m income expectation from the ICB for pay award funding. There is also the final £1.2m expected instalment in January for Central Deficit Funding culminating in a total additional income of £6m, this has been added to the cash flow forecast.

The December month end over 90-day debt has increased this month and now stands at £116k (up from £112k in November). The 90-day category debt has decreased to 4.41% of the total sales debt (up from 6.58% in November).

The Trust's capital spend to December was £5.8m, with £6.8m of vehicle sale and leaseback sales producing a net income of £1m. The Trust is underspent against its year-to-date capital budget by £17.2m, this is made up of digital and estates being £6.7m behind plan, £1.6m of net sales proceeds and £8.9m slippage in the 2023/24 DCA cohort which is now expected in January to March.

This month sees the Level 3 Safeguarding Training at 91.5% which is above the 90% target and was due to the additional targeted training sessions run in December.

Complaints managed and responded to on time is also above target for a second month, following the improved tracking being implemented.

The targets for the number of vehicles and buildings we audited for IPC were met but we failed the compliance audits which measure the standards required. The IPC improvement plan is being led by Head of IPC and supported by Heads of Estate and Fleet and was presented to Q&S. It will be monitored monthly through EMC, IPC group and overseen by Q&S Committee.

The main themes of safety incident reports and complaints are around delays to pts receiving care due to demand pressures. However, the safety incidents predominantly are made up of low and no harm events.

All Clinical AQIs (STEMI, Stroke and Cardiac Arrest) are showing common cause variation. The exception is QS17 Return of Spontaneous Circulation (Utstein) which is showing a positive special cause variation. Actions include exploring the data at nodal level to understand variation and design improvement efforts, a continuous focus on Category 2 performance and vehicle availability and work to improve compliance to resuscitation statutory and mandatory training.

### **Executive Commentary (continued) :**

On going pressures due higher REAP levels have seen PDR compliance reduce slightly, but not significantly, and remain below target which is likely to remain the case while these pressures remain.

Vacancy rates, which in turn directly affect WTE numbers, are likely to be impacted through the PTS TUPE transfers and Corporate Restructure, particularly as we are no longer recruiting into PTS Thames Valley or Sussex.

FTSU continues to maintain a focus on sexual safety and, working in conjunction with HR Operations and Safeguarding, to address concerns raised.

A full audit of DBS compliance has seen an overhaul of the approach and a push to further improve compliance which will be supported by the introduction of auto renewal.

## 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



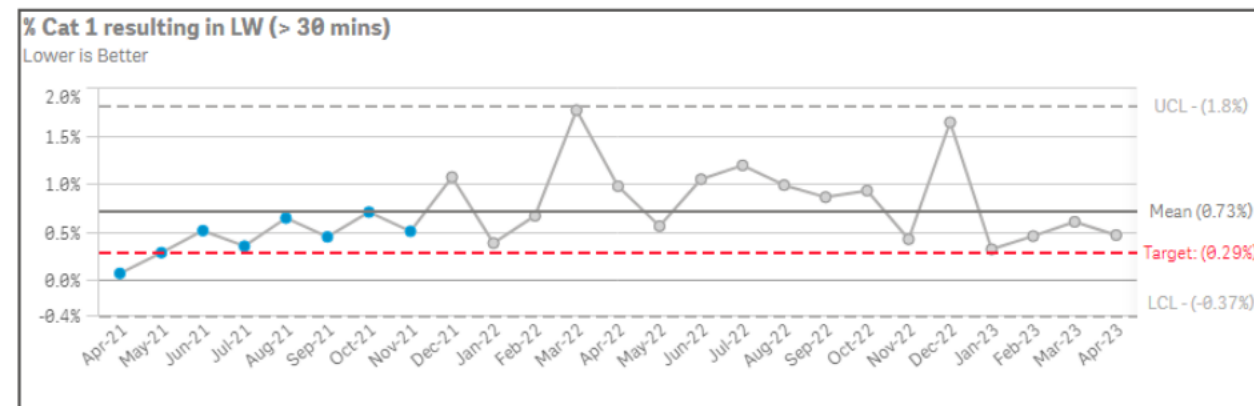


q	Pass	Hit and Miss	Fail	No Target
	<p>Special cause of an improving nature where the measure is significantly HIGHER.This process is capable and will consistently PASS the target.</p>	<p>Special cause of an improving nature where the measure is significantly HIGHER.This process will not consistently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

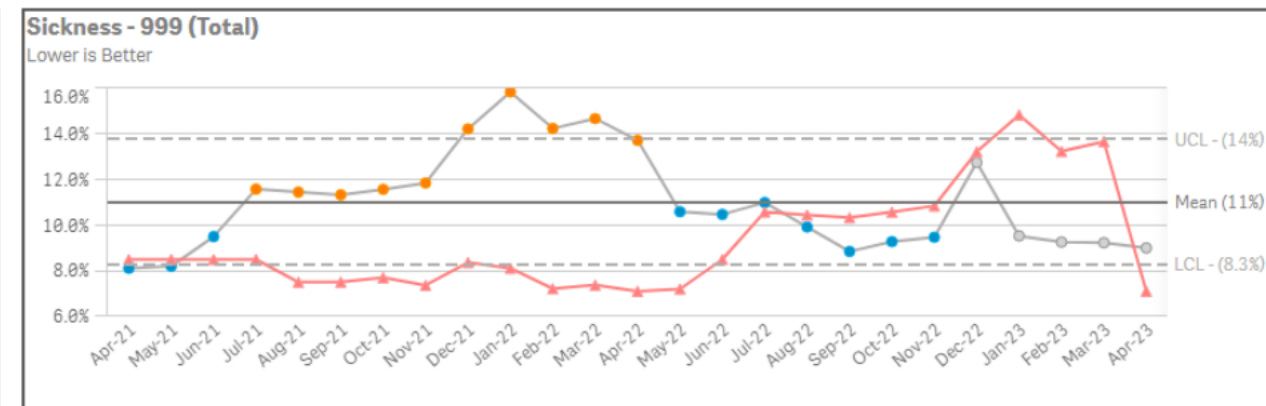
## Assumptions:

- 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

December-24  
Summary

Assurance →



Fail



Hit and Miss



Pass

No Target

Variance  
↓

	Fail	Hit and Miss	Pass	No Target
	111 Call Back Percentage		Shift Overrun Percentage	Vacancy Rate
	Number of Whole Time Equivalents	% See and Treat PTS Volume - No of Journeys Building Audits Vehicle Audits %		Number of PTS Patients Transported
	Cat 1 Mean Average Handover Time % Vehicles off the road PTS Call Answered in 60 Secs Meal Break Compliance	20		11
		BAME Staff % Vehicle Audits Level 3 Safeguarding	Disabled Staff %	ROSC - Utstein

Metrics:

Hit and Miss Common Cause:

Cat 2 Mean, Cat 1 90th %ile, Cat 2 90th %ile, Cat 3 90th %ile, Cat 4 90th %ile, 999 Call Answer, 999 Call Abandonment Rate, % Hear and Treat, % See, Treat and Convey, Handover > 15 mins, Average Clear Up Time, 111 Call Answer, 111 Abandonment Rate, PTS Call Volume, PTS Patients Collect in Time, PTS Patients arrived within time, Building Audits %, Monthly Sickness, Long Term Sickness, Staff Appraisal Target

Hit and Miss, No Target:

STEMI Call to Door Mean, STEMI Call to Door 90th Centile, Stroke Call to Hospital Mean, Stroke Call to Hospital Median, Stroke Call to Hospital 90th Centile, ROSC All, Cardiac Arrest 30 day survival, Cardiac Arrest 30 Day Survival Utstein, Complaints, Turnover Rate, FTSU Cases





# Operational Performance

December-24  
Summary

Metrics:

Assurance →



Fail



Hit and Miss



Pass

No Target

Variance  
↓

	Fail	Hit and Miss	Pass	No Target
	111 Call Back Percentage			
		% See and Treat PTS Volume - No of Journeys		Number of PTS Patients Transported
	Cat 1 Mean Average Handover Time % Vehicles off the road PTS Call Answered in 60 Seconds	16		

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

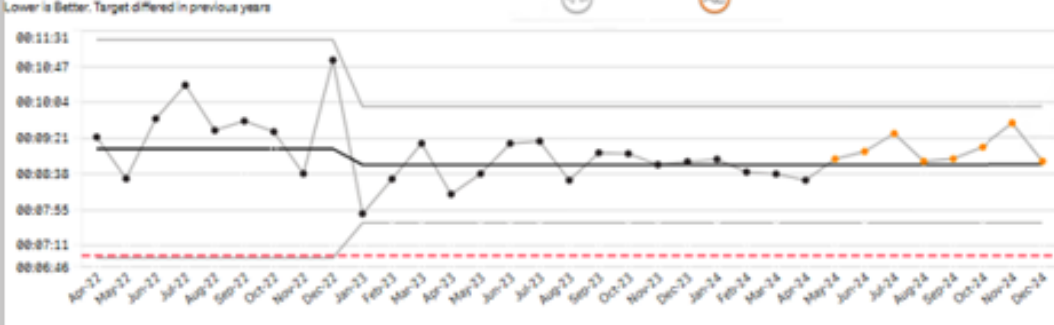
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Cat 1 Mean		Dec-24	00:08:53	00:07:00			00:09:05	00:07:31	00:10:39
Cat 1 90th %ile		Dec-24	00:16:07	00:15:00			00:16:23	00:13:38	00:19:07
Cat 2 Mean		Dec-24	00:33:33	00:30:00			00:34:10	00:15:39	00:52:41
Cat 2 90th %ile		Dec-24	01:05:27	00:40:00			01:08:29	00:28:25	01:48:32
Cat 3 90th %ile		Dec-24	07:01:00	02:00:00			05:41:57	01:07:47	10:16:08
Cat 4 90th %ile		Dec-24	08:31:23	03:00:00			07:04:50	01:18:59	12:50:41
% Vehicles off the road		Dec-24	40%	23%			30.2%	25.2%	35.2%
Ave Handover		Dec-24	00:22:46	00:15:00			00:25:19	00:17:04	00:33:33
Handover > 15mins		Dec-24	41%	48%		n/a	44.5%	35.9%	53.0%
Clear up Delays		Dec-24	00:13:57	00:15:00			00:14:30	00:13:48	00:15:12
% See and treat		Dec-24	33%	32%			33.8%	32.5%	35.1%
% ST&C to ED		Dec-24	49%	49%			49.7%	47.3%	52.1%
999 Call Answer		Dec-24	15%	10%			32.3%	-16.1%	80.8%
999 Ab. Rate		Dec-24	2.9%	2%			5.6%	-0.6%	11.9%
% Hear and treat		Dec-24	15%	14%			12.3%	10.0%	14.7%
111 Call Answer		Dec-24	66%	95%			64.5%	34.6%	94.4%
111 Ab. Rate		Dec-24	5.3%	3%			7.6%	-3.7%	18.8%
111 Call backs		Dec-24	40%	95%			26.2%	14.2%	38.2%

\*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
Calls Answered (PTS)		Dec-24	82%	90%			64.2%	47.6%	80.7%
Number of calls (PTS)		Dec-24	27,588	31,692			32,836.3	25,062.4	40,610.1
% Patients arrived in time		Dec-24	86%	87%			86.6%	83.8%	89.4%
% Patients collected in time		Dec-24	86%	87%			88.2%	86.6%	89.9%
PTS Volume - No. of Journeys		Dec-24	59,924	79,359			74,837.6	63,706	85,969.1
Number of Patients Transported		Dec-24	16,275			n/a	21,365	18,596.4	24,133.7

# Operations - Response Times

**OP1 - Cat 1 Mean**  
Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Fail

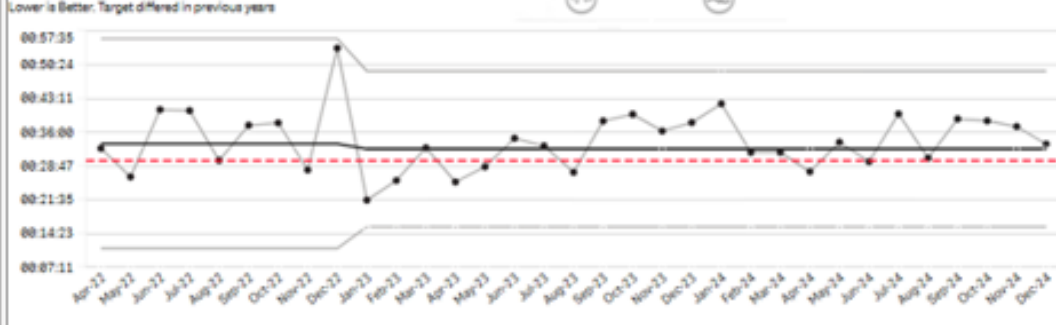
Target

00:07:00

Latest

00:08:53

**OP2 - Cat 2 Mean**  
Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Expected

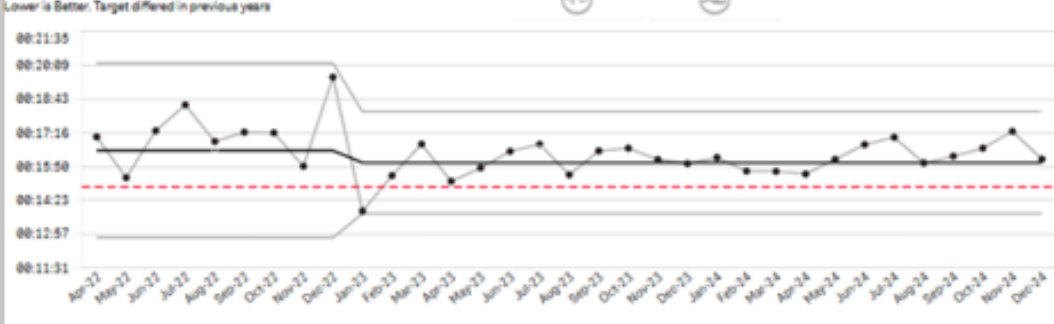
Target

00:30:00

Latest

00:33:33

**OP3 - Cat 1 90th Xile**  
Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Expected

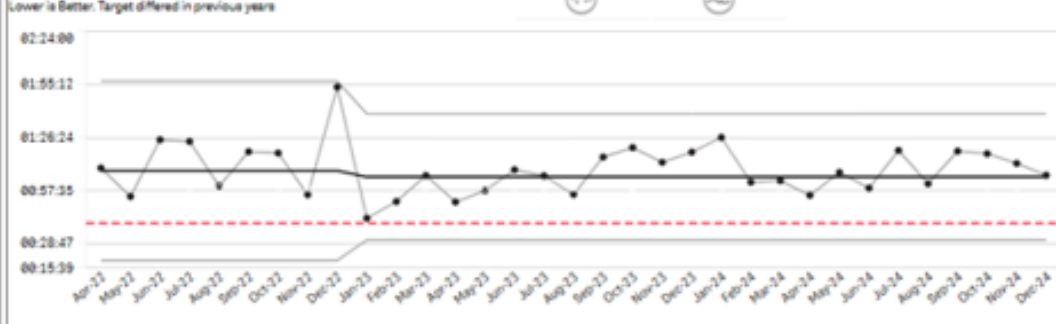
Target

00:15:00

Latest

00:16:07

**OP4 - Cat 2 90th Xile**  
Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Expected

Target

00:40:00

Latest

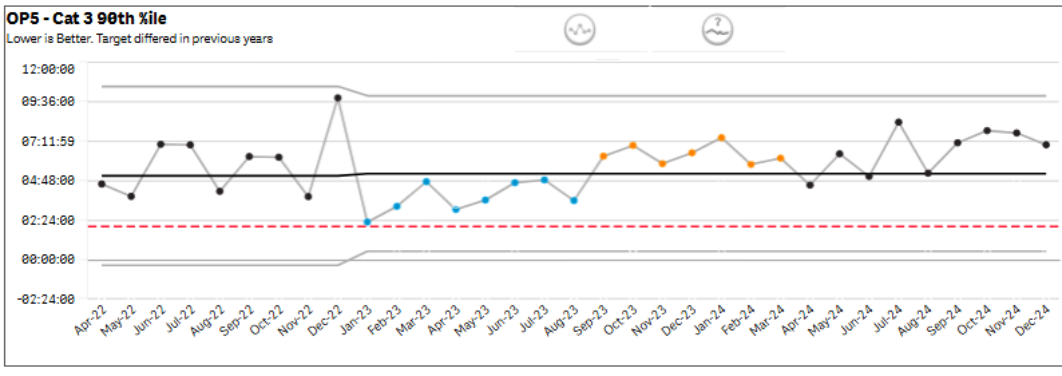
01:05:27

**Understanding the Performance:**  
Cat 1 and 2 performance continue to fail but both remain within expected variation. Demand was only 0.4% above trajectory, 188 incidents, whilst staff hours were 2.13% ,5055 hours, below budget. This was driven by a significant increase in sickness in both SCAS and PP staff and fleet pressures. We are seeing a steady reduction in hours against contract form one PP who is not contracted beyond January. There has been a significant improvement in QA handover performance improving confidence in delivery of the Trust level trajectory of 21. 30 for handover in the fourth quarter.

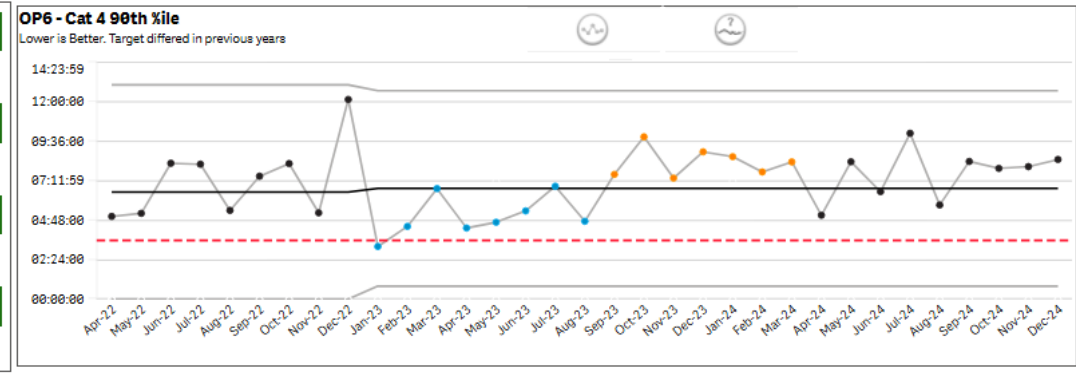
**Actions (SMART):**  
Continued focus on deliverer of Release to Respond across all acute trusts with OUH going live 20th January. Operational hours continue to be managed against budget and we continue to reduce OT and bank shifts in line with fleet availability

**Risks:**  
SCAS unlikely to deliver a sub 30 minute Cat 2 performance. Likely end of year for Cat 2, assuming handover trajectories are met, now 32:40.

# Operations - Response Times



Variation
Expected
Assurance
Expected
Target
02:00:00
Latest
07:01:00



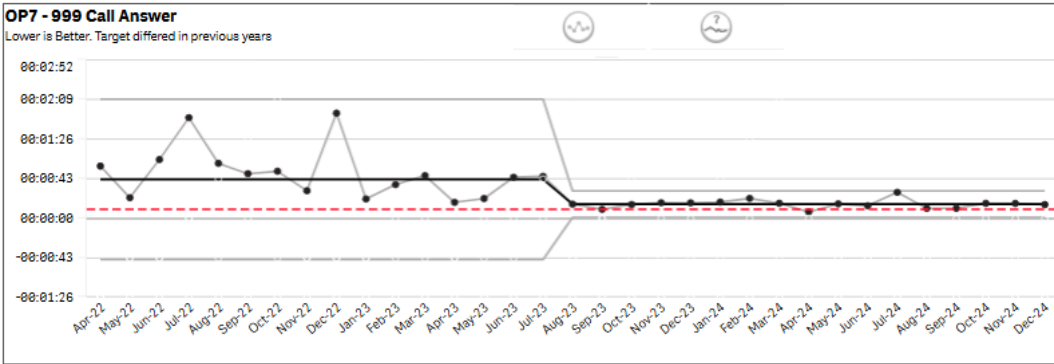
Variation
Expected
Assurance
Expected
Target
03:00:00
Latest
08:31:23

**Understanding the Performance:**  
Cat 3 & 4 failed to meet target but remained within expected variance. Both targets remained above the mean as they predominantly have for the last 12 months. Improved hospital performance has resulted in a decrease in implementation of EPSP.

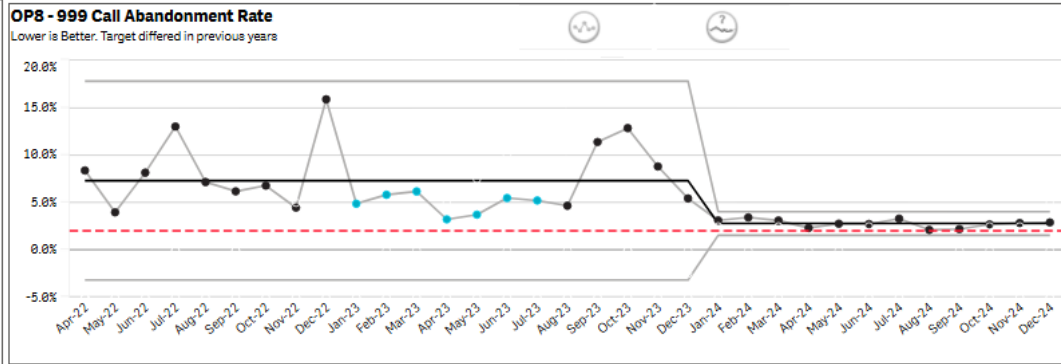
**Actions (SMART):**  
SP modal continues to focus on Cat 3 & 4. Work to increase clinicians in EOC continues with a view to increase H&T.

**Risks:**  
As with Cat 1 & 2 Performance continues to be a significant risk.

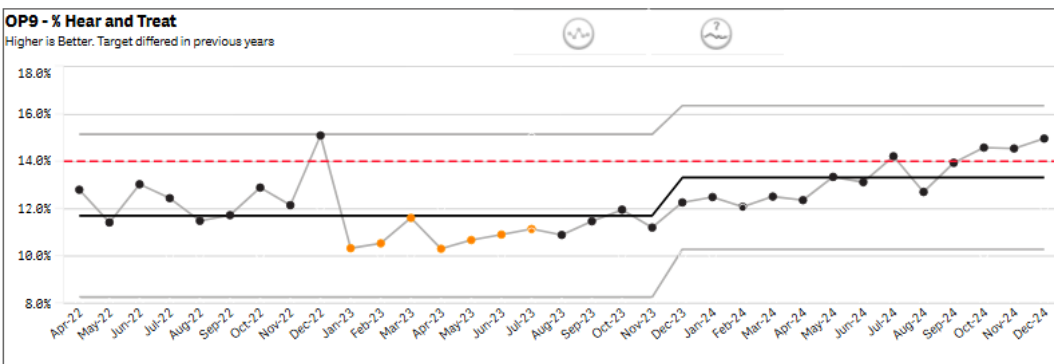
# Operations - Operations Centre



Variation
Expected
Assurance
Expected
Target
00:00:10
Latest
00:00:15



Variation
Expected
Assurance
Expected
Target
2%
Latest
2.9%



Variation
Expected
Assurance
Expected
Target
14%
Latest
14.9%

## Understanding the Performance:

Whilst demand was above plan by 2.76% it remained within the bounds of normal variation, with December very much a month of two halves, the final two weeks showing a drop in demand and corresponding improvement in performance. The last full week in December below target at 5 second call answer mean. Demand was met by reasonable levels of logged in hours through the month resulting in the maintenance of call answer performance below the mean but above target at 15 seconds and similarly calls abandoned remaining at the lower end of control limits at 1.16%. AHT shows sustained improvement at 9 minutes for the month supporting the improved call answer performance levels we continue to see. Hear and Treat at 14.93% achieved internal target and continues to show improvement.

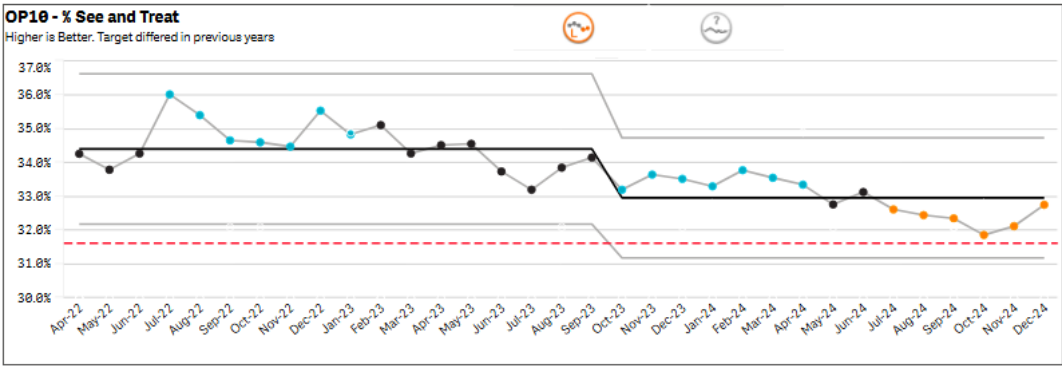
## Actions (SMART):

The focus of the team remains on the CCC improvement plan, supported by AACE, monthly update meetings continue. Perfect day held on 2nd Dec and data currently being reviewed and learning identified. Staffing levels for call takers and clinicians sits on or slightly above budgeted requirements. Paper presented to EMC requesting increase ECT numbers to enable us to meet all demand and reduce reliance on IRP support from other Trusts. Analysis of abstraction levels for ECTs being undertaken so that we can reduce where possible whilst ensuring available support to staff. Data has been shared to enable external modelling as per the AACE recommendations. Rotational paramedic role project has moved ahead with suitable candidates identified and training commencing in January 2025.

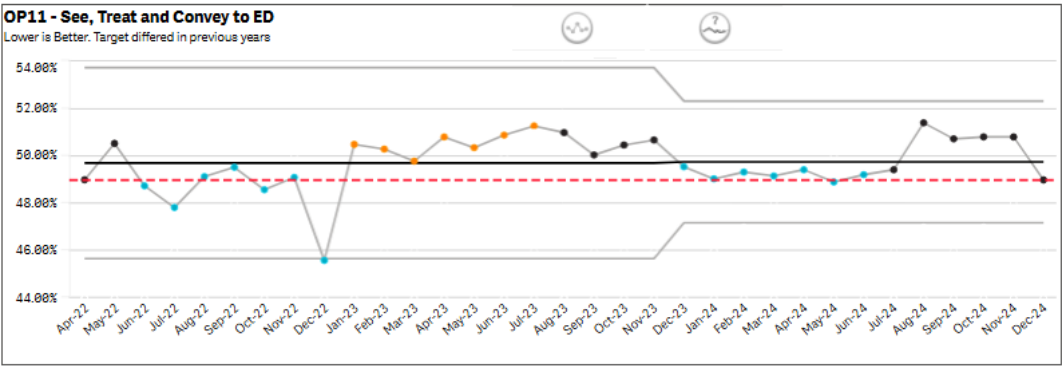
## Risks:

If demand and abstraction level data is not captured and interpreted accurately we will not have adequate budget nor workforce hours to achieve performance targets, impacting on patient care. Lack of call centre workforce management system limits ability to flex staffing hours to meet changes in demand, as well as ability to measure abstractions and on the day shrinkage to seek efficiencies. Running operations on an outdated CAD system limits our ability to automate and seek efficiencies in processes which will improve operational delivery. Financial constraints may limit our ability to increase staffing to meet demand and deliver performance at targeted levels, constraints may also reduce appetite to make the change required in our improvement plan to workforce and systems.

# Operations - Utilisation



Variation
Declined
Assurance
Expected
Target
32%
Latest
32.8%



Variation
Expected
Assurance
Expected
Target
49%
Latest
49.0%

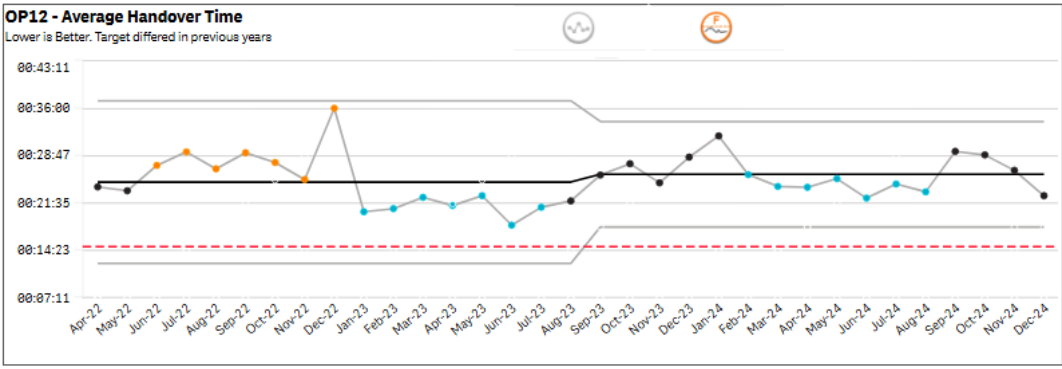
**Understanding the Performance:**  
December is showing a special cause variation yet has consistently been above the target of 32%, it is the second month on an increase in S&T and is at its highest point since June 24. With C2 demand increasing and consistently high acuity across C2 and C1 and H&T above 14% leading to the S&T picture as it stands. ST & C to Ed is still showing common cause variation but the change can be linked directly to the NMA update meaning we are able to report more clearly on the destination of patients at acutes. Performance has returned to pre NMA roll out in June 24.

**Actions (SMART):**  
S&T has had 15 points below the mean yet achieved the target of 32% on all points apart from 1 going back to April 22. The process limits should change to reflect this position with attention drawn to the direct link to H&T and how the 2 metrics interact. Continue to maximise the potential for non ed admissions through use of CbC and SPOAs but also educating staff on appropriate pathway usage where available. Development of paediatric assessment tool to assist in making admission decisions based on clinical need.

**Risks:**  
If we fail to S&T more patients then we will reduce our available resource to deal with the increase in incident demand



# Operations - Utilisation



**Variation**

Expected

Assurance

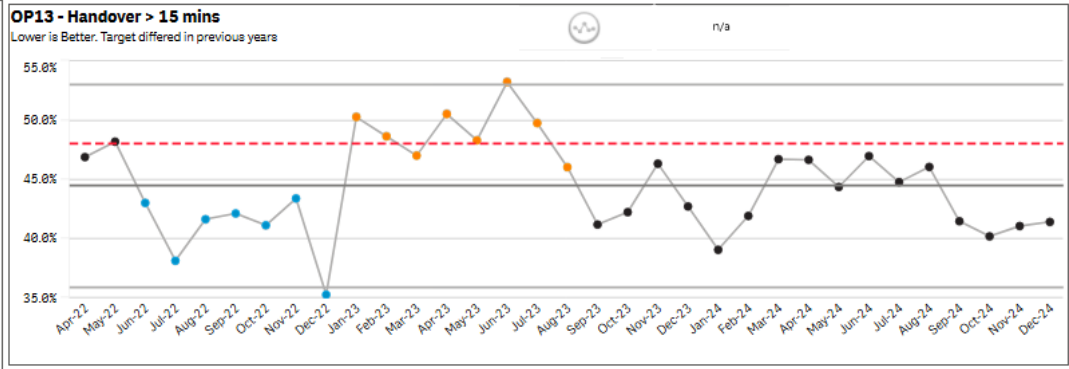
Fail

Target

00:15:00

Latest

00:22:46



**Variation**

Expected

Assurance

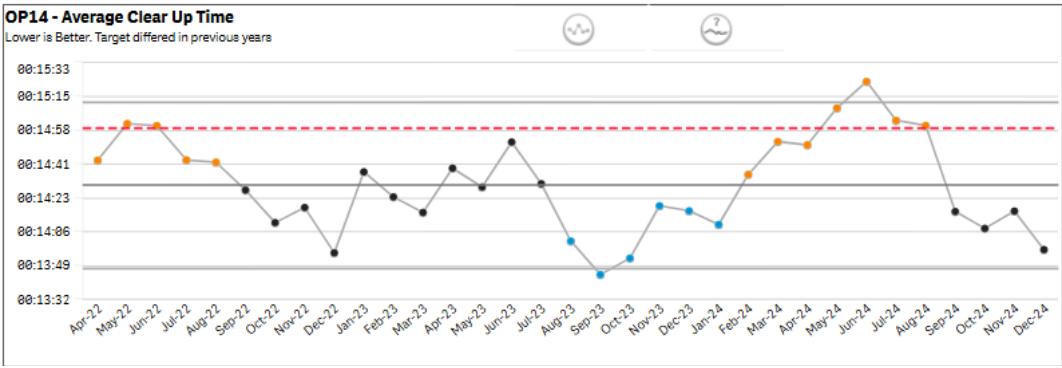
Fail

Target

48%

Latest

41.4%



**Variation**

Expected

Assurance

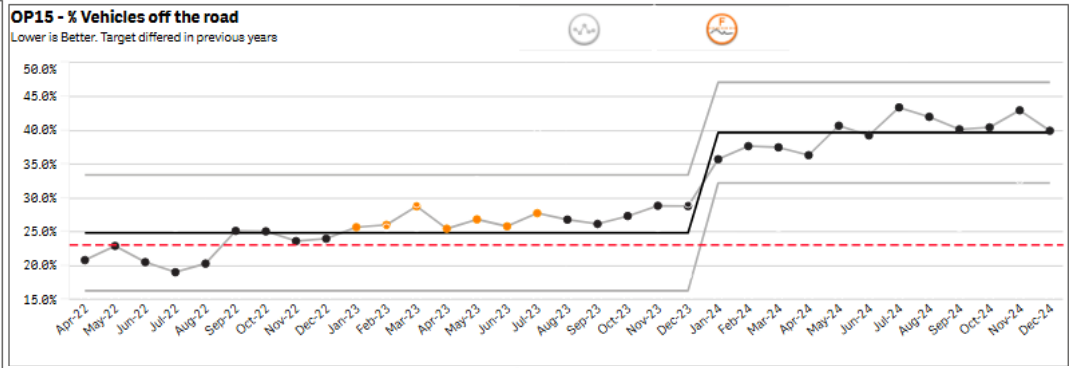
Expected

Target

00:15:00

Latest

00:13:57



**Variation**

Expected

Assurance

Fail

Target

23%

Latest

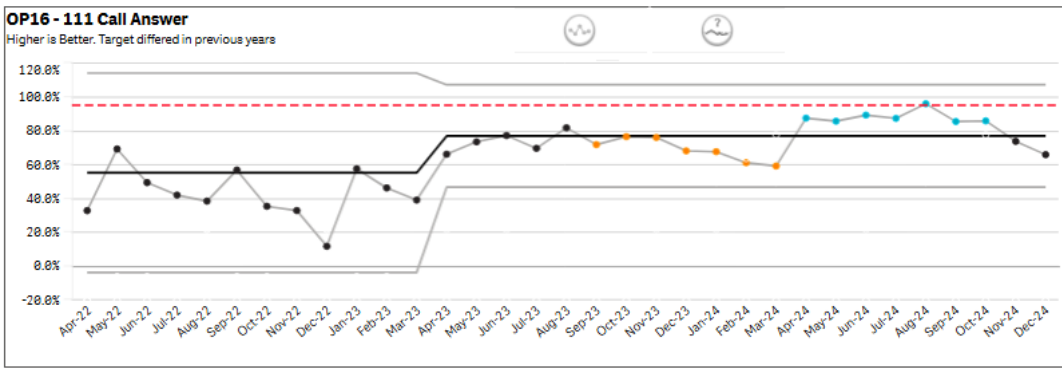
39.8%

**Understanding the Performance:**  
 % Arrival at hospital in > 15mins is showing common cause variation with no significant change over the past 4 points. Average Hospital Handover time has seen improvement for the last 4 points with a 7 min improvement in that time. It still is failing although a common cause variation. Clear up delays have improved in month but still show common cause variation yet have consistently hit the target for the past 5 points. Clear up delays show good compliance against the 15min target with 4 points now below the mean.above planned levels with actions in place within SCFS. This is impacting on the ability to deploy the required operational hours

**Actions (SMART):**  
 With the implementation of Release to respond (W45) we may see an improvement in the greater than 45min handover but this in turn may mean the 15 min target may suffer during the peak of winter. This will be closely monitored through the Op DOPRA and also through the CIP workstream. Conversely to the previous metric R2R would appear to have made an immediate impact but close monitoring through the Ops team will continue. It is worth noting that we have seen considerable improvements in handover at QAH following the new ED and also R2R but again we continue to monitor on a daily basis. Fleet improvement plan led by CFO and Director of fleet

**Risks:**  
 Failure to improve these metrics impacts our ability to respond and therefore increases the risk of harm to patients.

# Operations - Operations Centre



**Variation**

Expected

**Assurance**

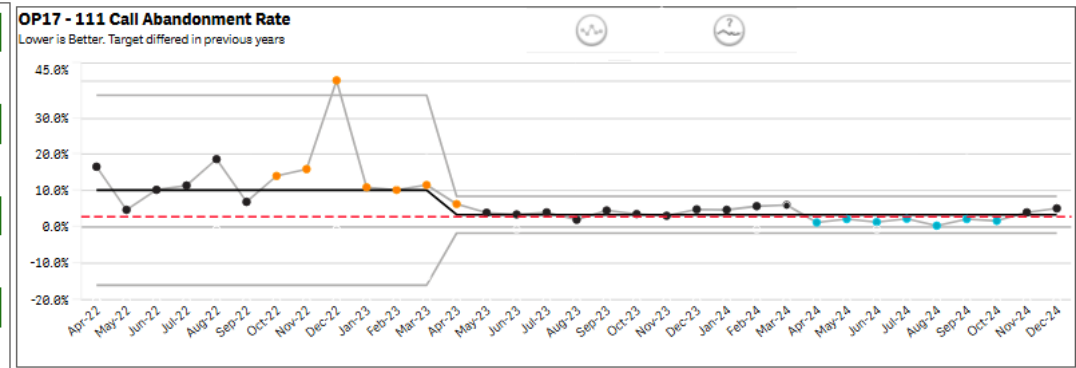
Expected

**Target**

95%

**Latest**

66.2%



**Variation**

Expected

**Assurance**

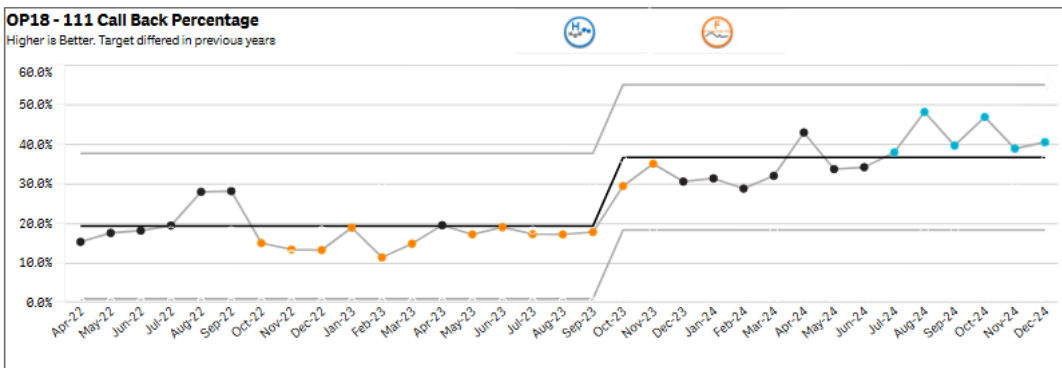
Expected

**Target**

3%

**Latest**

5.3%



**Variation**

Improving

**Assurance**

Fail

**Target**

95%

**Latest**

40.4%

**Understanding the Performance:**

Calls offered dropped below plan by 3.64% in December, with national resilience support remaining in place. Call answer in 120 secs remained within normal variation dropping below the mean at 66.24%, similarly abandonment rate 5.84% moved just above the mean, both outside of national target. Performance over the Christmas Bank Holidays was the strongest seen 99% on 24th, 25th and 82% on 26th December, driven by demand lower than planned, potentially due to the mid week bank holidays, and a large step up in logged in hours. The number of calls receiving clinical validation continued to increase with the call back in 20 minute timeframe remaining above the mean but outside of the unachievable target.

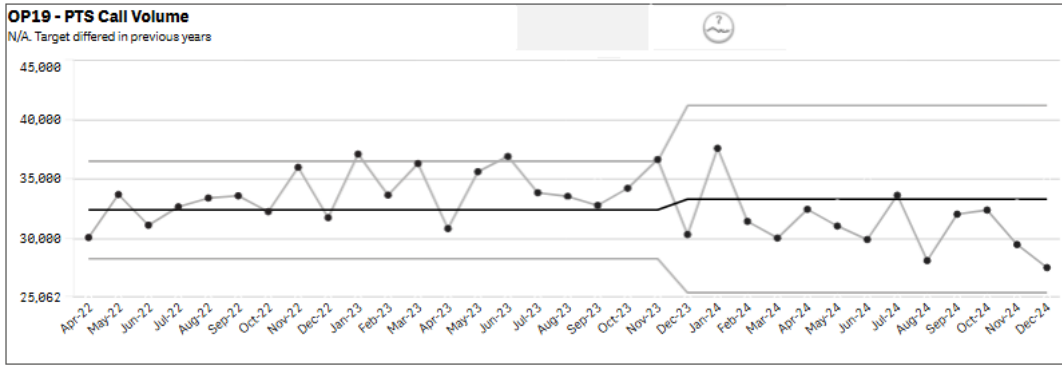
**Actions (SMART):**

Workforce is currently 209.45 WTE for Health Advisors with expected 17.40WTE joining January 2025 courses, this is being closely monitored through weekly recruitment meetings and monthly IWP meetings. Health Advisor recruitment slowed from November into December but we are seeing an uptake in this recruitment now. CA WTE is currently at 78.33 WTE with 4 WTE confirmed new starters, recently adverts have attracted over 17 candidates to meet with the 2 WTE current vacancies. Agency CIP continues to be met with no usage since August 2024. Work continues to improve AHT with 1:1's and individual coaching. We continue to monitor this at our monthly DOPR meetings to support staff and service in achieving the targets.

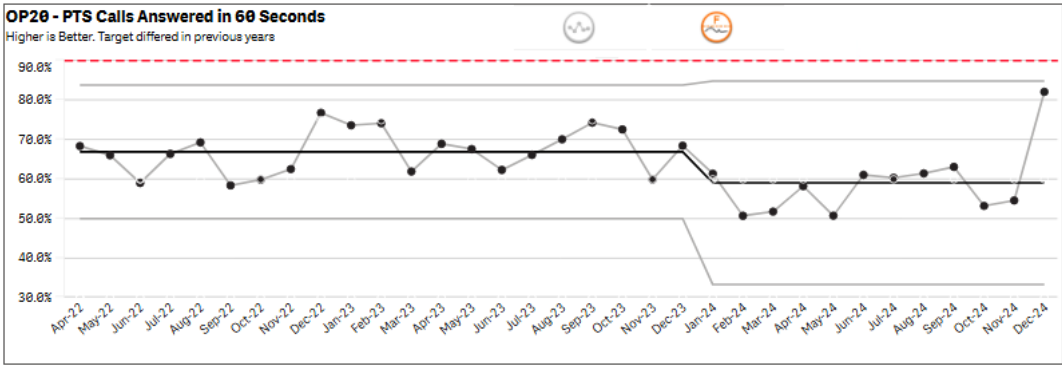
**Risks:**

The gap in funding from the BOB contract remains unresolved for this financial year although the support/additional staff CIP remains in place until March 2024 to contribute to the gap in this funding. This CIP remains challenging, especially during winter demand period and the risks it presents in the decreased support for Health Advisors remains, with the pause in recruitment, although actions are being taken to ensure recruitment in place for 1st April 2025 new financial year.

# Operations - PTS - Calls and Outcomes



Variation	-
Assurance	
Expected	
Target	31,692
Latest	27,588



Variation	
Expected	
Assurance	
Fail	
Target	90%
Latest	82.2%

**Understanding the Performance:**  
 Call Answer performance increased in month with Decembers outturn achieving 82.18% aggregated.  
 Capacity Management tool process changed enabling Call Handlers sight of capacity quota preventing the need to go through entire call prior to establishing that we are at capacity.  
 Call volumes reduced in the month. The activity management cap remains in place within cleric, which results in any essential bookings being required to be placed through to the Contact Centre via the telephone system.

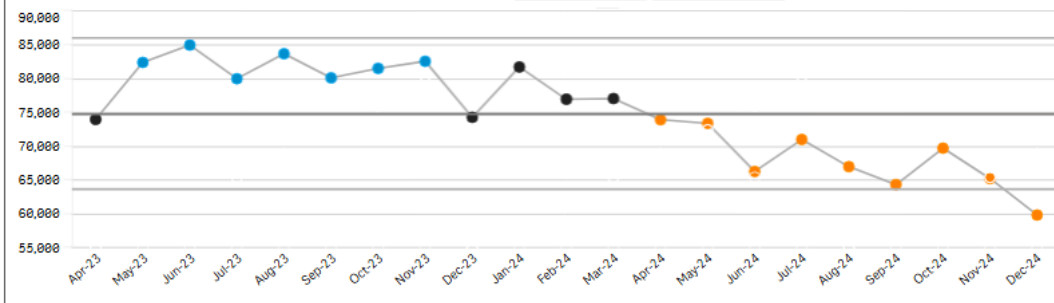
**Actions (SMART):**  
 Commissioners have rejected the request to reinstate all HCP accounts to support contact centre performance  
 QIA reduction in CC in operating hours awaiting approved by Hampshire Consortium. Consultation process has begun with affected team members 121's scheduled for 14th January.  
 Paper has been presented to BOB & HIOW for adjustment to Inbound KPI for call answer. Proposal to extend KPI from 90 seconds to 240 seconds.

**Risks:**  
 Continued uncertainty for many staff, increased sickness being seen across CC's and risk of further attrition and no time to recruit and train prior to April 01 further impacting performance

# Operations - PTS - Calls and Outcomes

**OP21 - PTS Volume - No of Journeys**

Higher is Better. Target differed in previous years



Variation

Assurance

Expected

Target

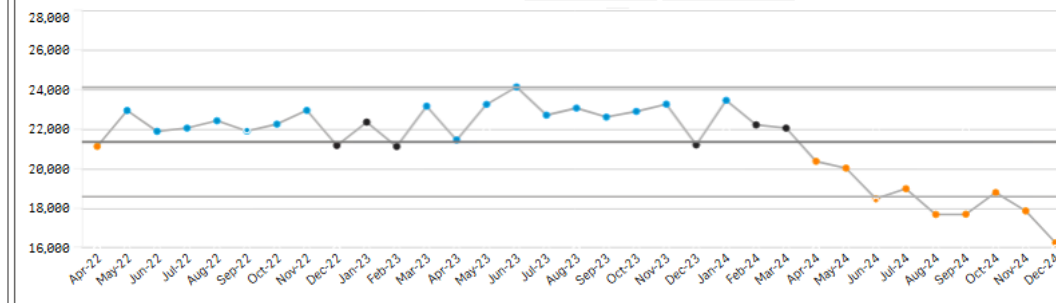
79,359

Latest

59,924

**OP22 - Number of PTS Patients Transported**

Higher is Better. Target differed in previous years



Variation

Declined

Assurance

-

Target

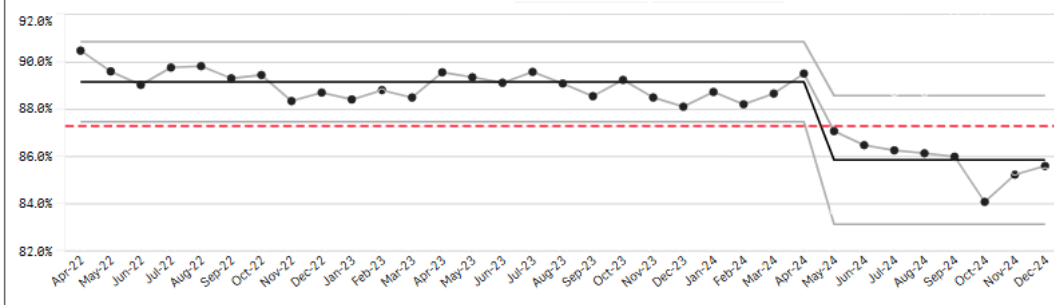
0

Latest

16,275

**OP23 - PTS Patients Collected within Time**

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Expected

Target

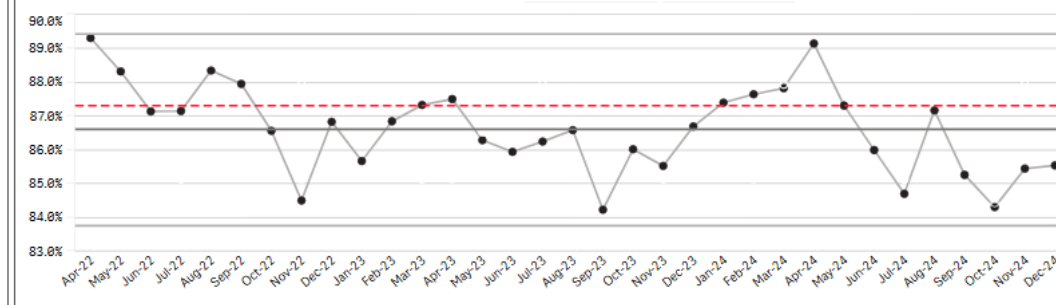
87%

Latest

85.6%

**OP24 - PTS Patients Arrived within Time**

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Expected

Target

87%

Latest

85.5%

**Understanding the Performance:**

Demand has seen a further decrease due to the revised demand management activity plan across Sussex and TV. This resulted in a reduction in hours overall to bring PTS in line with the year-end budget requirements. However, we have been requested to increase the level of demand in the Sussex area back to the IAP.

The forecasted hours are reviewed weekly, and reductions are made to align with the expected activity to ensure that we do not have excessive hours above the requirement. Therefore, Private Provider hours have reduced across Sx and TV.

We also saw a reduction due to the festive period for outpatient appointments and therefore focus on discharges to support system flow.

**Actions (SMART):**

Monitoring and reporting of hours, demand against costs through daily review call. Review of scorecard to ensure figures actualised for previous weeks. Weekly external reporting continues with ICBs.

There remains focus on increased cohorting and utilisation of resources as per the finance recovery plan.

Closer monitoring of pre planned discharges across TV which has increased the performance which was challenged by the ICB over recent months seeking an assurance for improvements. Implementation of taxi usage in Hampshire to a financial target rather than journey numbers to keep in line with budget. Overall taxi and PP usage in Hampshire has reduced. Performance has improved marginally from November but consistently at 85%.

**Risks:**

Due to Sussex needing to return to the IAP we will see an increase in costs of taxi and private providers however this increase in cost now needs to be balanced off in the other areas to meet the year-end budget requirements.

The Cap was reduced across TV, MK and Sussex in month 8 which reduced the level of resources required significantly and then a second reduction planned for week commencing 6th January 2025. There is still ongoing challenge from the ICB.

Although there has been a reduction we still need to bring in the level of SCAS hours and also meet the essential activity.



# Quality and Safety

# Quality & Safety – Core Measures Matrix

December-24

Summary

Metrics:

Assurance →



Variance ↓

Fail

Hit and Miss

Pass

No Target

		Building Audits Vehicle Audits %		
		Building Audits %		9
		Vehicle Audits Level 3 Safeguarding		ROSC - Utstein

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

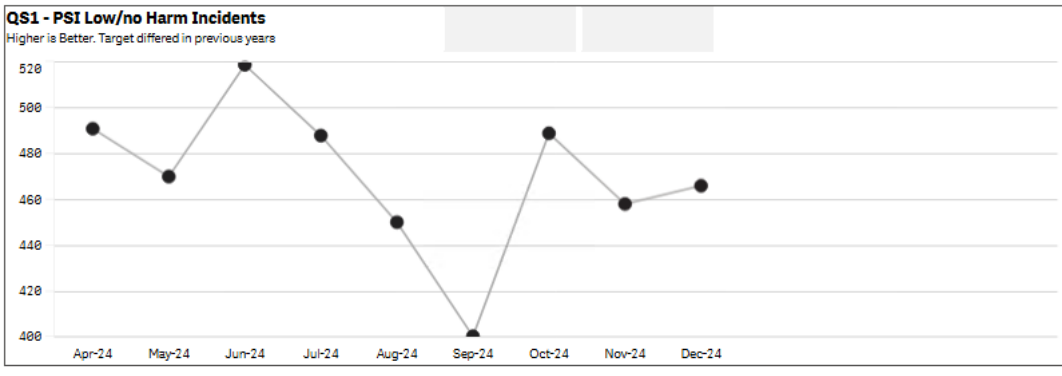
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
PSI Low/no harm inc.		Dec-24	466				470	365	576
Monthly PSII		Dec-24	2	0			3	-2.32	8.32
Monthly PSILR		Dec-24	6				6.56	-5.08	18.2
PSII Cases > 6 mths		Dec-24	0				0	0	0
Datix incidents		Dec-24	21				52.3	-38.6	143
Breached Duty of Candour		Dec-24	0	0			0.111	-0.554	0.776
Level 3 Safeguarding		Dec-24	91.5%	90%			60.3%	48.8%	71.8%
Complaints		Dec-24	37			n/a	34.9	11.2	58.5
Complaints in time		Dec-24	97.0%	95%		n/a	0.949	0.828	1.07
Building Audits		Dec-24	14	21			29.2	-0.607	58.9
Building Audits %		Dec-24	85.7%	80%			81.3%	39.4%	123.1%
Vehicle Audits		Dec-24	253	167			126	14.3	238
Vehicle Audits %		Dec-24	54.2%	90%			91.1%	73.3%	109.0%

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

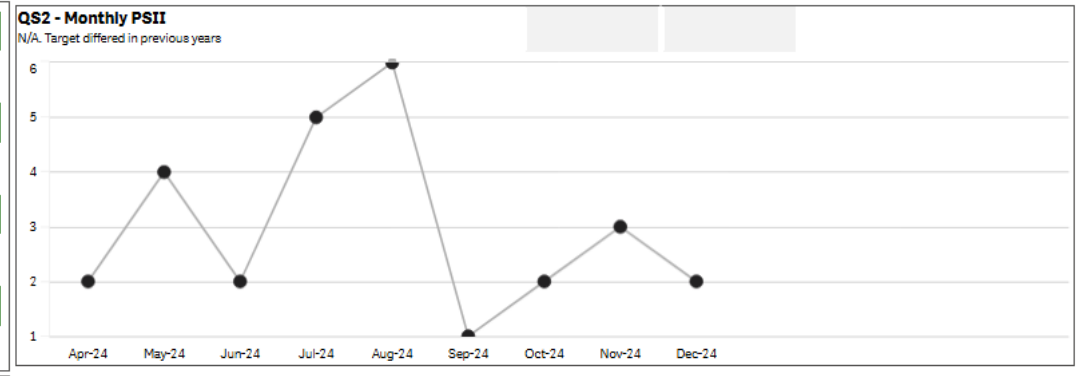
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
STEMI Mean		Dec-24	02:15			n/a	02:17	01:45	02:50
STEMI 90th		Dec-24	03:14			n/a	03:18	01:48	04:49
Stroke Mean		Dec-24	01:38			n/a	01:37	01:12	02:03
Stroke Median		Dec-24	01:22			n/a	01:22	01:07	01:37
Stroke 90th		Dec-24	02:16			n/a	02:32	01:35	03:30
ROSC All		Dec-24	28.0%			n/a	25.6%	14.2%	37.0%
ROSC Utstein		Dec-24	75.0%			n/a	51.3%	28.3%	74.2%
CA Survival All		Dec-24	9.2%			n/a	8.8%	0.0%	17.6%
CA Survival Utstein		Dec-24	34.8%			n/a	30.5%	8.7%	52.2%



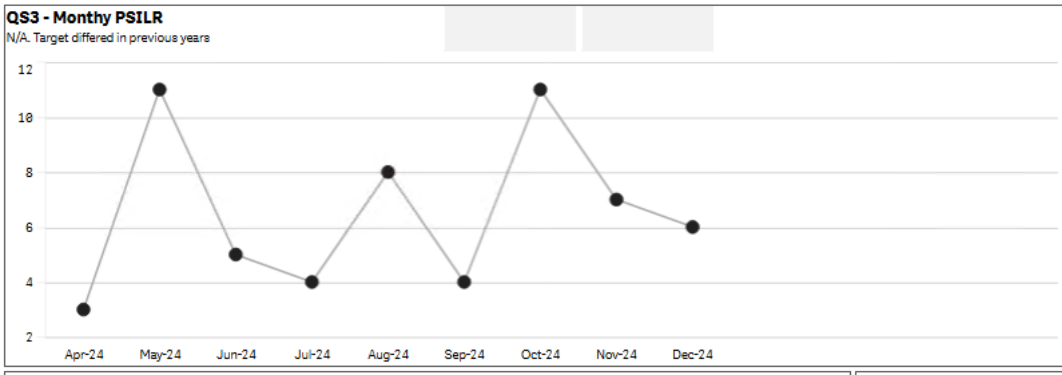
# Quality & Safety – PSIRF



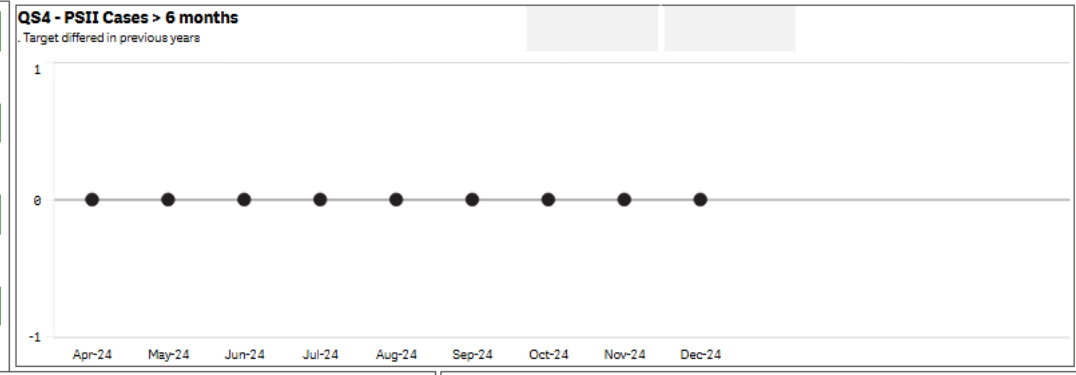
Variation	-
Assurance	-
Target	-
Latest	466



Variation	-
Assurance	-
Target	0
Latest	2



Variation	-
Assurance	-
Target	-
Latest	6



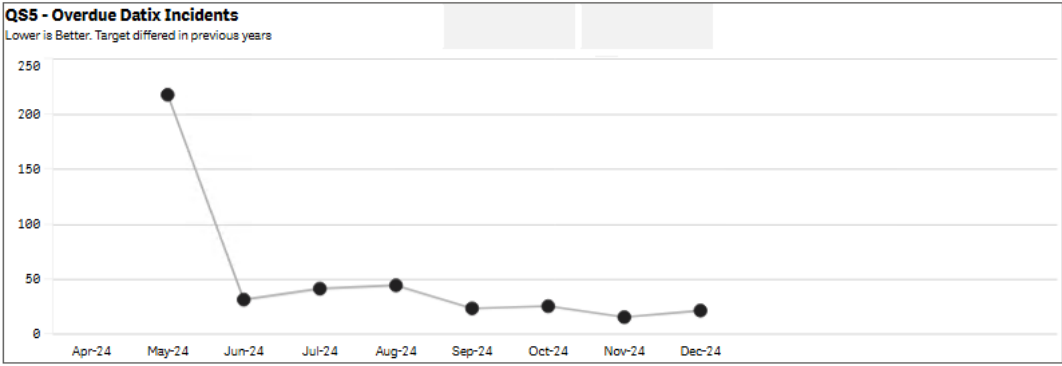
Variation	-
Assurance	-
Target	-
Latest	0

**Understanding the Performance:**  
QS1 - the majority of PSI reported remain low and no harm; there were 7 PSI reported as high harm. 4 of these PSI were in relation to delays and will be referred for benchmarking against the thematic review. There were no discernible themes across the PSII's declared.

**Actions (SMART):**  
QS1 - the remaining 3 high harm incidents will be reviewed at SRP and a learning response allocated, as appropriate.  
QS2/3 - a review of PSI involving vehicles off road is being conducted by the patient safety team and will be presented to PSEG in March 2025.

**Risks:**  
QS2/3 - If all PSI with vehicles off road as a direct or contributory factor are not reported on Datix, opportunities for learning may be missed.

# Quality & Safety – PSIRF



Variation	-
Assurance	-
Target	-
Latest	21

**Understanding the Performance:**

QS5 - service line ownership of overdue Datix incidents embedded.  
 QS6 - DoC audit since the implementation of PSIRF demonstrated that all statutory DoC were met.



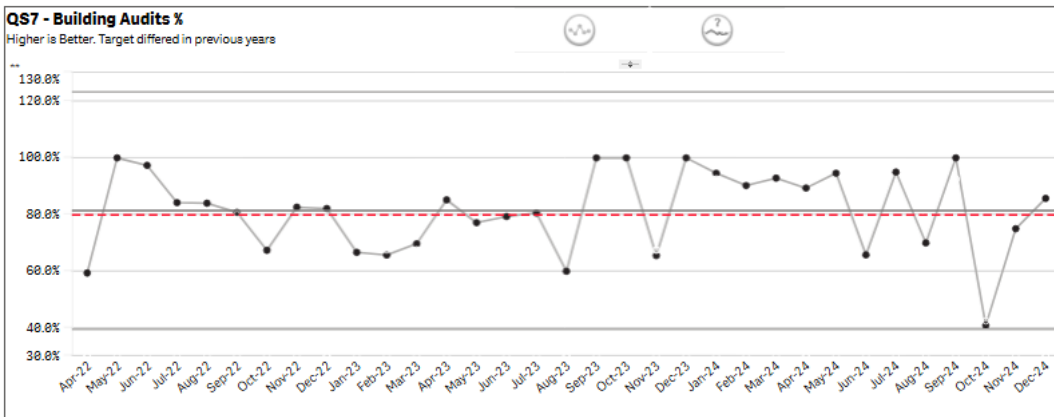
**Actions (SMART):**

QS5 - collaborative work to be undertaken in Q4 between service lines and CGLs to further reduce overdue Datix numbers to 15 or fewer.  
 QS6 - quarterly DoC audit report to be standing item in the patient safety report to PSEG from March 2025.

**Risks:**

QS6 - risk of statutory breach if DoC not recognised and invoked within timescales.

# Quality & Safety - Audits



**Variation**

Expected

Assurance

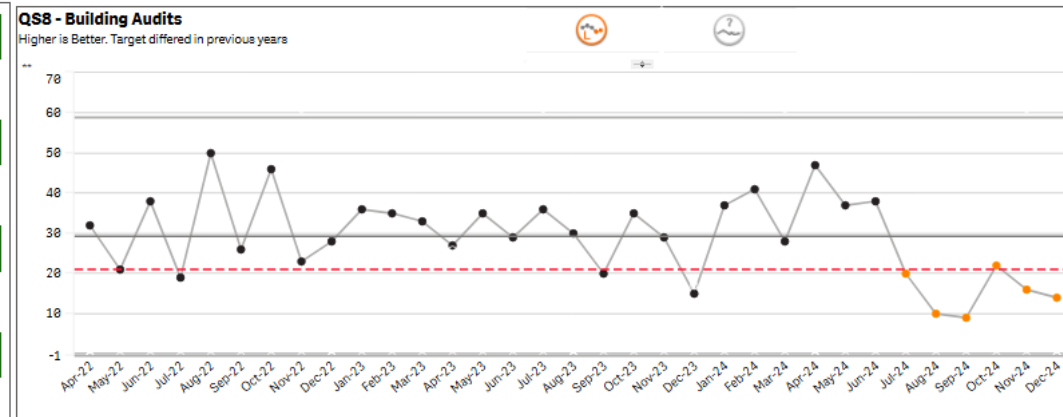
Expected

Target

80%

Latest

85.7%



**Variation**

Declined

Assurance

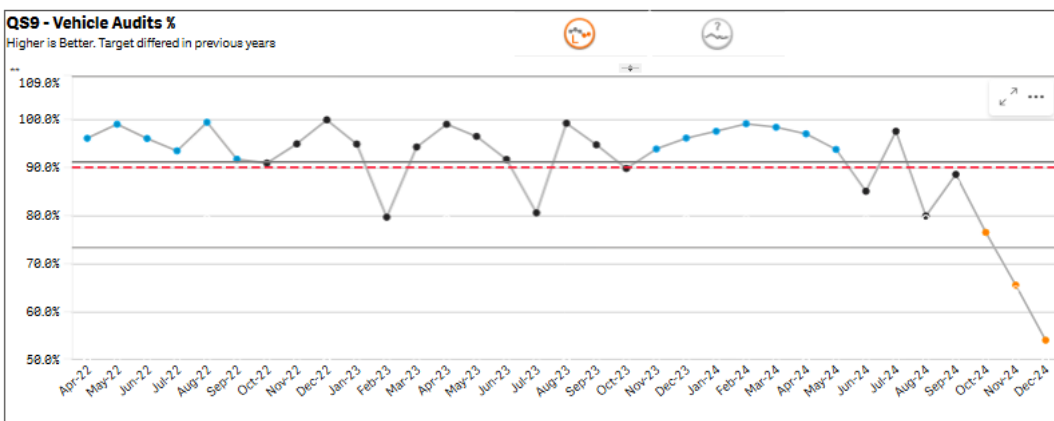
Expected

Target

21

Latest

14



**Variation**

Declined

Assurance

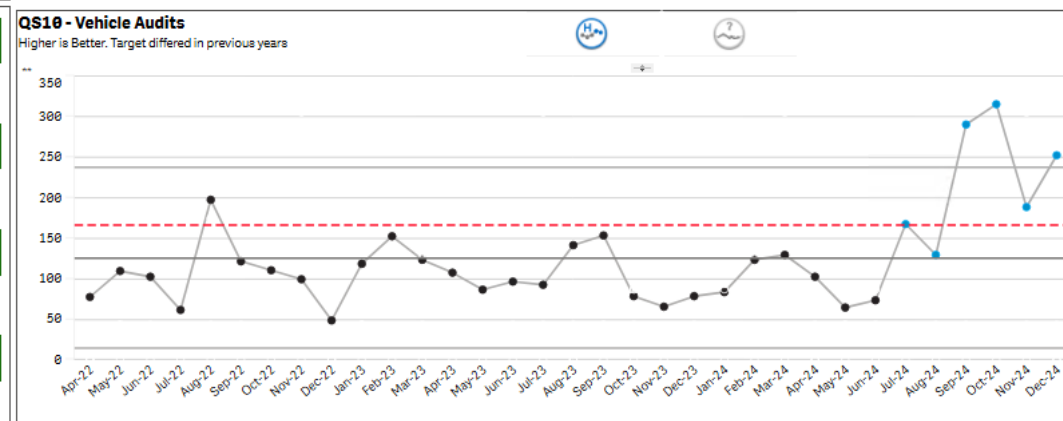
Expected

Target

90%

Latest

54.2%



**Variation**

Improving

Assurance

Expected

Target

167

Latest

253

**Understanding the Performance:**

The number of building audits special cause variation is due to the planner being adjusted to reduce the number required to ensure alignment with the national manual. The percentage with a compliant score is above target. The vehicle audit number completed is special cause variation as teams have continued to follow improvement trajectory. Alternate duties staff have assisted and level 3 audits have been also been completed.

**Actions (SMART):**

IPC Audit Action Plan and Audit trajectory reported monthly through CG meetings.

Alternate duties staff assisting in the North (where compliance is lower)

Level 3 Audit assurance programme derived to ensure oversight of compliance of vehicles to remain 90% or above.

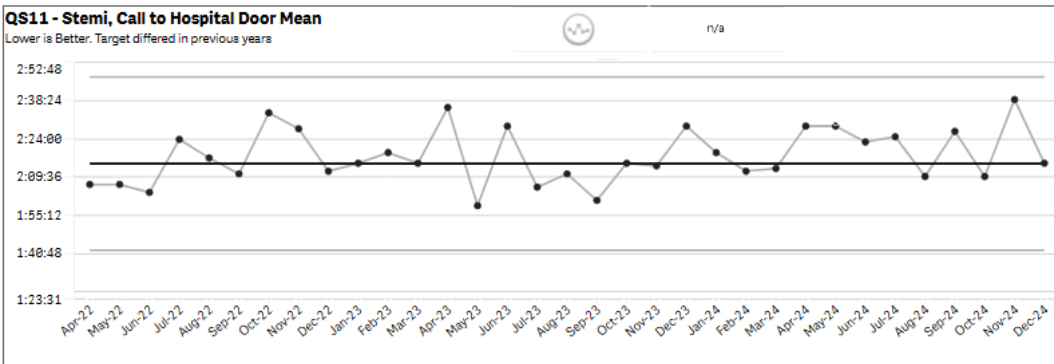
IPC working with Churchill & Fleet/Operations to ensure a greater number of vehicles are made available to make ready teams to complete 24 Hour Clean.

IPC Committee provided with update on actions and outcomes - next meeting 10 Feb 2025

**Risks:**

Cleaning below standards has the potential to affect patient care and patient safety . Vehicles are the clinical area for our service.

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



**Variation**

Expected

**Assurance**

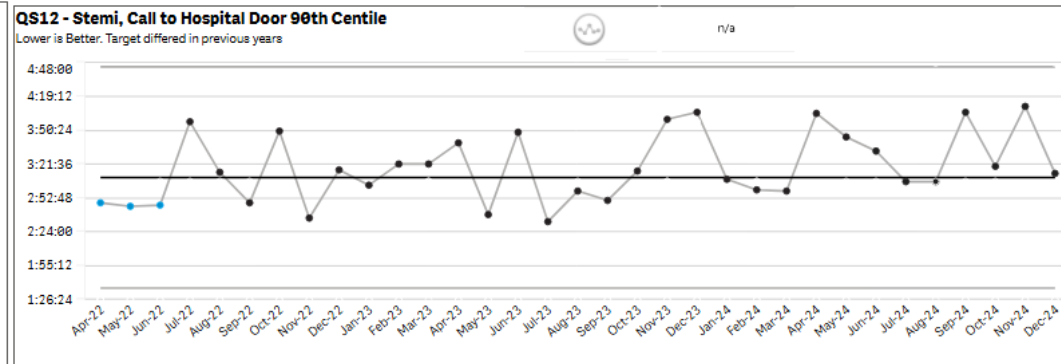
-

**Target**

-

**Latest**

02:15



**Variation**

Expected

**Assurance**

-

**Target**

-

**Latest**

01:36

**Understanding the Performance:**

STEMI Mean shows common cause variation and the metric may hit or miss the target. January 2025 data (reporting for August 2024) puts us as second of ten English Ambulance Services

STEMI 90th shows common cause variation and the metric may hit or miss the target. January 2025 data (reporting for August 2024) puts us fourth of ten English Ambulance Services.

Each of the charts is a performance-based measure, and as such is reliant on the Trust's ability to quickly get to scene and the ability of Trust clinicians to recognise STEMI and provide the required care.

The denominator for August 2024 is 70 STEMI cases

**Actions (SMART):**

By the end of April 2025 understand performance for STEMI Mean and 90th broken down by Node to determine where to focus improvement activity.

By the end of April 2025 have designed, with EOC and Operational colleagues, a set of targeted improvement activities to reduce variation and to lower response times.

Maximise vehicle availability to respond by reducing handover delays at Emergency Departments

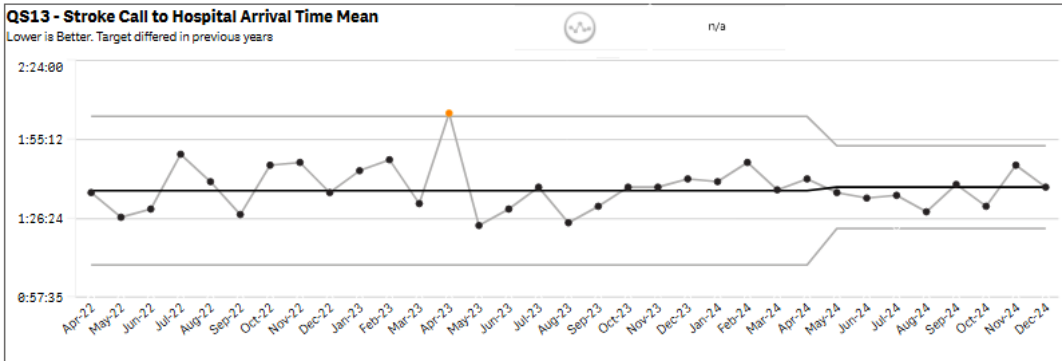
Focus on the operational delivery of category 2 response times

**Risks:**

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

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

# Quality & Safety – AQIs – Stroke - Chief Paramedic Officer



Variation

Expected

Assurance

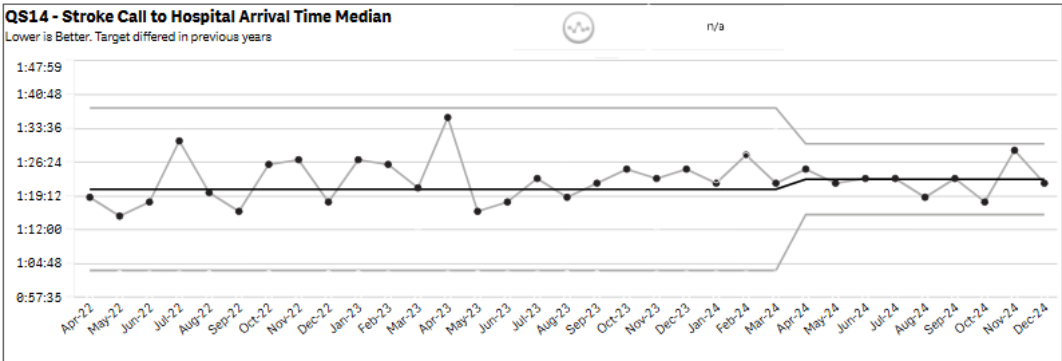
-

Target

-

Latest

01:36



Variation

Expected

Assurance

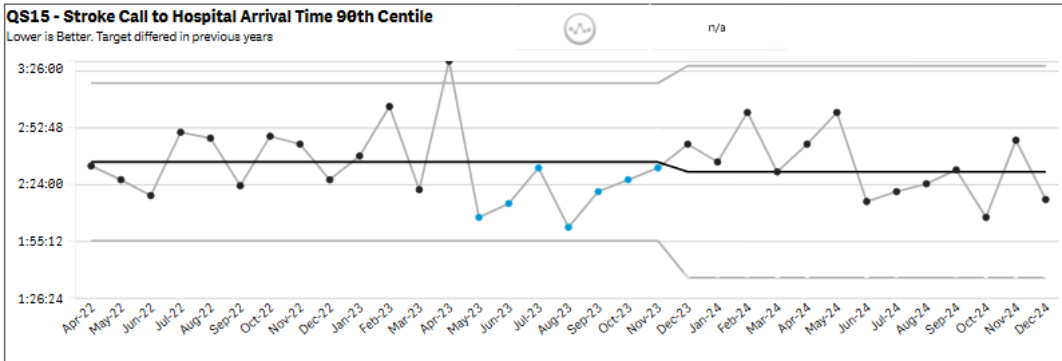
-

Target

-

Latest

01:22



Variation

Expected

Assurance

-

Target

-

Latest

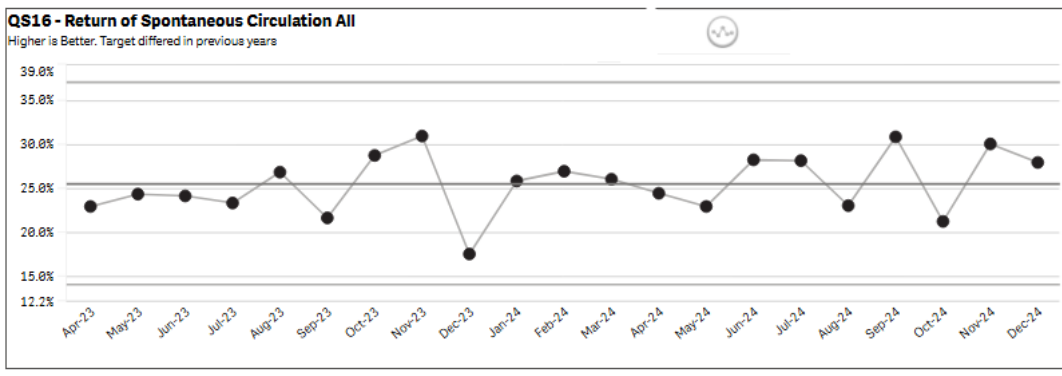
02:29

**Understanding the Performance:**  
Stroke Mean shows common cause variation and the metric may hit or miss the target. The reported data represents August 2024, where SCAS was 9th of ten English Ambulance Services  
Stroke Median shows common cause variation and the metric may hit or miss the target. The reported data represents August 2024, where SCAS was 9th of ten English Ambulance Services  
Stroke 90th shows common cause variation and the metric may hit or miss the target. The reported data represents August 2024, where SCAS was 6th of ten English Ambulance Services  
Each of the charts is a performance-based measure, and as such is reliant on the Trust's ability to quickly get to scene and the ability of Trust clinicians to recognise Stroke and provide the required care.  
The August 2024 denominator is 320 identified cases.

**Actions (SMART):**  
By the end of April 2025 understand performance for Stroke Mean, Median and 90th broken down by Node to determine where to focus improvement activity.  
By the end of April 2025 have designed, with EOC and Operational colleagues, a set of targeted improvement activities to reduce variation and to lower response times based on the above data. Maximise vehicle availability to respond by reducing handover delays at Emergency Departments. Focus on the operational delivery of category 2 response times.  
By the end of March 2025, to understand how variation has been controlled in other English Ambulance Services.

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

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



**Variation**

Expected

Assurance

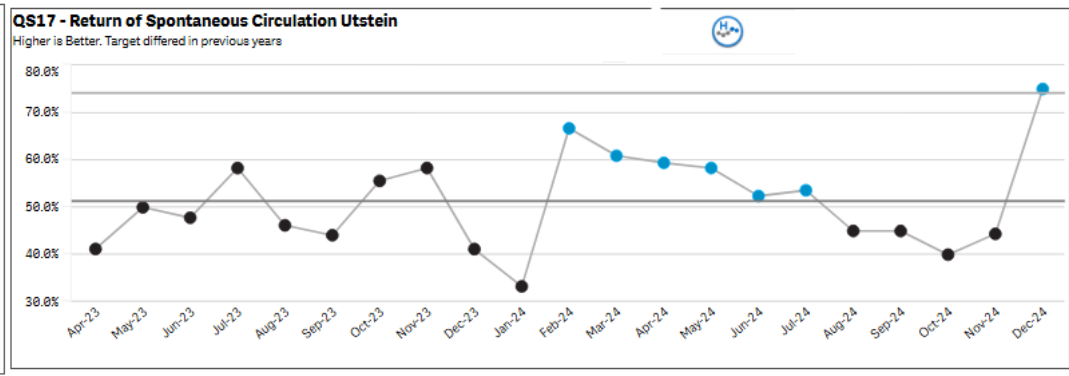
-

Target

-

Latest

28%



**Variation**

Improving

Assurance

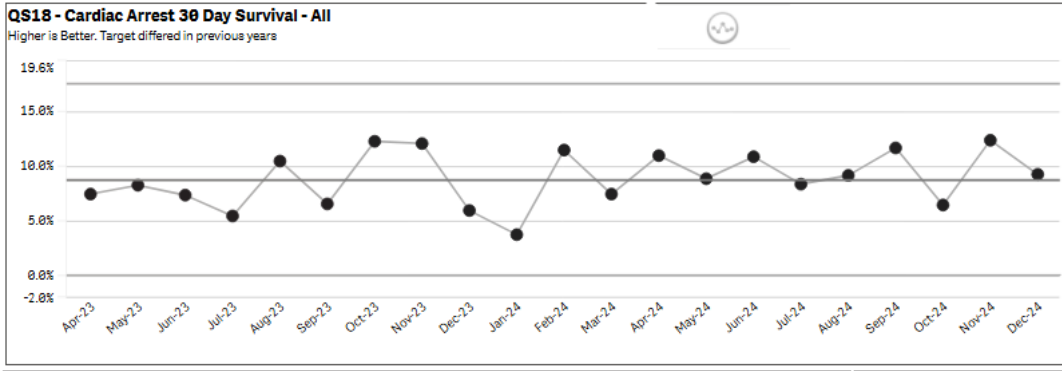
-

Target

-

Latest

75%



**Variation**

Expected

Assurance

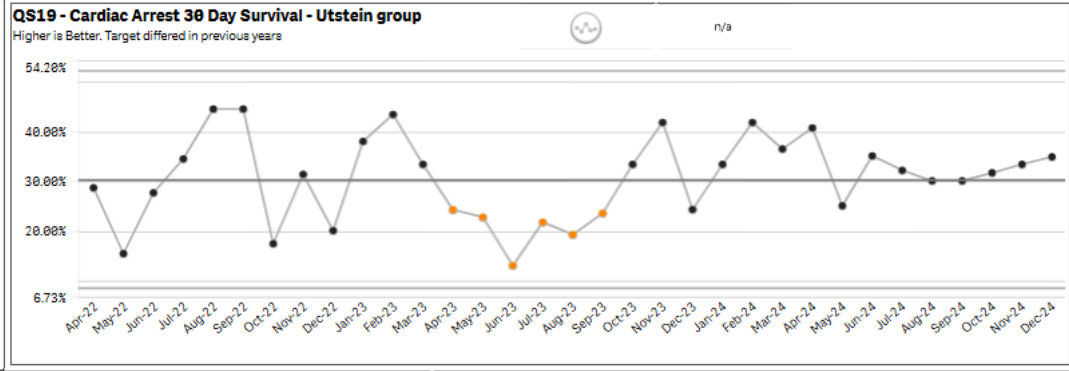
-

Target

-

Latest

9.2%



**Variation**

Expected

Assurance

-

Target

-

Latest

0.35%

**Understanding the Performance:**

Return of Spontaneous Circulation (ROSC) All shows normal cause variation, with the metric 6th out of 10 English Ambulance Services for the August data reported here.

ROSC Utstein shows a special cause variation, with the metric 2nd out of 10 English Ambulance Services.

Cardiac Arrest Survival All shows common cause variation, and the metric may hit or miss the target, with the metric 6th of 10 services.

Cardiac Arrest Survival Utstein shows common cause variation and the metric may hit or miss the target, with the metric 4th of 10 services.

Return of Spontaneous Circulation is a complex metric dependent on optimising the chain of survival and recognition and quick action prior to the call to the ambulance service.

The data is derived from 189 resuscitation attempts in August.

**Actions (SMART):**

By the end of April 2025 understand performance for ROSC charts broken down by Node to determine where to focus improvement activity.

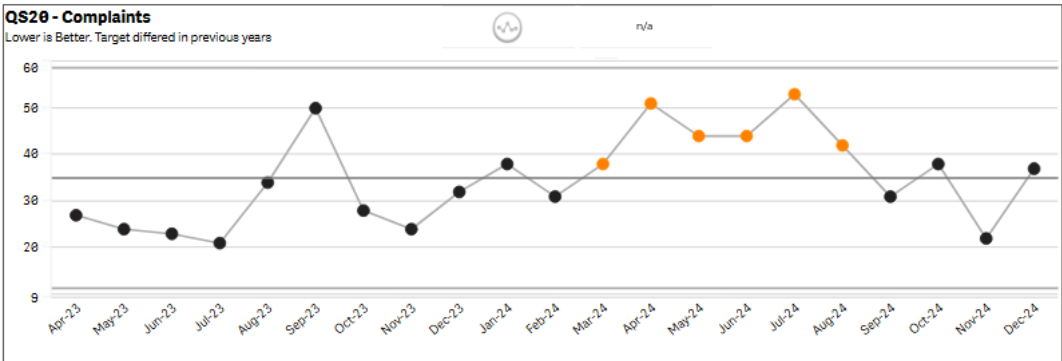
By the end of April 2025 have designed, with EOC and Operational colleagues, a set of targeted improvement activities to reduce variation, to lower response times and to get the right response to the right patients.

To have 95% of all SCAS clinical staff completed their annual mandatory online and face to face resuscitation refresher training by the end of March 2025.

**Risks:**

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

# Quality & Safety – Safeguarding and Patient Experience



Variation

Expected

Assurance

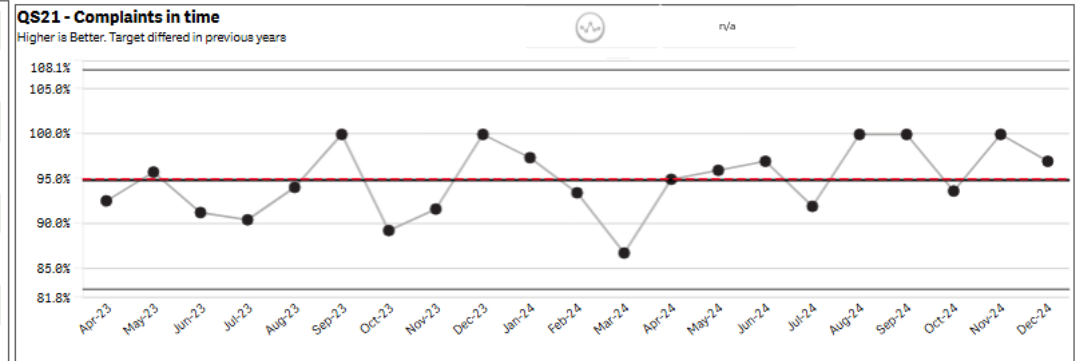
-

Target

-

Latest

37



Variation

Expected

Assurance

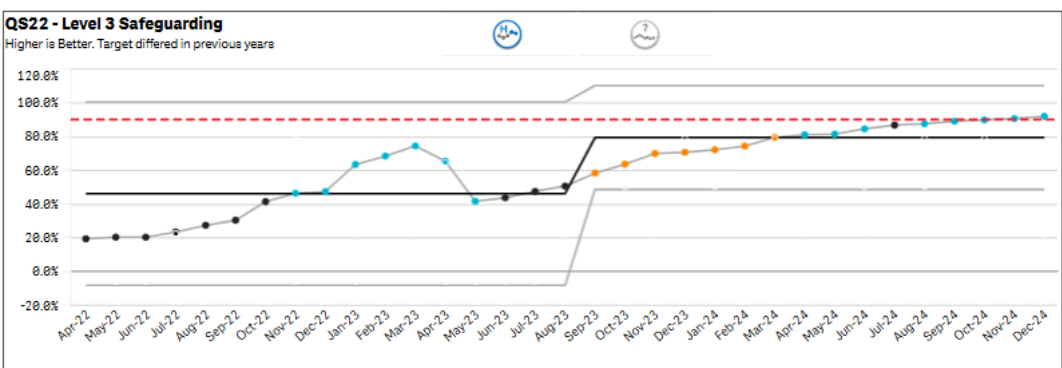
-

Target

95%

Latest

97.0%



Variation

Improving

Assurance

Expected

Target

90%

Latest

92%

**Understanding the Performance:**  
 QS20 – The rise in complaints in December is reflected in the reduction in concerns from 83 to 58; 101 compliments were received for the same period.  
 QS22 - Safeguarding training exceeded the trajectory of 90%. This is as a result of increased number of safeguarding training sessions in December 2024 and forms part of the recovery plan.

**Actions (SMART):**  
 QS20 – RAG rated weekly open cases report shared with heads of department for oversight and support.  
 QS22 - Recovery plan remains in place to sustain performance with additional training sessions

**Risks:**  
 QS20 – non-compliance with contractual timescales.






# People








December-24  
Summary

Metrics:

Assurance →

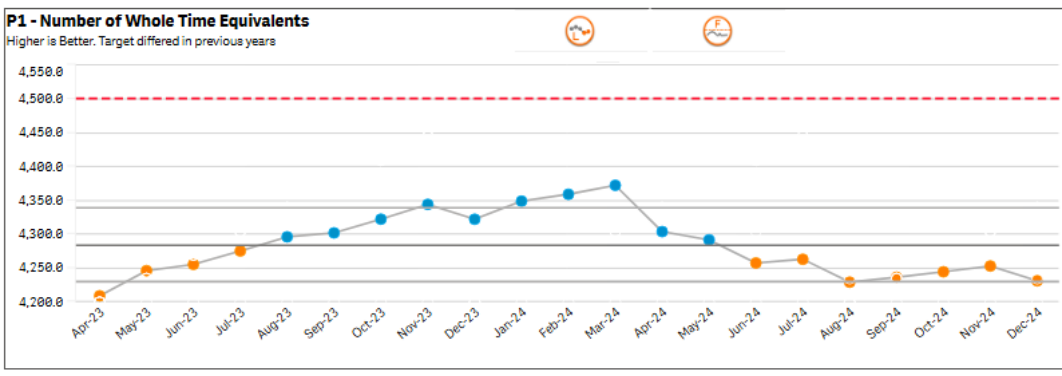




	Fail	Hit and Miss	Pass	No Target
Variance ↓				
			Shift Overrun Percentage	Vacancy Rate
	Number of Whole Time Equivalents			
	Meal Break Compliance	Monthly Sickness Long Term Sickness Staff Appriasal Target		Turnover Rate Freedom to Speak Up Cases
				
		BAME Staff %	Disabled Staff %	

\*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		Dec-24	4,232	4,500			4284.5	4230.3	4338.8
% Trust staff who are BAME		Dec-24	8.1%	6.3%			6.4%	5.7%	7.0%
% Trust staff who are declared disabled		Dec-24	9.8%	8.6%		n/a	7.6%	6.6%	8.5%
% DBS Compliance		Dec-24	99.2%	95%		n/a	98.1%	-	-
% Turnover		Dec-24	17.8%			n/a	18.1%	17.2%	19.1%
% Vacancy		Dec-24	11.8%			n/a	10.7%	9.6%	11.8%
% Sickness in month		Dec-24	6.5%	7.4%			6.5%	5.4%	7.5%
% Long term sickness		Dec-24	3.8%	3.5%			3.7%	3.3%	4.1%
Appraisals - Trust		Dec-24	87.5%	95%			79.3%	72.6%	86.0%
% Stat and Mand Training		Dec-24	38.5%			n/a	38.0%	-	-
FTSU Cases		Dec-24	15			n/a	12.3	-0.9	25.4
Meal Break Compliance - SCAS		Dec-24	35.0%	70%			47.8%	31.2%	64.5%
Over-runs > 30 mins - SCAS		Dec-24	29.6%	25%			18.5%	14.4%	22.5%
Time to hire		Dec-24	181			n/a	125.0	-	-

People - Workforce

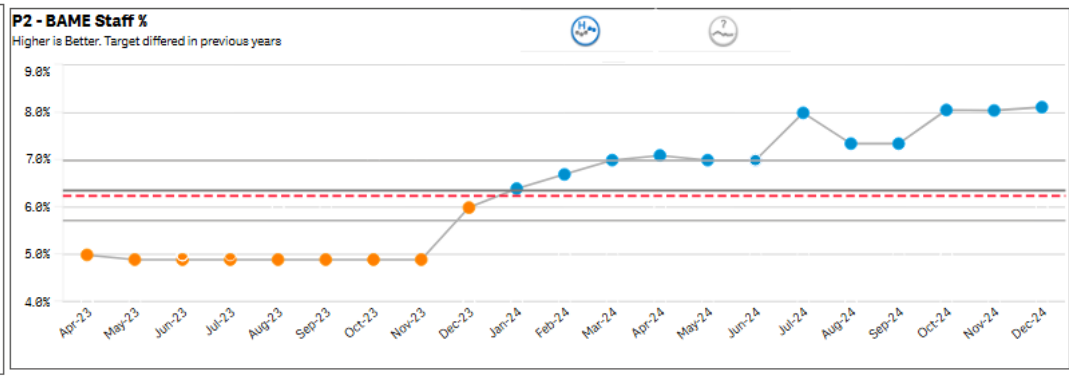


**Variation**  
Declined

**Assurance**  
Fail

**Target**  
4,500.1

**Latest**  
4231.8

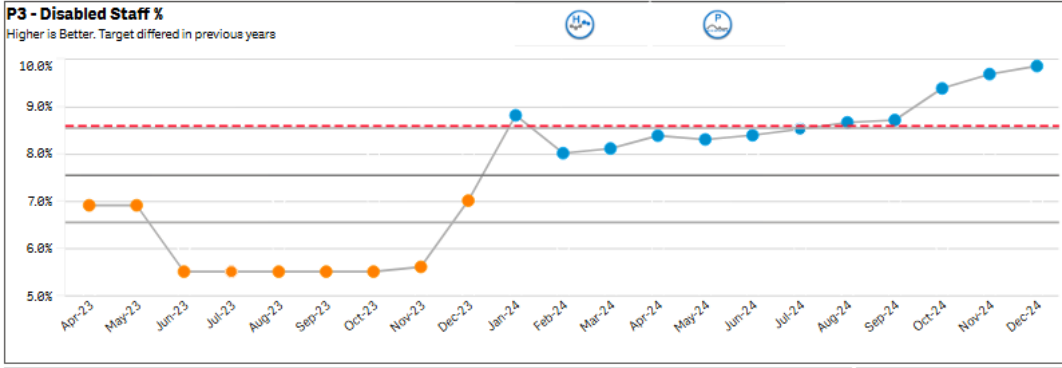


**Variation**  
Improving

**Assurance**  
Expected

**Target**  
6.3%

**Latest**  
8.1%

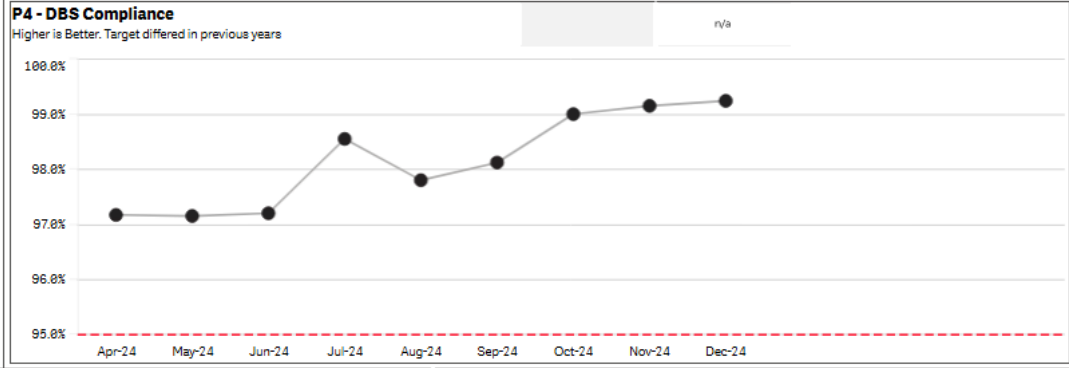


**Variation**  
Improving

**Assurance**  
Pass

**Target**  
8.6%

**Latest**  
9.8%



**Variation**  
-

**Assurance**  
-

**Target**  
95%

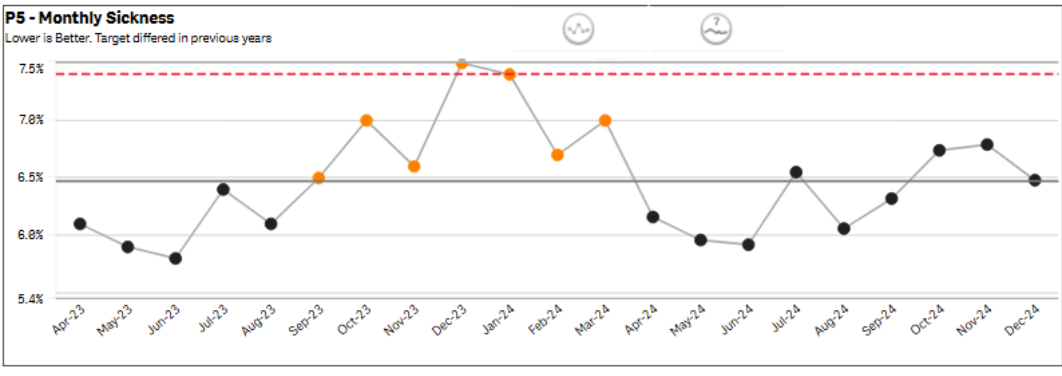
**Latest**  
99.2%

**Understanding the Performance:**  
The responsibility for renewals now sits within Recruitment and all outstanding are being completed. We are seeing results from projects around ensuring correct DBS clearance levels across roles.

**Actions (SMART):**  
DBS compliance should see continued improvement.

**Risks:**

# People - Workforce



**Variation**

Expected

Assurance

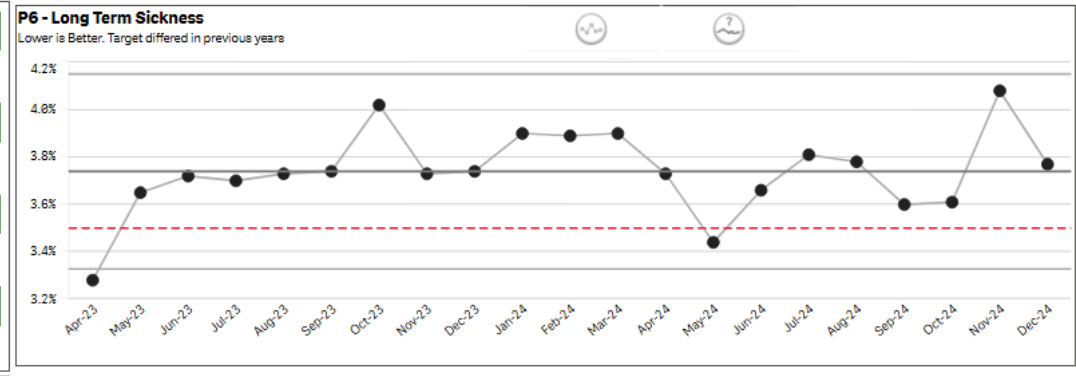
Expected

**Target**

7.4%

**Latest**

6.5%



**Variation**

Expected

Assurance

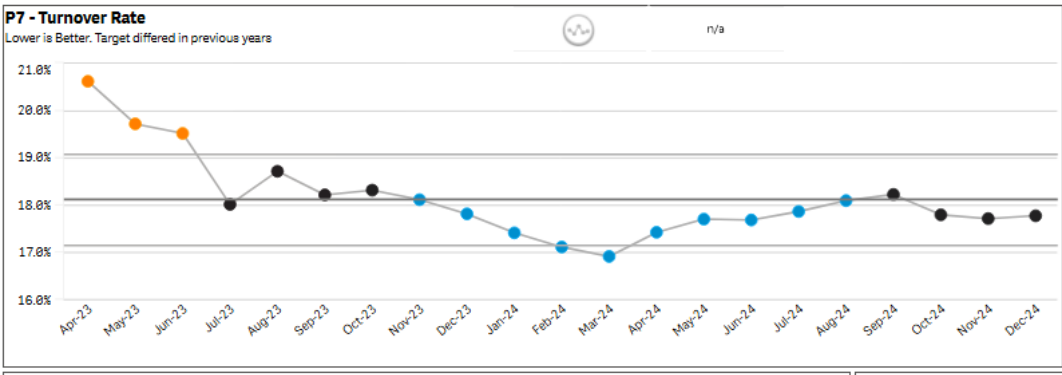
Expected

**Target**

-

**Latest**

3.8%



**Variation**

Expected

Assurance

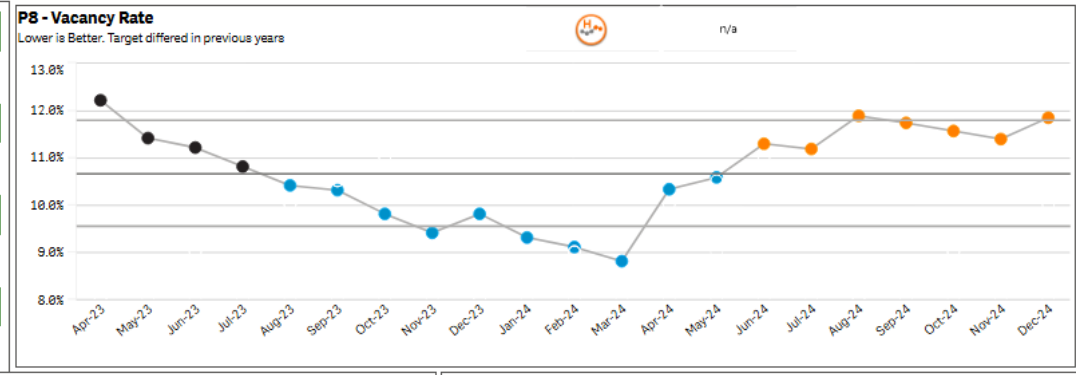
-

**Target**

-

**Latest**

17.8%



**Variation**

Declined

Assurance

-

**Target**

-

**Latest**

11.8%

**Understanding the Performance:**

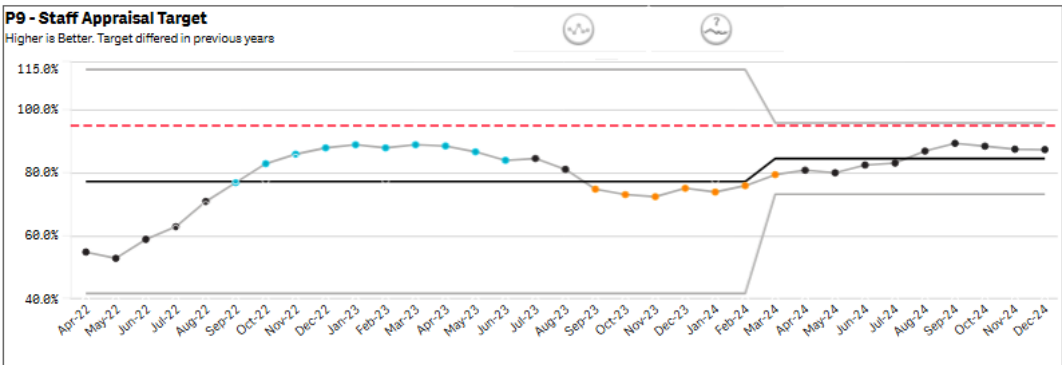
With fewer courses in December, we have seen a smaller number of new starters, without a similar reduction in leavers to balance the vacancy rate. We also continue to see a number of vacancies left without authorisation to recruit. There continues to be no significant change in sickness absence rates however January often sees a spike and with winter pressures, all absence has a significant impact. Community sickness rates for seasonal sickness reasons (flu/respiratory illness) have increased and this is likely to be replicated within the workforce. Flu vaccine uptake has increased but is still low.

**Actions (SMART):**

Over the next months we expect to see increased leavers as a result of both the PTS TUPE and Commercial restructure process, which will impact vacancy rates. Sickness absence analysis and actions are being reviewed for EMC. Flu vaccines are still available in the community and uptake continues to be promoted.

**Risks:**

# People – Culture & employee development



**Variation**

Expected

Assurance

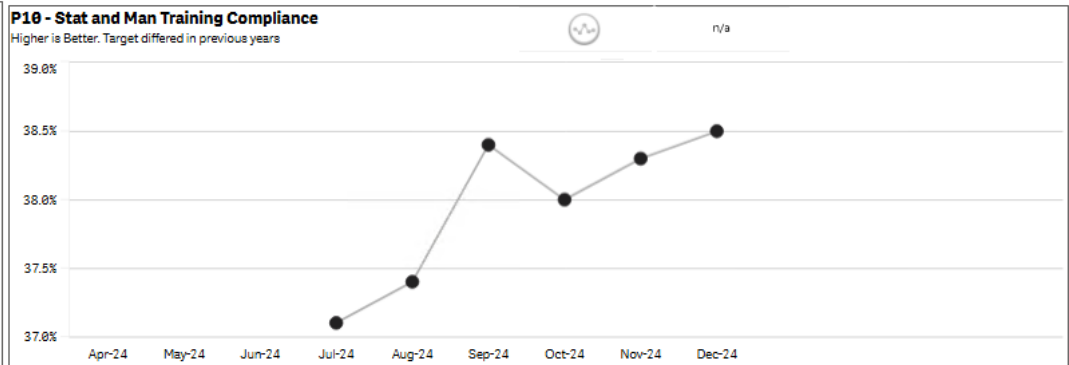
Expected

Target

95.0%

Latest

87.5%



**Variation**

Expected

Assurance

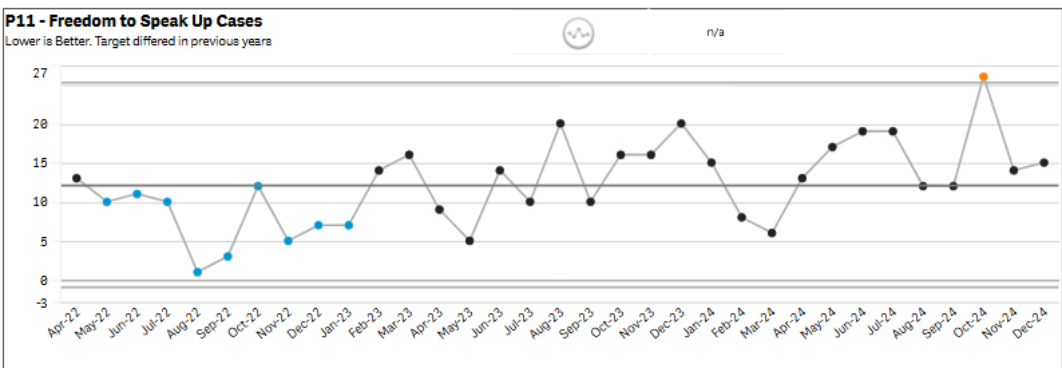
-

Target

-

Latest

38.5%



**Variation**

Expected

Assurance

-

Target

-

Latest

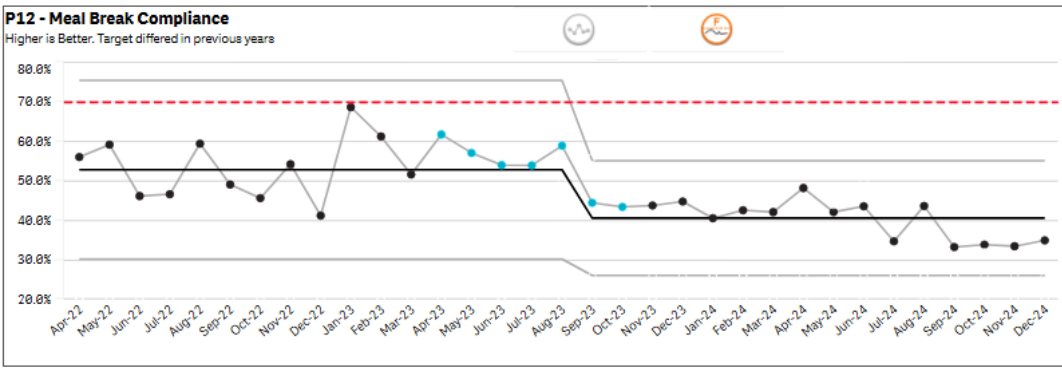
15

**Understanding the Performance:**  
 FTSU Themes : SBS issues; Corporate Review; Panel Hearings & Outcomes; Sexual Safety consistency of initial responses & actions  
 Appraisals: While we've made significant progress, we have yet to meet the 95% target. We are collaborating with directorate leads to facilitate timely and meaningful PDR conversations for all eligible staff.

**Actions (SMART):**  
 FTSU : Thematic Review of SBS; Thematic Review of Panel Hearings & outcome process/support to staff & Management; Suggested SS panel  
 FTSU/HR/Safeguarding/OD/ED&I  
 Appraisals: The decline in compliance is primarily due to operational pressures under REAP 4, particularly during winter. Reduced station time for crews has hindered PDR discussions. Nevertheless, operational leads are committed to encouraging managers to explore creative solutions despite these challenges.

**Risks:**  
 Sexual Safety initial responses & actions; Increase in SBS pay issues;  
 Appraisals: Continuing REAP 4 pressures and heavy workloads may restrict staff availability and focus, potentially impacting PDR completion. We remain dedicated to addressing these challenges with a proactive approach.

# Workforce - Employee Experience



**Variation**

Expected

Assurance

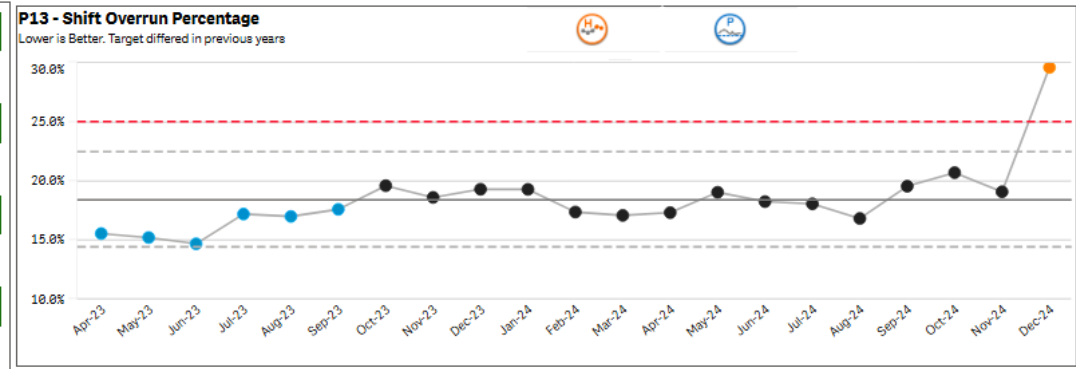
Fail

Target

70%

Latest

35.0%



**Variation**

Declined

Assurance

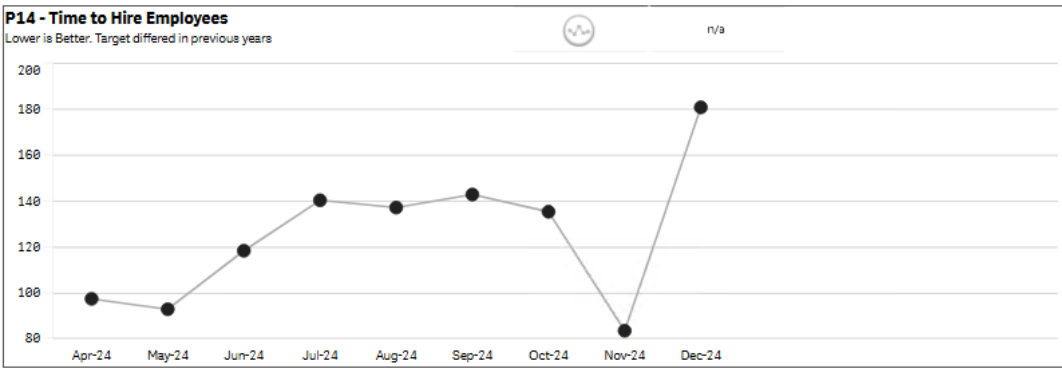
Pass

Target

25%

Latest

29.6%



**Variation**

Expected

Assurance

-

Target

-

Latest

181

**Understanding the Performance:**

Meal break compliance continues to show special cause variation with significantly lower than expected performance. The changes to MB allocation have yet to yield the desired change with compliance or against the cost improvement plan. Over runs have seen a significant deterioration in Dec by over a 10% worsening of performance. It is possible that there are issues with the data as this is a position we have not seen since a record has been kept since April 23. With Paramedic courses starting in December, time to hire has increased dramatically due to the much longer lead times required.

**Actions (SMART):**

Continuing to monitor performance against MB compliance and working in partnership with Unions we are looking at ways to change the performance of both MB and EoS. Changing behavior's or radically reworking the policy is likely to be the only way to achieve this goal. Focus on reduction of time to hire in areas/roles that can be impacted.

**Risks:**

Failure to provide staff with a break and ensuring they are finishing on time more often than not risks increased attrition and also failure to deliver against financial targets. A push to reduce Paramedic time to hire is likely to lead to lower numbers recruited as the only way to reduce this is to start recruiting much closer to course dates, losing the opportunity to engage people early.

## 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>	17	43
<b>12 Months</b>	17	43



**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	Quality and Patient Safety Report
<b>Agenda item</b>	10
<b>Report executive owner</b>	Helen Young, Chief Nursing Officer
<b>Report authors</b>	Sue Heyes, Deputy Chief Nursing Officer Laura Mathias, Assistant Director of Quality Jane Campbell, Assistant Director of Quality Christine Asare-Bosompem, Head of Safeguarding and PREVENT
<b>Governance Pathway: Previous consideration</b>	Patient Safety and Experience Group 9 Jan 2025 Divisional Clinical Governance Meetings
<b>Governance Pathway: Next steps</b>	Not Applicable

**Executive Summary**

As work continues to progress the embedding of the patient safety workstreams a three-year *Patient Safety Plan* is in development requiring consultation with key stakeholders and partners. This will then be shared through the relevant group and committee structures.

Areas of improvement.

- Safeguarding Level 3 Training (Adults & Children) has achieved target.
- Mental Capacity Act Level 1 training is now above target at 97% against a 95% target. Audits are demonstrating an overall improvement in the knowledge and skills of our staff.
- MCA Audits - 30 records per quarter randomly audited. All records reviewed have achieved the 80% audit score.
- Infection prevention and control level 2 compliance has increased from 90 % to 91% against 95% target during the reporting period
- The Safeguarding *My Referrals* form was launched successfully on the 1 October 2024. Positive feedback was received from most of our partners on implementation. This was followed with the successful hosting of a multiagency workshop to develop V2 of the form in December 2024. Collation of feedback from all Local Authorities is in progress.



Further improvement required in cleanliness of vehicles.

Although vehicle audits are above the upper control limit, special cause variation. Overall vehicle cleanliness compliance score has deteriorated during the reporting period. This matter is subject to an IPC improvement plan due to deliver improvement by 31 March and being over seen by IPC Committee and Quality and Safety Committee.

The main **themes seen in reported patient safety incidents** in EOC (call centre), and NHS 111 were delays. This is reflected in the feedback and complaints received during the reporting period.

### Alignment with Strategic Objectives

This report relates to High Quality Care & Patient Experience

### Relevant Board Assurance Framework (BAF) Risk

This report relates to BAF risk SR1 - Safe and Effective Care

### Financial Validation

Not Applicable

### Recommendation(s)

The Trust Board is asked to receive the report for noting

<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	
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## 1. Background / Introduction

- 1.1 The purpose of the paper is to assure and inform the Board of key issues being addressed as part of the improvement and governance of quality and safety. The Board is asked to note the report.
- 1.2 The report presents the data relating to the period November - December 2024 (unless otherwise stated), and highlights risks, issues and mitigations reflected in the Corporate Risk Register (CRR), Integrated Performance Report (IPR) and Board Assurance Framework (BAF). The information provided within the paper demonstrates evidence of compliance against Care Quality Commission (CQC) regulations where appropriate.

## 2. Detail

- 2.1 The Patient Safety Improvement workstream consists of, Safeguarding, Patient Safety and Experience, Management of Medical Devices and Equipment, Medicines Management and Infection Prevention and Control. The actions overseen by the appropriate committee e.g., Patient Safety and Experience Group (PSEG), Clinical Review Group (CRG). Safeguarding Committee and Infection Prevention and Control Committee (IPC) with upward reporting to Executive Management Committee and Quality and Safety Committee. This improvement work will be embedded into the Patient Safety Plan and cover a period of 2025-2028)
- 2.2 The Patient Safety Plan (2025-2028) has been drafted and is subject to consultation with key stakeholders and partners. The final document will then be presented for approval through Executive Management Committee and Quality and Safety Committee in Q1 on 2025.

### **Improvements noted in:**

Safeguarding Level 3 Training (Adults & Children) has achieved 94 % against a 90% target.

12 Safeguarding sessions were delivered in December 2024 to achieve the latest increase.

Mental Capacity Act Level 1 training is above target at 97% against a 95% target. Audits demonstrate an overall improvement in the knowledge and skills of our staff.

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

Infection prevention and control level 2 compliance has increased from 90 % to 91% against a 95 % target during the reporting period.

### **Further improvements are required in:**

Although vehicle audits are well above the upper control limit special cause variation. Overall vehicle cleanliness compliance score has deteriorated during the reporting period. The lead for IPC and fleet Director are working with contractors to ensure KPIs are met as the percentage of audits meeting compliance is at the lower control limit. IPC is subject to improvement plan due to deliver by 31 March 2025, and being overseen by IPC Committee and Quality and Safety Committee.

The main **theme seen in reported patient safety incidents** in EOC (call centre) and in 111 was delays. Swarm huddle in NHS111 regarding calls in the clinician queue. CCC Quick quiz were published in November and December.

The main themes in NEPTS were slips, trips, and falls and failed discharges. Decrease seen in the number of incidents involving side steps on our vehicles.

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

There is currently 1 case being reviewed by the PHSO (Parliamentary Ombudsman)

## **2.3 Main Report and Service Updates**

### **2.3.1 Regulatory and CQC Compliance**

#### **Accreditation Programme Progress**

Accreditation panel visits have been undertaken at the following resource centres, with draft reports shared with all panel members for factual accuracy checking:

1. Winchester and Eastleigh – EU&C and PTS
2. High Wycombe – EU&C
3. Kidlington – EU&C
4. Hightown – EU&C and PTS
5. Newbury – EU&C
6. Milton Keynes Blue Light Hub - EU&C

The oversight panel meeting in January 2025 will review accreditation reports before publication. This panel meeting will meet monthly thereafter to review reports and ensure improvement actions are being completed.

The accreditation data is compared against a template to ensure the resource centre has met the threshold for an award. There is no system of aggregation in place which means that all the eight key metrics are required to be in the award percentage bracket as qualification for an award.

A system of unannounced visits (with visibility of the audit data set) will also be part of the programme. The purpose of these visits is:

- Assurance of the accreditation processes
- Highlight the necessity for consistency and maintenance of standards
- Assess the readiness for a revisit (or respond to risk)
- Capture improvements.

### **2.3.2 Infection, Prevention and Control (IPC)**

We are seeing increased numbers of vehicle audits, as seen in the Integrated Performance Report. Operational teams continue with clear action plans and trajectories which have been reviewed to manage this at station level.

The IPC Lead continues to work closely with Fleet and Provider to ensure compliance of cleanliness of vehicles with Quality improvement work developing to improve system and processes with vehicle stocking and cleanliness.

Infection prevention and control level 2 training compliance has increased from 90 % to 91% during the reporting period. The IPC lead is working with education and operational colleagues to further improve level 2 compliance within E&UC with individual action plans in place for those that have received abstraction time.

The trust continues with its plans regarding its response to Mpox. This is a cross organisational group with internal and external stakeholder representation, where effectual actions are progressing ensuring preparedness and resilience are effective.

### **2.3.3 Safeguarding**

Level 3 training compliance is at 94% against 90% target and Mental Capacity training compliance is at 97% against 95% target.

Following the launch of the My Referral form on the 01/10/2024, a multi-agency workshop was hosted by SCAS via MS teams to develop the V2 of the form in December 2024. Collation of feedback from all Local Authorities' is in progress.

Allegation management:

Current open cases stand at 29. For 2024-25, there are 21 open cases and 26 closed cases (Total of 47 supported at time of reporting in December 2024/5)

The substantive Head of Safeguarding commenced with the team on 16 December 2024.

#### **NHS.net issue resulting in delayed safeguarding referrals to Oxford LA**

An nhs.net email issue was identified on 30 December 2024 where Oxfordshire County Council had not received any SCAS referrals since 24 December 2024. All other local authorities confirmed they were still receiving SCAS referrals.

Actions taken: System provider notified, Datix completed and manual referrals sent until the issue was resolved on 31 December 2024. Incident subject to investigation to identify any learning but all referrals risk assessed and re sent.

### **2.3.6 Mental Health and Learning Disability**

The newly reviewed, refreshed, and republished MHA/MCA aide-memoire for patient-contact staff has now been distributed to operational nodes, education centres and CCCs for onward distribution to existing, training and future staff on a personal issue basis. Although not exhaustive, it is hoped that this aide-memoire will assist staff in improving understanding of these often-misunderstood pieces of legislation.

The Crisis Care Liaison Lead has delivered a series of training in December to the Hampshire and IOW Fire Brigade watch and station officers to cascade the MHRV availability, discuss JESIP principles (Joint Emergency Services Interoperability Programme), and relevant acts MCA and MHA for emergency workers to their teams. RESPOND training continues to be delivered in the North North, covering example scenarios of mental health crisis in public places and Emergency Departments

The Multi-Agency Mental Health Best Practice Protocol, authored by Thames Valley Police in conjunction with partner agencies, is now out for executive sign-off by agencies. In SCAS, this has been passed to the Chief Executive/Chief Paramedic for consideration and deliberation.

#### **LD specialist update**

The roll out of the Oliver McGowan Mandatory Training in Learning Disability and Autism will increase from January 2025, with 18 road crew attending the tier 2 training every week in Hampshire, with adhoc tier 2 training places for management available. Tier 1 training will likely stop in 2025-2026, so more tier 2 places can be funded.

The sensory box pilots for ambulances will start to run in Milton Keynes, Reading and North Harbour in January 2025. Council funding also includes the filming of a co-produced video for staff to learn how to improve patient care for autistic patients.

## **Real Time Suicide Lead update**

The SCAS MH team have been asked to run a series of educational workshops for prisoners across the SCAS footprint in suicide awareness and prevention. Sessions are being planned until March 2025. Work continues with football fans. In partnership with Mind, programmes of peer-to-peer support, signposting and education are being developed. These include face to face workshops, short films, and podcasts until the funding ceases in 2025.

Internal staff workshops on resilience, suicide prevention and awareness continue. Sessions have been booked in until March 2025.

## **Complex Care update**

At the time of report 217 'Active' patients that have had Complex Care Practitioner (CCP) intervention, resulting in alert or care plan. 39 patients from this cohort have been further reviewed. Practitioners are at present reviewing 48 patients.

The Complex Care Team HUB page has been developed and includes how to access patient plans for Operational Crews.

## **2.3.7 Clinical Incidents**

### **EOC**

In the months of November and December 2024 there were 91 patient safety incidents reported by EOC North and South. This is an increase in patient safety incident reporting when compared to September and October (when 74 were reported).

The top three reported patient safety incident categories across both EOCs during November and December were Delay, Patient Treatment / Care, and ICT Systems.

Governance, educational and assurance works undertaken during the reporting period include:

- A task and finish group reviewed the welfare call process. The CCC Clinical Governance group reviewed options and then presented to the Clinical Review Group. This is being discussed at executive level and a quality impact assessment has been prepared.
- A report was presented to the CCC Clinical governance group that proposed delay in allocation on all Category 3 and 4 calls for a period of 30 minutes to enable the Clinical Support Desk (CSD) to clinically validate incidents ahead of a face-to-face response being sent. The group felt that patient impact is limited as dispatch will still occur (if crews are available) well within timeframe. The group approved the proposal.
- The CG Lead shared positive feedback discussed at a recent BOB Maternity Safety Panel meeting. A case was discussed which related to a lady who had foetal heart rate deceleration. SCAS had a previous incident similar to this, where it was subject to a high-level investigation. The incident covered at the meeting demonstrated learning from that previous incident has been well implemented in relation to the use of the HCP booking line. To highlight this positive piece of news to CCC staff, a story was placed on the hub in the Clinical Governance section.

CCC educational releases during the reporting period included:

Reminder: Return of Spontaneous Circulation (ROSC) scenarios – Shared 18/11/2024

Safeguarding referral Quiz – Shared 19/11/2024

Shared Learning - The Big Clinical Conversation - Aortic Emergencies – Shared 20/11/2024

Mpox pathway action cards – Shared 06/12/2024

Shared Learning - Stroke Awareness – Shared 12/12/2024

EOC Quick Quiz November and December

### **999 Narrative**

There were 673 patient safety incidents reported equating to a decrease of just under 2% from the previous reporting period. However, the severity of cases remains low with (651) incidents being logged as low or no harm.

The top three reported categories were External Feedback Request (199), Medicines (142) & Patient Treatment / Care (136)

The category of External Feedback Request still shows the highest number of incidents being reported onto Datix, this is to capture the number of HCP Feedback requests made to Hospitals, GP Surgeries including Community Nursing, which in general relates to increasing numbers of inappropriate requests for transfers and treatment / care concerns.

### **111 Narrative**

In the months of November and December 2024 there were 76 patient safety incidents reported by 111. This is a decrease of 16 from the last reporting period.

All were low or no harm, with the exception of 1, which was graded as moderate. The primary themes remain Delay (36), Patient Treatment/ Care (17) and External feedback Requests (11).

A swarm huddle was completed regarding cases in the 111-clinician queue, where patient care was delayed. As a result, 111 implemented an increase in trained navigators to allow CSMs to have the right skill mix on all shifts so that the Navigator can take over risk responsibilities on the queue.

### **NEPTS Narrative**

In the months of November and December 2024, there were a total of 92 patient safety incidents; 48 incidents in November and 44 in December.

The top 3 categories were Slip, Trip and fall (23), Patient treatment/care (28) and Ill Health (15)

All reported Slip Trip and Fall incidents for the months of November and December 2024 were low/no harm. 10% of all slips, trips and falls involved the side-step, which is decrease on the previous reporting period. Of the remaining low/no harm, 20% of incidents occurred prior to arrival of NEPTS, with the remaining incidents occurring during SCAS care.

All incidents in the patient treatment/care category were reported as low/no harm. 36% of incidents were failed discharges, which is a slight decrease on the last reporting period.

### **Patient Safety**

Owing to changes to NHSE guidance regarding the delivery of accredited PSIRF training the safety team are now able to develop, accredit and deliver **internal training**. A revised two-year operational training plan was approved at PSEG in January 2025 and roll out of "Introduction to PSIRF and Swarm Huddle" training is already underway across all service lines. Initial feedback is positive, and an After-Action Review training package is being developed.

The latest MaPSaF (patient safety) survey closed with a low response rate of 8%. To encourage higher response rates, release of the bi-annual survey will be moved to Q2 and Q4 to avoid clashing with the staff survey. The survey will also be rebranded as the Patient Safety Survey rather than MaPSaF so it is clear to staff the purpose of the survey.

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

The patient safety team are undertaking a review of patient safety incidents relating to delay where vehicles off road was a primary or contributory cause; this review will be submitted to Patient Safety and Experience Group in March 2025.

### **Patient Experience (PE) and Engagement**

The Trust received 700 PE contacts during the reporting period, no change noted in the trend remaining consistent.

- Formal Complaint – 59
- Concern – 141
- HCP Feedback - 500

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

There is currently 1 case are being reviewed by the PHSO.

The trust received 207 compliments for the care and service delivered by our staff across the reporting period.

### **3. Quality Impact**

**3.1** The report is presented for oversight and assurance.

### **4. Financial Impact**

**4.1** No direct financial impact.

### **5. Risk and compliance impact**

**5.1** The report is presented for oversight and assurance.

### **6. Equality, diversity, and inclusion impact**

**6.1** None to note in this paper.

### **7. Next steps**

**7.1** Relevant committees will continue to review updates.

**8. Recommendation(s)**

**8.1** The Board is asked to receive the report for noting.

**9. Appendices**

**9.1** None with this paper.





**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	Chief Medical Officer's Board Report
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<b>Agenda item</b>	11
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<b>Report executive owner</b>	John Black, Chief Medical Officer
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<b>Report author</b>	John Black, Chief Medical Officer Helen Pocock SCAS Lead Research Paramedic
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<b>Governance Pathway:      Previous consideration</b>	Not Applicable
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<b>Governance Pathway:      Next steps</b>	Not Applicable
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**Executive Summary**

The purpose of the paper is to update the Board on key clinical issues relating to:

- Clinical Research
- Current Viral Infection Epidemiology

**Alignment with Strategic Objectives**

This report aligns with High Quality Care & Patient Experience

**Relevant Business Assurance Framework (BAF) Risk**

This report relates to BAF risk SR1 - Safe and Effective Care

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

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## 1. Background / Introduction

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

- SCAS Clinical Research Update
- Current Viral Infection Epidemiology

## 2. Research Update:

### 2.1 Current research study recruitment (data cut 08 Jan 2025):

- 85 new patients have been enrolled in research studies in the last month.
- [Cumulative recruitment totals:
  - Spinal Immobilisation Study (**SIS**): 179 patients;
  - Early surveillance for type 1 diabetes in children (**ELSA**): 797 patients;
  - Tranexamic acid for mild head injury in older adults (**CRASH-4**): 416 patients;
  - Cardiac Arrest Bundle of cARE Trial (**CABARET**): 16 patients;
  - Redirection to major stroke centre for thrombectomy treatment (**SPEEDY**): 46 patients]

2.2 Ambulance Service **Community Engagement increasing Diversity and Accessibility in Research (CEDAR)** project: Terms of Reference have been produced. The project aims to address the disparity in health research participation between populations with differing socioeconomic status. With PPI representatives, we will co-produce written materials to distribute to 'CEDAR' communities which will contain health messages and information regarding opportunities to take part in research.

2.3 **SAFE D** project: The Research Steering Group has expressed interest in a study assessing biomarkers of pancreatic cancer in patients recently diagnosed with type II diabetes aged 50- 84 years. Eligible patients identified by diabetes service; patients given the option of attending one of the Wessex research hubs or to indicate that they are not physically able to attend a hub. SCAS research team could provide home visits in order that such patients are not excluded from research. In this way, participant inclusion and retention may be improved.

### 2.4 Publications:

#### Article

Campling N, Turnbull J, Richard, Voss S, Scott-Green J, **Logan S**, Latter S.

Paramedics providing end-of-life care: an online survey of practice and experiences. *BMC Palliative Care* **23**, 297 (2024).

<https://doi.org/10.1186/s12904-024-01629-7>

#### Abstracts

**Pocock H, Deakin CD**, Lall R, Michelet F, Sun C, Smith D, Hill C, Rai J, Staff K, **Brown M, Rodriguez-Bachiller I**, Perkins GD. PP11 A cluster randomised controlled feasibility trial of prehospital optimal shock energy for defibrillation (POSED) *Emergency Medicine Journal* 2024;**41**:A6. [https://emj.bmj.com/content/41/Suppl\\_3/A6.2](https://emj.bmj.com/content/41/Suppl_3/A6.2)

**Logan S**. PP36 Scoping exercise: paramedic debriefing post out-of-hospital cardiac arrest *Emergency Medicine Journal* 2024;**41**:A16.

[https://emj.bmj.com/content/41/Suppl\\_3/A16.1](https://emj.bmj.com/content/41/Suppl_3/A16.1)

## 3. Current viral epidemiology:

See Appendix 1

- 3.1 COVID levels of admission to hospital are reducing and remain well below last year's levels.
- 3.2 **Seasonal Influenza A** which has been the dominant strain so far this winter are also falling having peaked in the first weekend in January – the number of new cases have fallen by 39% and beds occupied by 25%. **Influenza B** levels are still rising (accounting for approximately 10% of influenza cases) and we may see a second later peak this winter
- 3.3 **RSV levels** peaked in the week commencing 25<sup>th</sup> November and can be expected to continue to fall.
- 3.4 **Norovirus (causing winter vomiting) levels are still rising and accounting for acute hospital bed closures.**

We are currently in early stage of exploring with NHSE piloting the use of latest generation multi-channel Lateral Flow Tests that can identify acute Influenzae A&B, RSV as well as COVID infections. A finger prick blood test can also help rule-in (in minutes) an acute viral (as opposed to bacterial) infection as well as identifying sicker patients with high levels of C-reactive protein (CRP). Rapid identification of these viral infections within minutes at the bedside could greatly help with onward referrals to appropriate health care settings if required as well the discharging patients for onward care / further follow up in the community.

#### **4. Quality Impact**

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

#### **5. Financial Impact**

- 5.1 Income generated by research varies depending on patient/participant recruitment.

#### **6. Risk and compliance impact**

- 6.1 If the trust does not take part in research studies, then our patients may be denied access to new/innovative treatments leading to longer recruitment periods for research studies overall and longer times to implementation of research findings nationally.
- 6.2 Research aims to improve safe and effective care.
- 6.3 The NHS expects all trusts to facilitate research and embed research in its core business.

#### **7. Equality, diversity, and inclusion impact**

- 7.1 We aim to offer research projects to all patient groups.

#### **8. Next steps**

- 8.1 Continue to offer research to our patients (and staff) and expand our offering across a range of conditions.
- 8.2 Continue to monitor the impact of common seasonal viral infections and the impact on the delivery of urgent and emergency care across the region.

#### **9. Recommendation(s)**

9.1 The Group / Committee / Board is asked to receive a report/paper for noting

**10. Appendices**

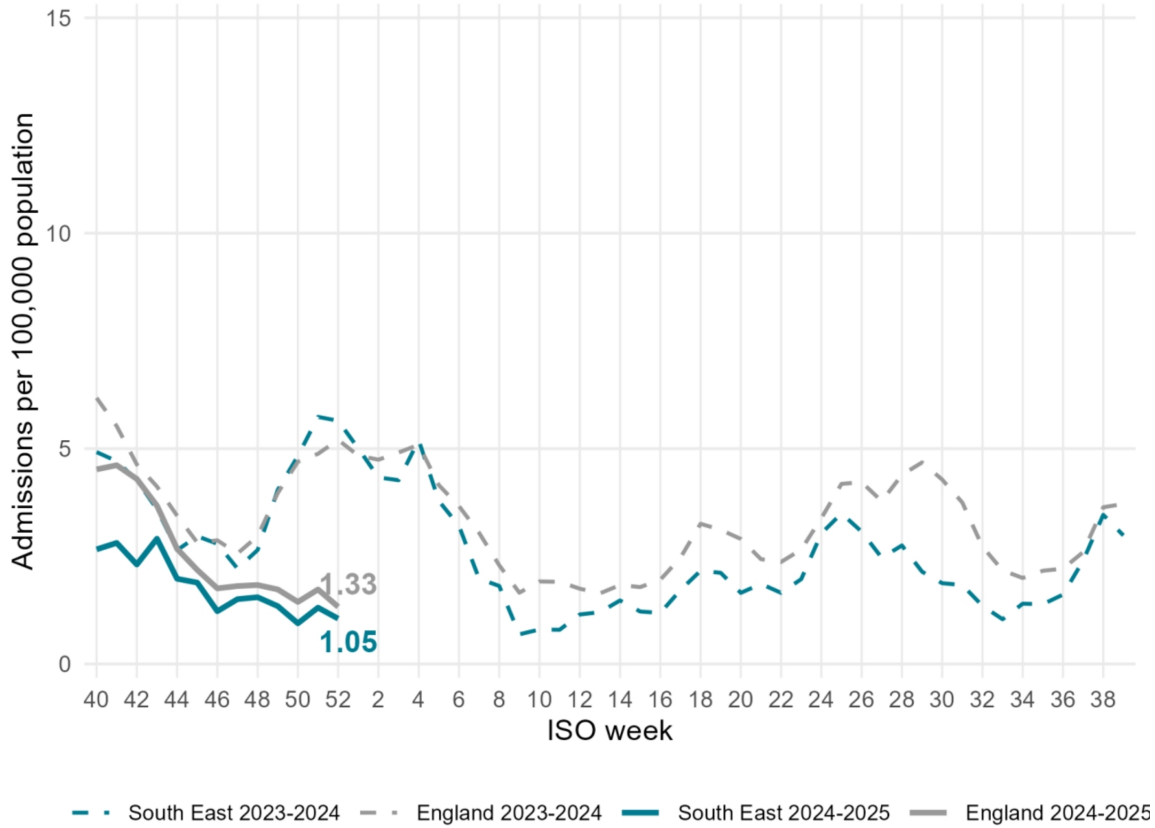
10.1 Current viral epidemiology for Respiratory Infections and Norovirus 7.1.25.

# Epidemiological summary

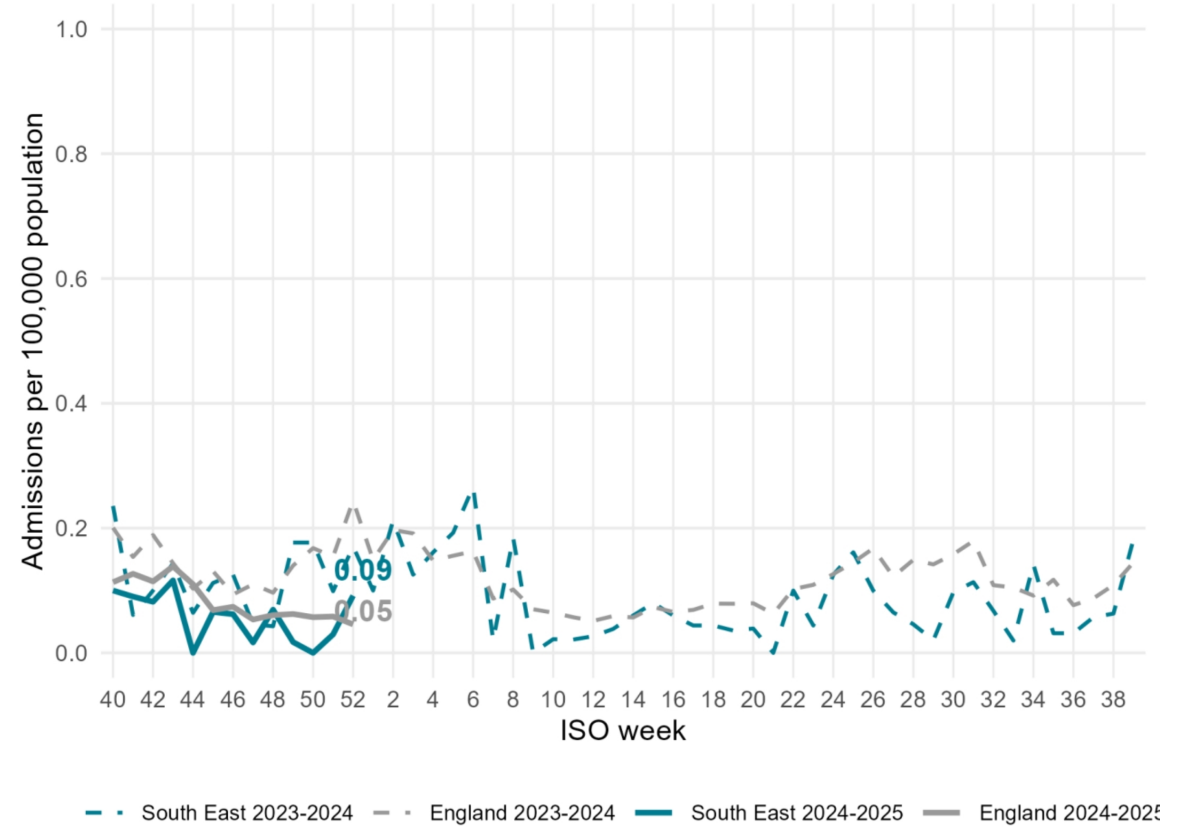
OFFICIAL – this slide set has been produced for internal planning purposes within NHS/OHID/UKHSA

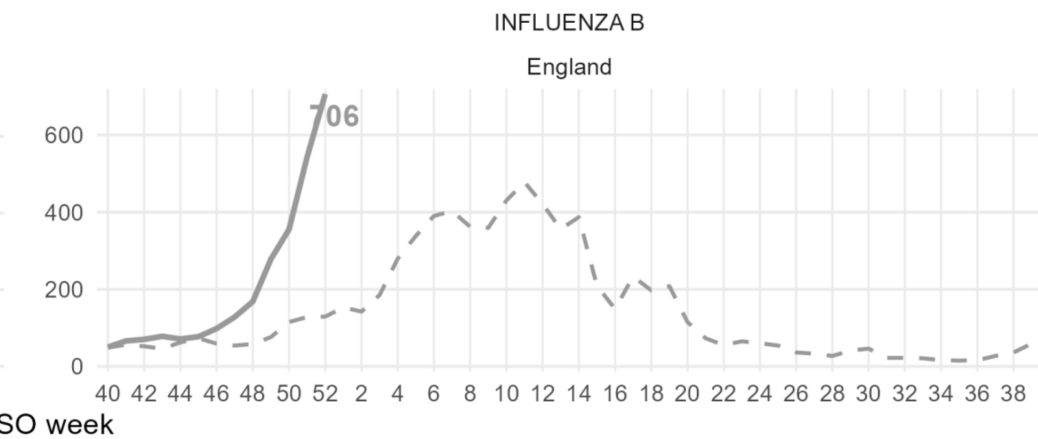
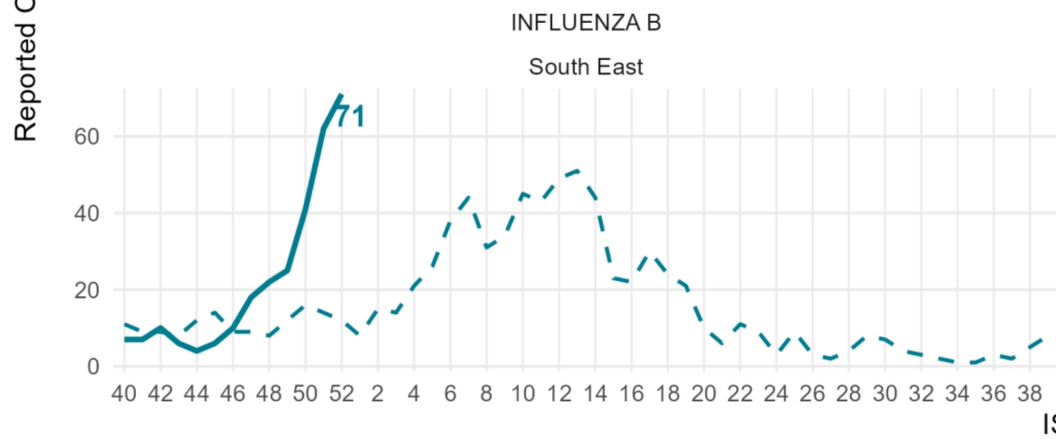
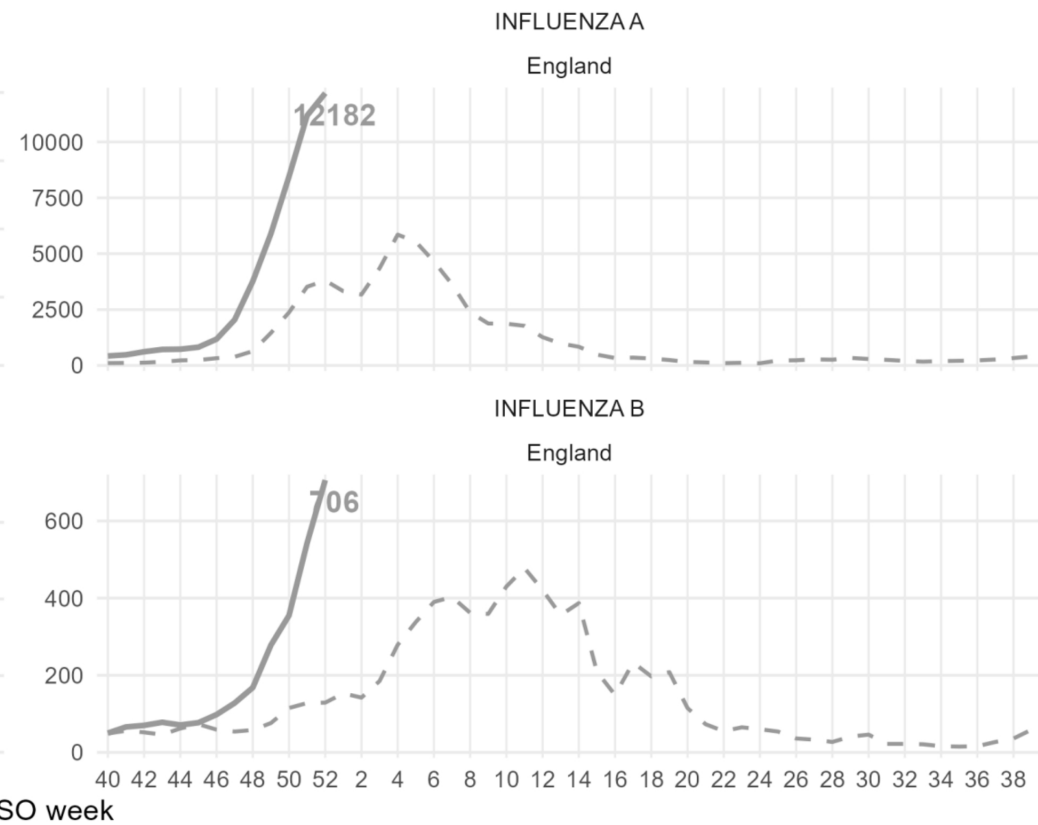
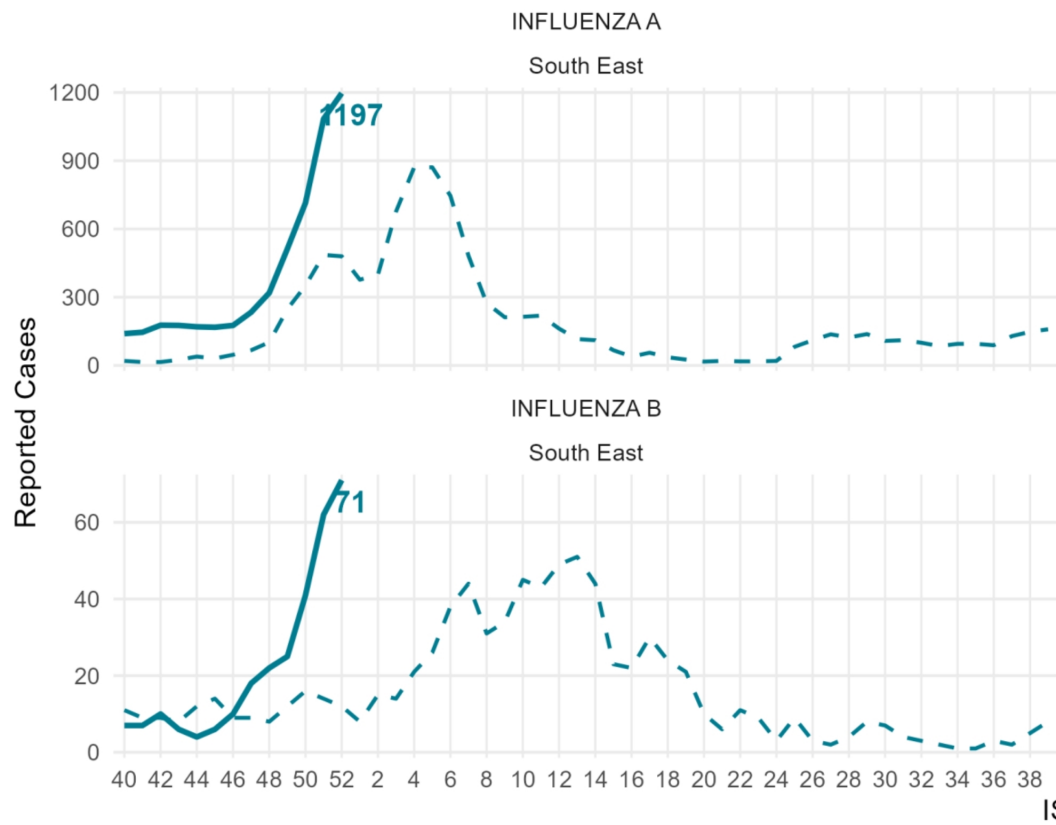
Focus	Summary from South East Public Health Winter Intelligence Group
<b>COVID</b>	<p>COVID-19 activity <b>decreased</b> across most indicators.</p> <p>The hospital admission rate for confirmed SARS-CoV-2 <b>decreased</b> in the latest reported week</p> <p>Potential SARS-CoV-2 ED attendances reported by syndromic surveillance <b>increased slightly</b>, after a downward trend since end-Sep-24</p>
<b>Influenza</b>	<p>Influenza indicators <b>increased</b> across all indicators in the South East</p> <p>In week 52, lab counts of influenza A <b>increased substantially</b> to 137% of Jan-24 winter peak, and lab counts of influenza B <b>increased substantially</b> to 139% of March 2024 peak</p> <p>Positivity for influenza A <b>increased substantially</b> to 37% in week 52, which was well above the level observed in the same week last year, and above the last peak of 14.4% in early February 2024. Positivity for influenza B <b>stood at</b> 1.4%, lower than the peak so far this year of 2% but above the level observed this time last year. (DataMart)</p> <p>Hospital admissions with influenza <b>increased</b> in the past week and crossed over into the <b>high level</b>.</p> <p>Ill ED attendances <b>increased substantially</b> in the past week, and surpassed the historical baseline. The number of attendances was higher than the peak level observed last season.</p> <p>For w/c 23/12/24, all-age attendances and admissions continue to grow, +304 attendances in the latest week and +101 admissions. Up to w/c 30/12/24, new flu cases reduced (-425, -32%) and beds occupied by patients with flu increased (+953, +24%)</p>
<b>RSV</b>	<p>In week 49, RSV laboratory counts <b>decreased</b> for the fifth consecutive week, to 49% of last winter's peak in late November 2023.</p> <p>Up to w/c 23/12/24, paediatric (0-5) admissions for RSV (bronchiolitis as proxy) peaked in w/c 25 November, 15% higher than last year's peak. They are now at a similar level to mid-October 2024 and can be expected to continue to fall.</p>
<b>Cold weather</b>	<p>The cold weather continues into this week, where every area is forecast to have mean temperatures below the South East cold weather threshold of 7.5°C today through to Friday, when increased admissions are expected.</p> <p>UKHSA <a href="#">Cold-health alert</a>: <b>Amber, i.e.</b> Forecast weather is likely to cause significant impacts across health and social care services.</p> <p>Met Office <a href="#">yellow snow warning</a> for most parts of the South East on Wednesday.</p>
<b>Other</b>	<p>ED attendances for ARI increased and were above the South East historical baseline. The numbers were 36% higher than the previous peak seen in December 2023.</p> <p>Norovirus lab reports <b>increased</b> for the third week in a row to approximately 68% of the peak level observed in November 2024.</p>

Hospital admissions with confirmed SARS-CoV-2  
(mandatory surveillance)



ICU/HDU admissions with confirmed SARS-CoV-2  
(mandatory surveillance)





- - South East 2023-2024   
 - - England 2023-2024   
 — South East 2024-2025   
 — England 2024-2025

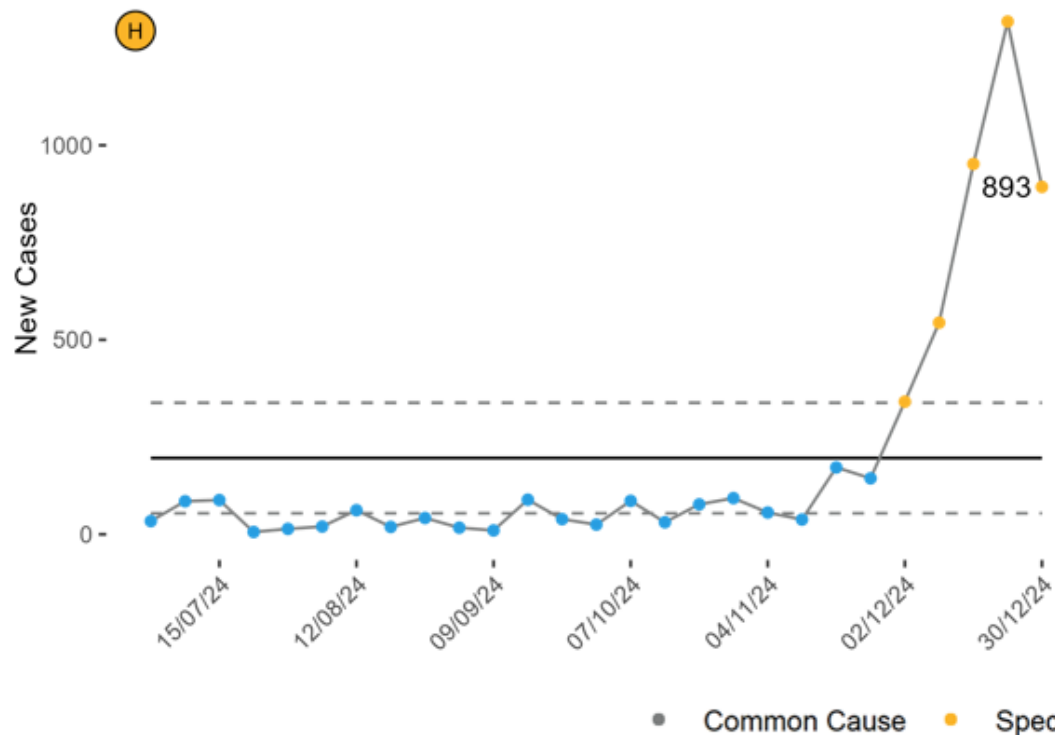


# Flu updates

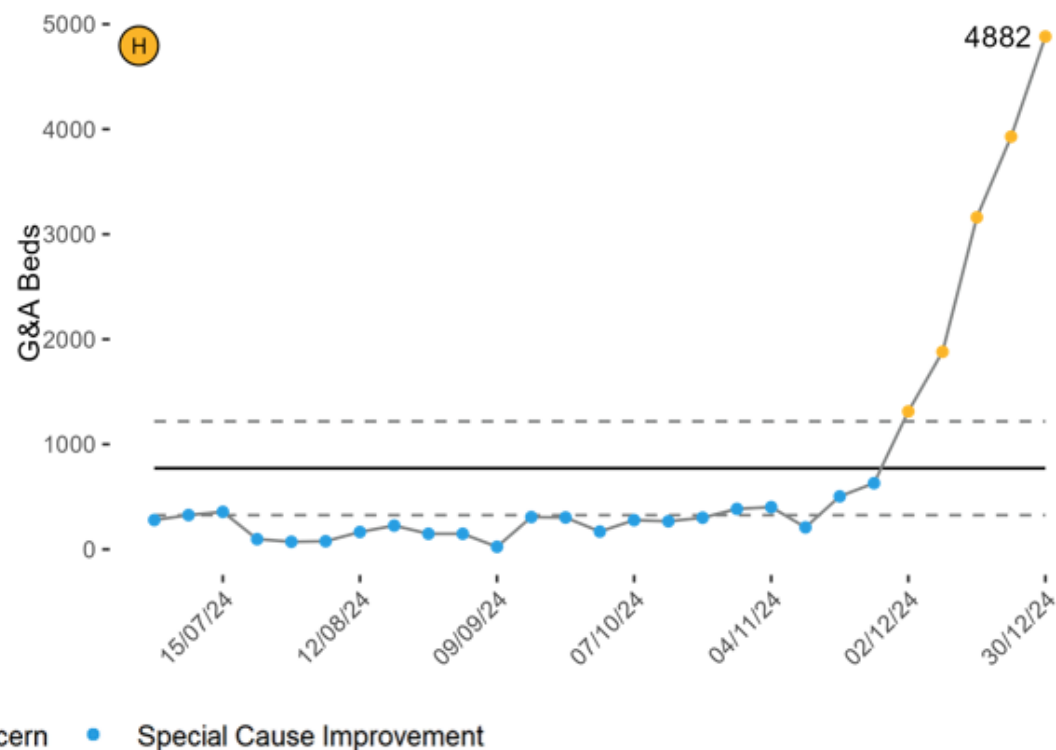
Data up to w/c 30-Dec-2024

- Flu cases reduced in the latest week and in all systems aside from Surrey and Sussex.
- Beds occupied by patients with flu continue to increase.
- New cases -425 (-32%) from last week (1,318 to 893) and beds occupied +953 (24%, from 3,929 to 4,882).

Flu new cases (all ages)



Beds occupied by patients with flu (all ages)



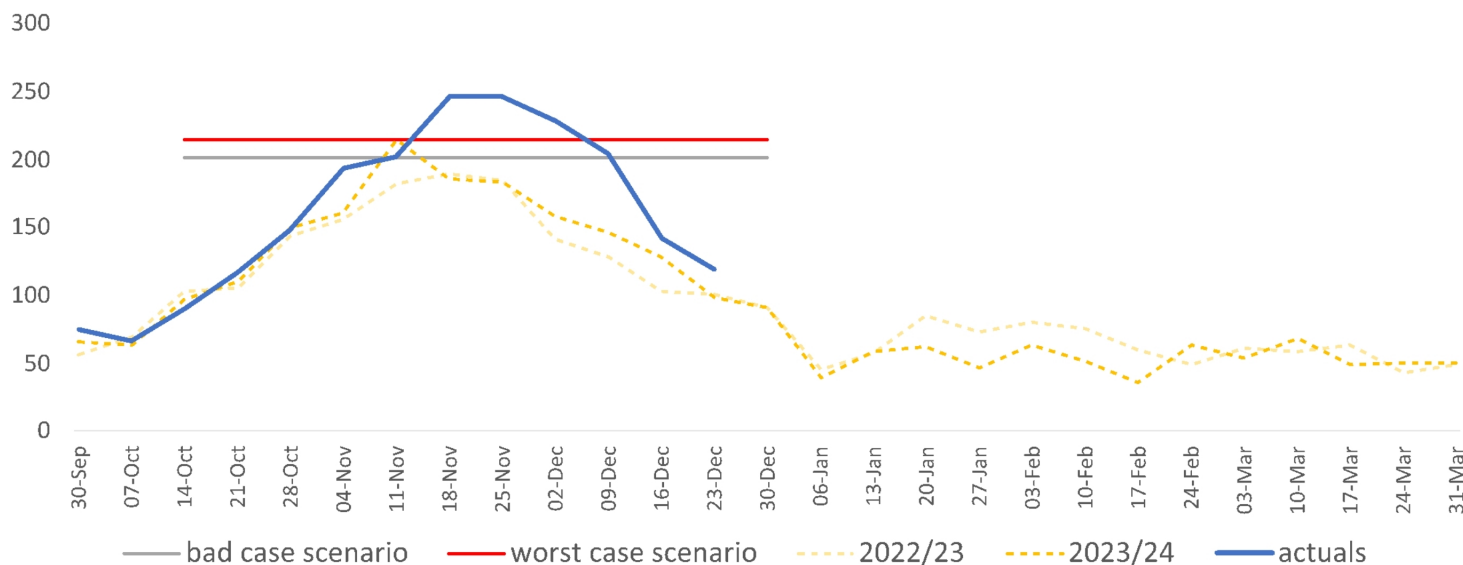
# RSV updates

up to w/c 23-Dec-2024

- Paediatric admissions for RSV peaked in w/c 25 November, 15% higher than last year's peak (*worst-case scenario* expectations for this year). They are now at a similar level to mid-October 2024 and can be expected to continue to fall.

NOTE: open spells (patients admitted but not yet discharged) are not reported and therefore rates for the latest week are provisional and subject to retrospective updates.

**RSV paed (0-5) admissions (bronchiolitis as proxy) compared with past winter and scenarios for the South East region**

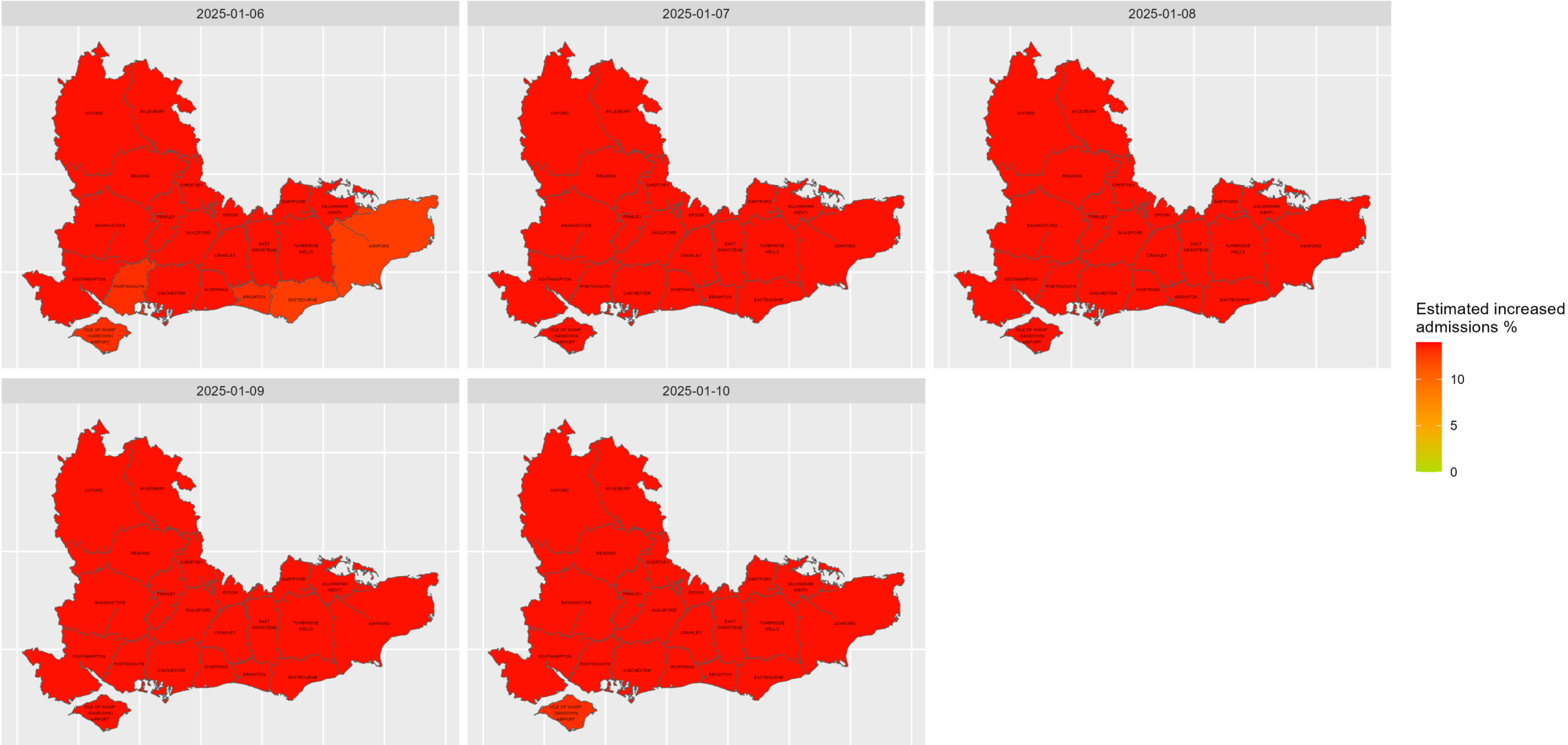


## Winter scenarios:

**Bad case:** same as the average peak of the last two winters

**Worst case:** same as last year (2023/24) peak

# Cold weather impact on respiratory admissions



- 1. Met Office 5 day forecast
- 2. Evaluation of the implementation and health-related impacts of the Cold Weather Plan for England 2012, PIRU Publication 2015-14, LSHTM

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## Upward Report of the Quality and Safety Committee

**Date Meeting met**            **13 January 2025**  
**Chair of Meeting**         **Dharmika Perera, Non Executive Director**  
**Reporting to**                **SCAS Board**

Items	Issue	Action Owner	Action
<b>Areas of concern and / or Risks</b>			
<b>SE NHS sec 106 Enforcement Undertakings</b>	Variation certificates issues following evidence of improvement in key areas of patient safety but work still required before enforcement can be lifted.	Chief Governance officer	Will follow up on areas to improve through the regular forums and keep Q&S updated.
<b>RTR45 and the new ED at QA is in play</b>	We are starting to see good results in terms of shortening response times.	Director of operations	Monitor the sustainability of these results and monitor the pressures on QA due to the changes
<b>Critical training targets missed by large margins</b>	Resuscitation eLearning and practical completion will not be rectified this year. A plan presented to reach targets by Match 31 <sup>st</sup> 2025.	Chief People Officer	Follow up presented plan and update March Q+S with a simple table of all 19 trainings
<b>Items for information and / or awareness</b>			
<b>BI priorities</b>	10 BI priorities shared with Q&S. Current completion dates unrealistic.	CIO	Review and amend the 'by dates' of all ten with the EMC fully informed.
<b>Infection prevention &amp; control</b>	Deep dive into areas of partial compliance in IPC received by Q&S. Improvement plan to be monitored by IOPC and EMC	Chief Nurse	Update of progress to be reported to Q&S through IPR and summary/ <b>close down report to Q&amp;S in May 25</b>
<b>Nodal breakdown of AQI performance</b>	Inadequate visibility of performance against AQIs	Chief Paramedic	Bring a <b>short report on AQI performance of each node at the May Q+S</b>

<b>Pt Safety Improvement reporting</b>	Q&S requested evidence of improvement through audit reports or validation by peer/external review where available.	Chief Nurse  Chief Paramedic	Report ICB Led Peer review of PSIRF to be presented to Q&S after being received by EMC.  Pharmacy <b>peer review to be presented to Q&amp;S after being received by EMC exptd in May</b>
<b>ToR for the Q&amp;S committee</b>	ToR amended to include oversight of PSIRF and the inclusion of the chief paramedic in the committee. Quoracy reviewed	Chief Gov Officer	Bring the ToR to Q&S in March
<b>Approved*</b>			
<b>Ferno-Stryker compatibility</b>	EMC decision to use the two manufacturers equipment in combination despite certain legal risks	CMO	Document any incidents linked to this use and report in future Q&S committees

**Author: Dhammika Perera**

**Title: Non-Executive Director**

**Date: 13 January 2025**



**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	M9 Finance Report
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<b>Agenda item</b>	13
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<b>Report executive owner</b>	Stuart Rees, Interim Director of Finance
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<b>Report author</b>	Alan Monks, Deputy Chief Finance Officer
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<b>Governance Pathway: Previous consideration</b>	Executive Management Committee, Finance and Performance Committee
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<b>Governance Pathway: Next steps</b>	n/a
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**Executive Summary**

The Trust's reported position for Month 9 (before technical adjustments such as peppercorn rent) is as follows:

Key Performance Indicators				
		Plan	Actual / Forecast	Variance
1	Surplus / (Deficit) Year to date*	-8.7	-8.7	0
2	Surplus / (Deficit) In-month*	-2.4	-2.4	0
3	Surplus / (Deficit) FOT*	-10.1	-10.1	0
4	Capital Spend YTD	23.0	5.8	-17.2
5	Capital FOT	41.5	29.5	-12.0

6	Pay Costs In-Month	18.6	18.3	0.3
7	Agency Costs In-Month	0.1	0.2	-0.1
8	Cash - Year to date	16.1	22.7	6.6
9	Cash - Year In-month	-2.1	-2.0	0.1
10	Aged Debtor >90 Days	5.00%	4.41%	0.59%
11	BPPC - YTD - Value	95.00%	98.40%	3.40%
12	BPPC - YTD - Number	95.00%	95.50%	0.50%

\*All surplus / (deficit) figures are shown before the deficit support funding

## Income and Expenditure (I&E) Position

In Month 9, the Trust recorded an in-month deficit of £2.4m, matching the planned deficit. Key variances in performance include:

- 999 Service: £1.1m shortfall against plan.
- PTS Service: £0.3m surplus.
- Corporate Areas: £0.5m surplus.
- 111 Service: £0.3m surplus.

The Trust received year-to-date (YTD) deficit funding of £4.8m from HIOW ICB. This reduced the reportable YTD deficit to £3.9m, compared to the planned £8.7m deficit.

### Forecast

The forecast risk has reduced to £4.8m due to improved performance in the PTS and 111 services. The Trust is reviewing and risk-rating potential mitigations, which may include:

- Reducing frontline overtime.
- Further vacancy controls.
- Controlling discretionary non-pay expenditure.

### Capital Position

The Trust's capital spend to December was £5.8m, with £6.8m from vehicle sale and leaseback sales, producing a net income of £1m. The Trust is £17.2m underspent against its YTD capital budget, driven by:

- Digital and Estates: £6.7m behind plan.
- Net sales proceeds: £1.6m.
- DCA replacement slippage: £8.9m, now expected between January and March 2024.

To mitigate delays in the 2024/25 FIAT DCA chassis, the Trust has ordered 70 MAN DCA chassis for delivery within the financial year. However, there is a risk of exceeding the CDEL limit if both FIAT and MAN chassis are delivered within the same year.

## Cash Position

The Trust's cash balance at the end of December was £22.7m, with a net cash outflow of £1.98m in Month 9, primarily due to purchase ledger payments.

Looking ahead:

- In January, the Trust expects £0.9m in pay award funding from the ICB.
- The final £1.2m instalment of Central Deficit Funding is also expected in January.

This additional income of £6m has been incorporated into the cash flow forecast.

## **Alignment with Strategic Objectives**

This report aligns with Finance & Sustainability objective.

## **Relevant Board Assurance Framework (BAF) Risk**

This report relates to BAF risk SR5 - Increasing Cost to Deliver Services

### **Financial Validation**

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

### **Recommendation(s)**

What is the Committee/Board asked to do:

- Receive the report for noting

<b>For Assurance</b>	✓	<b>For decision</b>	✓	<b>For discussion</b>	✓	<b>To note</b>	✓
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## 1. Background / Introduction

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

## 2. Detail

### Income and Expenditure (I&E)

In month 9, the Trust's I&E position shows an in-month position of £2.4m deficit, which is in line with plan. This results in a year-to-date (YTD) deficit of £8.7m against a planned deficit of £8.7m.

#### Position before deficit funding

£m	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
Plan	(1.9)	(1.7)	(1.3)	(0.7)	(1.0)	(0.4)	0.5	0.2	(2.4)	(8.7)
Actual	(1.9)	(1.7)	(0.9)	(0.7)	(0.9)	(1.0)	0.6	0.2	(2.4)	(8.7)
Variance to Plan	(0.0)	(0.0)	0.4	0.0	0.1	(0.6)	0.1	(0.0)	(0.0)	0.0

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

#### Position after deficit funding

£m	M1	M2	M3	M4	M5	M6	M7	M8	M9	YTD
Plan	(1.9)	(1.7)	(1.3)	(0.7)	(1.0)	(0.4)	0.5	0.2	(2.4)	(8.7)
Actual	(1.9)	(1.7)	(0.9)	(0.7)	(0.9)	2.5	0.6	0.2	(1.2)	(3.9)
Variance to Plan	(0.0)	(0.0)	0.4	0.0	0.1	2.9	0.1	(0.0)	1.2	4.8

The deficit funding has been allocated based on the monthly deficit profile in the June plan submission and has resulted in a year-to-date allocation of £4.8m. This means the reported month 9 year-to-date position is a deficit of £3.9m against the plan of a £8.7m deficit.

### System Position

The HIOW ICS financial position at month 9 is a year-to-date deficit of £43.6m, £33.2m worse than the plan after deficit funding.

### **Trust Financial Position – Month 9**

In Month 9, the Trust recorded an in-month deficit of £2.4m, which is in line with the planned budget.

While the overall result aligns with the plan, there was a deterioration in the operating margin within Emergency Operations (999) of £1.1m, offset by favorable variances in:

- Non-Emergency Patient Transport Service (NEPTS): £0.3m underspend.
- 111 Service: £0.3m underspend.
- Corporate (including contingency): £0.5m underspend.

## Service-Specific Performance

### Emergency Operations (999):

- Income was £0.3m above budget, but total costs exceeded the plan by £1.4m, resulting in a £1.1m adverse margin.
- Key drivers of higher costs include:
  - Vehicle Maintenance: £0.3m over plan.
  - Make Ready: £0.1m over plan.
  - The Hazardous Area Response Team (HART): £0.1m over plan.
  - Frontline Resourcing: £0.5m over plan.
  - Emergency Operations Centre (EOC): £0.2m over plan.

### NEPTS:

- Income was in line with the plan, while costs were £0.3m below budget, resulting in a favorable variance.
- This was primarily due to planning resources within budget rather than at the Indicative Activity Plan (IAP) level, combined with lower activity levels in the first part of the month.

### 111 Service:

- Costs were £0.3m below plan, resulting in a margin £0.2m better than budget.

### Corporate (including contingency):

- Corporate costs were £0.5m below plan, driven primarily by:
  - Lower corporate review costs of £0.4m, linked to a reduced provision for redundancy costs in the month.

	£m	Month 9			Year to Date			Forecast		
		Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
999	Income	19.9	19.6	0.3	177.6	176.4	1.1	236.8	235.2	1.6
	Expenditure	(16.8)	(15.4)	(1.4)	(147.9)	(142.8)	(5.1)	(197.2)	(189.3)	(7.9)
	<b>Contribution</b>	<b>3.1</b>	<b>4.2</b>	<b>(1.1)</b>	<b>29.7</b>	<b>33.6</b>	<b>(3.9)</b>	<b>39.6</b>	<b>45.9</b>	<b>(6.3)</b>
	<b>%</b>	<b>15.6%</b>	<b>21.5%</b>		<b>16.7%</b>	<b>19.0%</b>		<b>16.7%</b>	<b>19.5%</b>	
111	Income	3.6	3.6	(0.0)	32.8	32.0	0.8	43.7	42.7	1.0
	Expenditure	(2.8)	(3.1)	0.3	(28.0)	(27.9)	(0.1)	(36.8)	(37.1)	0.3
	<b>Contribution</b>	<b>0.7</b>	<b>0.5</b>	<b>0.2</b>	<b>4.9</b>	<b>4.1</b>	<b>0.8</b>	<b>6.9</b>	<b>5.6</b>	<b>1.3</b>
	<b>%</b>	<b>20.4%</b>	<b>13.5%</b>		<b>14.8%</b>	<b>12.8%</b>		<b>15.8%</b>	<b>13.1%</b>	
PTS	Income	5.3	5.3	0.0	49.7	49.1	0.5	65.6	65.2	0.4
	Expenditure	(4.2)	(4.5)	0.3	(44.7)	(44.0)	(0.7)	(58.9)	(57.0)	(2.0)
	<b>Contribution</b>	<b>1.1</b>	<b>0.8</b>	<b>0.3</b>	<b>5.0</b>	<b>5.1</b>	<b>(0.2)</b>	<b>6.6</b>	<b>8.2</b>	<b>(1.6)</b>
	<b>%</b>	<b>20.9%</b>	<b>15.4%</b>		<b>10.0%</b>	<b>10.5%</b>		<b>10.1%</b>	<b>12.6%</b>	
<b>Operations Total Contribution</b>		<b>5.0</b>	<b>5.5</b>	<b>(0.6)</b>	<b>39.5</b>	<b>42.8</b>	<b>(3.3)</b>	<b>53.1</b>	<b>59.7</b>	<b>(6.6)</b>
<b>%</b>		<b>17.2%</b>	<b>19.4%</b>		<b>15.2%</b>	<b>16.6%</b>		<b>15.4%</b>	<b>17.4%</b>	
Corporate		(7.4)	(8.0)	0.5	(48.8)	(52.1)	3.3	(64.0)	(70.6)	6.6
<b>Surplus/(Deficit)</b>		<b>(2.5)</b>	<b>(2.5)</b>	<b>(0.0)</b>	<b>(9.3)</b>	<b>(9.3)</b>	<b>0.0</b>	<b>(10.9)</b>	<b>(10.9)</b>	<b>0.0</b>
Reporting Adjustments		0.1	0.1	0.0	0.6	0.6	0.0	0.8	0.8	0.0
<b>Adjusted Surplus/(Deficit)</b>		<b>(2.4)</b>	<b>(2.4)</b>	<b>(0.0)</b>	<b>(8.7)</b>	<b>(8.7)</b>	<b>0.0</b>	<b>(10.1)</b>	<b>(10.1)</b>	<b>0.0</b>
Deficit Funding		1.2	0.0	1.2	4.8	0.0	4.8	6.0	0.0	6.0
<b>Reportable Surplus/(Deficit)</b>		<b>(1.2)</b>	<b>(2.4)</b>	<b>1.2</b>	<b>(3.9)</b>	<b>(8.7)</b>	<b>4.8</b>	<b>(4.1)</b>	<b>(10.1)</b>	<b>6.0</b>

## Key Highlights for Month 9 Performance

- Pay Costs:
  - Actual pay costs for the month were £18.3m, compared to a plan of £18.6m, driven by corporate vacancies and reduced 999 resource pay.
- Agency Spend:
  - Agency costs totaled £156k, exceeding the plan of £131k.
  - This increase was driven by additional roles supporting the Corporate Review, Pharmacy, and Fleet Mechanics.
- In the 999 service, the total Income was £0.3m above plan in the month, while the total direct costs were over plan by £1.4m combining to result in a contribution of £1.1m adverse.

The main drivers of the adverse direct costs variance are vehicle maintenance costs £0.3m, Make Ready £0.1m, HART £0.1m and frontline resourcing £0.5m. Emergency Operations Centre (EOC) was over plan by £0.2m in the month.

- Corporate Redundancy Provision:
  - The month included a provision of £2.2m for Corporate Review redundancy costs, compared to the planned £3.3m, which is in-line with current estimates contributing to the favorable variance.

## Variance to Budget

The year-to-date (YTD) position remains on budget, despite Cost Improvement Plans (CIPs) under-delivering by £1.3m. This has been mitigated by:

- Additional recurrent and non-recurrent income.
- One-off benefits offsetting CIP underperformance.

There has also been a lower level of corporate spend specifically within the digital cost centre.

<b>Budget</b>	<b>-8,674</b>
Undelivered CIPs	-1,330
Additional Income	1,623
999 Resource Underspends	-25
Lower ICT Spend	710
Other Spend	-1,770
One Off's	816
<b>Year to Date</b>	<b>-8,650</b>

## Forecast

The year-to-date (YTD) position is currently £8.7m however this includes one off redundancy provision costs in the month. If the one-off costs are removed from the YTD position and this is then extrapolated it would result in a deficit position of £9.8m against the control total of £10.1m.

A detailed review has been conducted to evaluate factors influencing the run rate. The Trust's financial risk has decreased to approximately £4.8m (down from £6.0m in Month 8), largely due to:

- Improved performance in PTS services.

- Cost reductions in 111 services, driven by held vacancies.

Despite this improvement, the situation requires close monitoring and management.

To achieve the control total, the Trust has identified a list of mitigations to the £4.8m gap. These are being reviewed and risk rated.

### Run Rate

The Run rate as reported in the monthly Provider Finance Return (PFR), takes the year-to-date position and extrapolates this forward on a straight-line basis. Under this methodology the Trust has a run rate out turn of £11.5m deficit. Whilst this predicts the outturn position it does not take account of non-recurrent adjustments and full year effects and as such does not give an accurate starting point for future periods.

The underlying position of the Trust can be determined by taking the forecast outturn (currently £10.1m) and adjusting for all non-recurrent income sources and costs and extrapolating all part year recurrent costs. This results in a position that based on no additional changes would occur in the subsequent year.

The Trusts underlying position is a deficit of £12.4m, with the main movements from the forecast:

- Non recurrent items £3.3m increase in cost.
- Full Year Effects £7.0m (inc. Corporate Review) reduction in cost.
- Loss of PTS £6.0m reduction in margin.

### Capital

As of December, the Trust's capital spend totaled £5.8m, with £6.8m generated from vehicle sale-and-leaseback transactions, resulting in a net income of £1m. The Trust is currently underspent against its year-to-date capital budget by £17.2m, comprised of:

- £6.7m underspend in digital and estates projects.
- £1.6m net sales proceeds.
- £8.9m slippage in the 2023/24 DCA cohort, now expected between January and March.

#### 2023/24 DCA Cohort

The cohort of 72 DCAs (Double Crewed Ambulances) for 2023/24 has started to arrive, with 18 vehicles delivered from the coachbuilder by the end of December. However, several production issues have been identified that must be resolved before further deliveries:

There has also been damaged chassis at port:

- Five chassis were damaged, of which three are undergoing repairs, while two have been written off. Two replacement chassis are expected from Stellantis, but they are unlikely to be coach-built within this financial year.

Remaining deliveries:

- The remaining 49 DCAs are expected by the end of February.
- There is a risk of further delays if production issues persist.

The sale-and-leaseback transactions for these vehicles are anticipated in February and March, contingent on the resolution of production issues.

## 2024/25 DCA Cohort

The delivery of the 2024/25 DCA cohort (70 units) has been delayed beyond this financial year. However, £3.2m is expected to be spent on chassis purchases, which will impact the Trust's Capital Departmental Expenditure Limit (CDEL). Additionally, there is a risk that these chassis may be delayed until the new financial year due to ongoing production issues.

## Capital and CDEL Forecast

- IFRS16 CDEL:
  - £6.8m has been spent up to December.
  - The next IFRS16 CDEL expenditure is expected in February, with the completion of leaseback arrangements for the first tranche of the 2023/24 DCA cohort.
- Revised Forecast:
  - The updated forecast reflects the slippage in the capital plan, resulting in:
    - £1.5m underspend against CDEL.
    - £10.5m underspend against IFRS16.
  - If the 2023/24 DCA cohort slips into 2025/26, the Trust may utilise its full CDEL, increasing the IFRS16 underspend.

## Mitigation of Risks

To mitigate delays in the 2024/25 FIAT DCA chassis, the Trust has ordered 70 MAN DCA chassis, which are expected to be delivered within this financial year. However, this creates a risk that if both FIAT and MAN chassis are delivered within the same year, the Trust may exceed its CDEL limit.

This risk has been communicated to the HIOW ICB for awareness and management.

	£m	Year to Date			Forecast		
		Actual	Plan	Variance	Actual	Plan	Variance
Estates	Internal CDEL	1.0	5.9	(4.8)	5.3	9.4	(4.0)
	IFRS16	1.0	0.3	0.7	2.3	2.7	(0.4)
	<b>Total</b>	<b>2.0</b>	<b>6.2</b>	<b>(4.2)</b>	<b>7.6</b>	<b>12.0</b>	<b>(4.4)</b>
Digital	Internal CDEL	0.3	2.2	(1.9)	3.9	4.3	(0.4)
	PDC	0.0	0.0	0.0	0.0	1.1	(1.1)
	PDC Income	0.0	0.0	0.0	0.0	(1.1)	1.1
	<b>Total</b>	<b>0.3</b>	<b>2.2</b>	<b>(1.9)</b>	<b>3.9</b>	<b>4.3</b>	<b>(0.4)</b>
Fleet (22/23 DCA Cohort)	Internal CDEL	(3.9)	(1.8)	(2.2)	(3.8)	(1.8)	(2.0)
	IFRS16	5.3	5.4	(0.1)	5.3	5.4	(0.1)
	<b>Total</b>	<b>1.4</b>	<b>3.6</b>	<b>(2.2)</b>	<b>1.5</b>	<b>3.6</b>	<b>(2.1)</b>
Fleet (23/24 DCA Cohort)	Internal CDEL	1.1	(0.6)	1.6	(2.5)	(2.8)	0.3
	IFRS16	0.0	7.3	(7.3)	9.4	7.3	2.1
	<b>Total</b>	<b>1.1</b>	<b>6.7</b>	<b>(5.7)</b>	<b>6.9</b>	<b>4.5</b>	<b>2.4</b>
Fleet (24/25 DCA Cohort)	Internal CDEL	0.1	0.0	0.1	3.2	2.2	1.0
	IFRS16	0.0	0.0	0.0	0.0	10.2	(10.2)
	<b>Total</b>	<b>0.1</b>	<b>0.0</b>	<b>0.1</b>	<b>3.2</b>	<b>12.3</b>	<b>(9.1)</b>
Fleet (Non-DCA)	Internal CDEL	0.5	1.6	(1.1)	5.2	1.6	3.6
	IFRS16	0.6	2.7	(2.2)	1.1	3.1	(2.0)
	<b>Total</b>	<b>1.0</b>	<b>4.3</b>	<b>(3.3)</b>	<b>6.4</b>	<b>4.7</b>	<b>1.6</b>
Internal CDEL Total		(1.0)	7.3	(8.4)	11.4	12.9	(1.5)
IFRS16 Total		6.8	15.7	(8.9)	18.1	28.6	(10.5)
PDC Total	Expenditure	0.0	0.0	0.0	0.0	1.1	(1.1)
	Income	0.0	0.0	0.0	0.0	(1.1)	1.1
<b>Total</b>		<b>5.8</b>	<b>23.0</b>	<b>(17.2)</b>	<b>29.5</b>	<b>41.5</b>	<b>(12.0)</b>

## Cash

The Trust's cash balance at the end of December stood at £22.7m. There was a net cash outflow in month 9 of £1.98m due mostly to purchase ledger payments. In January there is a further £0.9m income expectation from the ICB for pay award funding. There is also the final £1.2m expected instalment in January for Central Deficit Funding culminating in a total additional income of £6m, this has been added to the cash flow forecast.

The cash forecast for March 2025 has been reduced by £2.8m as there have been further delays in the receipt of the 72 DCA's which were expected in December, this reduction reflects an expectation that the sale/leaseback transaction for 20 DCA's will slip into the 2025/26 financial year.

2024/25	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income £m	32.8	26.9	27.3	29.9	35.2	33.0	37.5	30.8	30.5	31.6	34.9	40.0
Expenditure £m	(30.6)	(32.5)	(31.4)	(30.9)	(30.8)	(30.3)	(34.9)	(32.4)	(32.5)	(33.5)	(40.8)	(39.1)
Net Inflow/(Outflow) £m	2.2	(5.6)	(4.1)	(1.0)	4.4	2.7	2.6	(1.6)	(2.0)	(1.9)	(5.9)	1.0
Cash Balance £m	27.2	21.6	17.5	16.5	20.9	23.6	26.2	24.7	22.7	20.8	14.9	15.9
Cash Lowest Point	22.0	21.1	17.7	14.9	13.4	16.4	17.9	23.8	20.9			

The lowest point of cash in the month was £20.9m which is a decrease from last month of £2.9m.

The 90-day debtor remained at £0.1m in December (£0.1m in November). This represents 4.41% of the total debtor balance.

### 3. Quality Impact

### 4. Financial Impact

4.1 As detailed above

### 5. Risk and compliance impact

#### Area of Risk

- The Trust ability to deliver its control total by year end.
- Financial implications of the loss of the NEPTS contracts for Thames Valley and Sussex
- Financial implications of needing to use additional frontline resources to achieve national expectations around category 2 response times.
- There could be unforeseen consequences on the organisation of remaining within control total.
- If the cash position deteriorates then it will impact the Trusts ability to fulfil its capital plan.

### 6. Equality, diversity and inclusion impact

**7. Next steps**

7.1 What will you do next?

**8. Recommendation(s)**

8.1 The Group / Committee / Board is asked to:

Receive a report/paper for noting

**9. Appendices**



**Trust Board of Directors Meeting in Public  
30 January 2025**

**Report title**

Month 9 Integrated Care System Report

**Agenda item**

14

**Report executive owner**

Stuart Rees, Interim Director of Finance

**Report author**

ICB: Graham Groves, Jo Roberts, Vicki Mussert-Campbell, Jon Vaughan, Lindsay Jones

**Governance Pathway:  
Previous consideration**

Not Applicable

**Governance Pathway:  
Next steps**

All Board in HIOW ICS

**Executive Summary**



## 1. Purpose

- 1.1 The purpose of the Month 9 (M9) Finance Report for Hampshire & Isle of Wight Integrated Care System (ICS) is to provide an overview of the financial position and system recovery plan for NHS organisations within the Hampshire and Isle of Wight ICS as at the end of December 2024.
- 1.2 This report has been shared with all NHS organisations in the system, to ensure Boards are able to gain assurance and hold their organisation(s) to account for delivery of their operating plan as well as their contribution to recovery of the whole system.
  - 1.2.1 At the close of Month 6, Southern Health NHS Foundation Trust and Solent NHS Trust merged into a new organisation called NHS Hampshire and Isle of Wight Healthcare Foundation Trust.

## 2. Background

- 2.1 The final agreed system plan for 2024/25 is a £70.0m deficit, consisting of a £9.6m surplus plan for NHS Hampshire and Isle of Wight (the Integrated Care Board), and a combined provider deficit plan of £79.6m. This plan was agreed on the basis that NHS England would provide £70.0m of non-recurrent deficit support funding, enabling our plan to reduce to £0 (breakeven).
- 2.2 In month 6, NHS England confirmed the anticipated £70m in non-recurrent deficit support. This support requires a matching improvement in our plan, taking the Hampshire and Isle of Wight system plan to a combined £0 breakeven plan for the financial year. The £70m cash support is repayable as part of national business rules on repayment of deficits and will not reduce the Hampshire and Isle of Wight system historic deficit.
- 2.3 The whole system continues to be in the NHS England (NHS E) Financial Recovery programme. This requires additional assurance and reporting requirements to NHSE as well as controls around decision making.

### Alignment with Strategic Objectives

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

All Strategic Risks

Select Strategic Objective.

### Relevant Board Assurance Framework (BAF) Risk

This report relates to All BAF risks.

Financial Validation

N/A

## Recommendation(s)

The Board asked to:

- Assurance that the Trust is going to deliver on their operating plan, and that appropriate mitigations and recovery plans are in place where required.
- Seek assurance from executives on the Trust's contribution to each system transformation programme.

<b>For Assurance</b>	✓	<b>For decision</b>	✓	<b>For discussion</b>		<b>To note</b>	✓
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## 1. Discussion

### 1.1 Integrated Care System Financial Overview

1.1.1 The £70m deficit cash support funding resulted in the ICS being required to improve its combined annual plan from £70m deficit to breakeven, and our M9 reporting is against this revised breakeven plan. Whilst the Hampshire and Isle of Wight system plan is a breakeven position for this financial year, there are some organisations that are planning a surplus and some a deficit. Table below shows how the deficit cash support funding has been phased into the financial position:

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

1.1.2 The table below summarises the ICS financial position reported at month 9 (December 2024). In December itself, the ICS reported a deficit of £3.9m against a planned deficit of £0.2m, so an adverse variance to plan of £3.7m.

Organisation	In Month			Year to date			Forecast Outturn		
	In Month	In Month	Variance	YTD	YTD	Variance	Annual	Forecast	Variance
	Plan	Actual		Plan	Actual		Plan	Outturn	
Hampshire and Isle of Wight ICS Total	£205	£3,928	£3,723	£10,432	£43,635	£33,203	£0	£0	£0

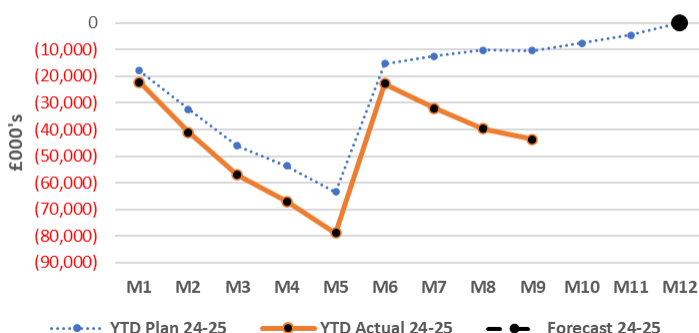
1.1.3 The system is currently reporting a year-to-date deficit of £43.6m at month 9 compared to a planned £10.4m deficit, therefore a £33.2m adverse variance to plan.

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

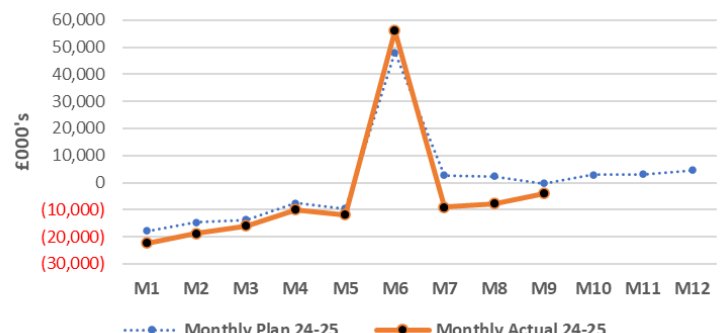
1.1.5 The ICS will continue to prioritise the implementation of the agreed system plan and transformation programmes to support achievement of our financial plan in financial year 2024/25.

1.1.5 The graphs below summarise the ICS position reported at month 9:

Hampshire and Isle of Wight ICS  
Cumulative Plan v YTD Actual 2024-25



Hampshire and Isle of Wight ICS  
Monthly Plan v Monthly Actual 2024-25



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

**1.2 System Actions to Support Financial Recovery**

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

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

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

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

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

**1.3 System Transformation Programmes**

1.3.1 Our system plan for 2024/25 is intended to address the challenges impacting our financial position which required a system response. Together we identified six key programmes for corrective action to reduce our system deficit in 2024/25 and enable delivery of each organisation’s operating plan. Our system transformation programmes are:

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

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

## 1.4 Elective Recovery Fund

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

1.4.2 Each organisation has a specific target level of activity growth (compared to 2019/20) above which additional income is earned. For Hampshire and Isle of Wight as a whole, our target level is 108.7% of 2019/20 activity, but our operating plans for 2024/25 were based on achieving 120.5%. At Month 9, initial data estimates show achievement of 121.0%.

1.4.3 As at M9 NHS England communicated nationally with systems on the introduction of an ERF ceiling, which would then restrict systems to a maximum over performance ERF value for the financial year. This new guidance is being assessed to determine the process to follow, and evaluate any financial impact.

## 2. Quality

### 2.1 Regulatory

**Care Quality Commission:** during December 2024, nine Care Quality Commission inspection outcomes were published relating to Hampshire and Isle of Wight providers. Four were rated Good and five rated Requires Improvement. None were rated as Inadequate or Outstanding. Two providers showed a worsening position; four remained the same and three improved. None of the published reports related to NHS providers.

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

## 2.2 Patient Experience

**Friends and Family Test Performance:** the latest data relates to October 2024, in general, for our key NHS providers, performance in relation to positive feedback is equal to or greater than the national rate, apart from –

- **Inpatient (national positive 95%):**
  - **One Trust was performing under the national positive rate with 92% positive feedback** – this Trust aims to achieve a 95% positive response from inpatients and whilst the October 2024 performance was lower than this, a decrease in negative comments was observed, with positive feedback relating to patients being “*well-cared for and treated with kindness and compassion*”, with staff going above and beyond. A review of their December 2024 feedback on NHS.UK and Care Opinion related to one inpatient ward, where care was described as ‘*exemplary*’ ‘*kind*’ and ‘*caring*’.
- **Outpatients (national positive 95%):**
  - **Two Trusts performed under the national positive rate with 93% positive feedback:**
    - for one Trust, the positive scores have generally matched or exceeded the national positive results, however, in October 2024, they were 1% lower. The Trust performance represents normal variation. The Trust Board report advises that feedback highlights clear communication and empowering consultations – including clear explanation of test results; questions being answered and being informed.
    - for the other Trust, whilst remaining above 90%, their performance is flagging as showing a declining trend. This will be closely monitored alongside patient feedback. Of note, there were no recent feedback narratives relating to outpatients on NHS reviews or Care Opinion.
- **Maternity Postnatal (national positive 92%):**
  - **One Trust was performing under the national positive rate with 74% positive feedback** – this position will be monitored alongside patient feedback.
- **Maternity Postnatal Community (national positive 89%):**
  - **Two Trusts were below the national positive rate, with one having 83% positive feedback and the other 85%** – in relation to the Trust with 85% positive feedback, they remain below the national performance for positive feedback for postnatal community care but continue to show an improving position.
- **Ambulance (national positive 81%):**
  - **One ambulance service had results lower than the national average with 81% positive** - however, as with previous months, none of the responses related to Hampshire and Isle of Wight patients.

**Mixed-Sex Accommodation Breaches (October 2024):** the threshold for mixed sex accommodation breaches is >0. All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. In October 2024, two of our Trusts reported mixed sex accommodation breaches ([Statistics » Mixed-Sex Accommodation Data](#)).

One Trust reported 13 (↓3 from previous month) mixed sex accommodation breaches and the other reported 121(↓6 from previous month) breaches - this Trust has consistently not met the target during this financial year. Those Trusts that have continued to breach have shown a decrease in numbers in comparison to the previous month and are showing improving variation.

The October 2024 data represents an improvement for one Trust who reported no breaches this month in comparison to September 2024 when they declared three breaches.

It is anticipated that the work being undertaken in relation to improving hospital and system flow should have an impact on some of the mixed-sex accommodation breaches. However, as a System, this metric continues to not be met, although the October performance represents an improving position.

## 2.3 Safety

SO40a Methicillin-resistant Staphylococcus aureus (MRSA) bloodstream infections: 2023/24 saw an increase in Methicillin-resistant Staphylococcus aureus (MRSA) Blood Stream Infection, in particular healthcare associated cases. There is an improving trend in cases with a reduction from 29 cases in the rolling 12 months June 2023 to July 2024 to 27\* cases in the 12 months between January 2024 to December 2024.

Table 4: Methicillin-resistant Staphylococcus aureus (MRSA) Blood Stream Infection infections - current position					
Total number of cases - financial year to date*	No learning/lapses in care	Lapse in care	Incidental Learning post Methicillin-resistant Staphylococcus aureus Blood Stream Infections	Cases under review	Quartile position against latest OF metrics
21	4	5	2	10	Latest information not available.
* The June case has been successfully appealed but it has not yet been reallocated.					

New actions being undertaken by the NHS Hampshire and Isle of Wight Infection Prevention and Control team include:

- Identifying those Integrated Care Boards who have significantly reduced their Methicillin-resistant Staphylococcus aureus (MRSA) Blood Stream Infection to ascertain if there are any actions that could be adopted in Hampshire and Isle of Wight
- meeting with another Integrated Care Board Infection Prevention Lead to discuss cases linked to people who inject drugs (PWID) as both Integrated Care Boards have seen an increase in cases.

From an assurance perspective, the overall trend is encouraging, however, there is concern that some Trusts are not impacting their numbers as much as others. NHS Hampshire and Isle of Wight Infection Prevention and Control team continue to link with the Trusts for oversight and to support improvements through the sharing of learning from themes.

**S041a: Clostridium difficile infection rate:** the monthly trajectory for Clostridium difficile is 44 – the December 2024 data currently shows that we have not exceeded this yet, however, it is likely that the laboratories may report more cases.

Table 5: Clostridium difficile infections - current position			
Number of cases reported* in month (December 2024)	Total number of cases financial year to date*	Performance against 2024/25 trajectory*	Quartile position against latest OF metrics
23	416 (+37)*	416/535	Latest information not available.
<b>Narrative:</b> December 2024* case number is likely to increase by a further 20 cases before the data capture system closes with a predicted 436/535. The Integrated Care Board has now used 82% of its annual trajectory in month nine against a target of 75%.			
<i>*December 2024 data will not be confirmed until the 16 January, the information is based on data submitted the Health Care Associated Infection Data Capture System but may not be a true reflection of December 2024 cases.</i>			

The NHS Hampshire and Isle of Wight Infection Prevention and Control team has identified a small number of Integrated Care Boards that have significantly reduced their Clostridium difficile infection rates; the team will contact them to identify if there are any actions we that can be adopted in Hampshire and Isle of Wight.

Overall, Hampshire and the Isle of Wight is following the same trend as other areas in the South East Region – learning seems to imply increased complexity, frailty and acuity of patients post pandemic and decreased conditioning of the population. There is concern in relation to the number of Clostridium difficile cases reported by one Trust and further assurances will be sought. It remains assuring to note the impact of the actions being taken by one of the acute Trusts and this will be shared across the System.

**SO42a Escherichia coli (E. coli) bloodstream infections (BSI):** the monthly trajectory for Escherichia coli (E. coli) bloodstream infections is 102 cases; the current December 2024 data currently shows that this has not yet been exceeded, however, it is likely that the laboratories may report more cases.

Table 6: Escherichia coli (E. coli) bloodstream infections - current position			
Number of cases reported* in month (December 2024)	Total number of cases financial year to date*	Performance against 2024/25 trajectory	Quartile position against latest OF metrics
73	1006 (+91)*	1006/1219	Latest information not available.
<b>Narrative:</b> The Integrated Care Board has now used 83% of its annual trajectory in month nine against a target of 75%. However there are likely to be a further 30+ cases added to the December before the reporting system closes 16 January.			
<i>*December 2024 data will not be confirmed until the 16 January, the information is based on data submitted the Health Care Associated Infection Data Capture System but may not be a true reflection of December 2024 cases.</i>			

The NHS Hampshire and Isle of Wight Infection Prevention and Control team has identified another Integrated Care Board as having significantly reduced their Escherichia coli (E. coli) Blood Stream Infection; a meeting has been arranged for early January 2025 to identify if there are any actions that could be adopted in Hampshire and Isle of Wight to support improvements.

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

**Never Events:** the national threshold for Never Events is zero. During 2024/25 to end of December 2024, there have been 13 Never Events formally reported and one which has been informally reported and awaiting upload to the Strategic Executive Information System all of which relate to surgical



procedures. In December 2024, one Trust formally reported two surgical never events, both relating to ophthalmology.

At the end of Qtr. 3, 2024/25, the Hampshire and Isle of Wight System is currently six below the 2023/24 Never Event outturn (this includes the Never Event not yet formally reported). In comparison to 2023/24, all Trusts have shown an improvement in the number of Never Events reported apart from the Isle of Wight Trust which shows the same amount (one event). The System continues its focus on embedding the National safety standards for invasive procedures and it has been agreed that this will continue to be included as a local quality indicator in provider contracts during 2025/26. Providers have been asked to present their current position in relation to embedding the National safety standards for invasive procedures at the System Quality Group in January 2025.

**Referral to Treatment harm reviews:** no harm reviews were submitted to NHS Hampshire and Isle of Wight in December 2024. Following discussion with NHS England (South East) quality leads and in view of the Patient Safety Incident Response Framework, the harm review process will be reviewed.

**Portsmouth University Hospitals NHS Trust - a 28 – Ref 2024-0687 – Susan Evans (published 18 December 2024):** the Trust received a Regulation 28 report which relates to the death of a patient, Susan Evans (55 years old) in July 2023. <https://www.judiciary.uk/prevention-of-future-death-reports/susan-evans-prevention-of-future-deaths-report/>.

The case had previously been reviewed as a Serious Incident. The final response from the Trust to the coroner is due on 7 February 2025.

## 2.4 Clinical Effectiveness

**Standardised Hospital-level Mortality Indicator (SHMI) – August 2023 - July 2024:** all providers are reporting 'as expected' (band 2) or 'lower than expected' (band 3) mortality rates.

**National Hip Fracture database – 30-day mortality (October 2024):** the latest data from the national hip fracture database shows that all Hampshire and Isle of Wight acute providers continue to be below the national mortality 30-day rate.

**National Hip Fracture database – hours to operation (November 2024):** early surgery for hip fractures has been shown to reduce mortality rates and surgical complications. The national target is for patients to have surgery within 36 hours, this is because delays beyond this are shown to have increased mortality. Within Hampshire and Isle of Wight, three Trusts are not meeting the target, one is showing an improving position, whilst two show declining variation. This is currently not affecting 30-day mortality performance – however, this continues to be monitored monthly.

## 2.5 Quality Impact Assessments

NHS Hampshire and Isle of Wight have a weekly panel in place which reviews all Quality Impact Assessments that are linked to our financial recovery (i.e., not linked to a usual business case) and financial recovery savings that exceed £50,000 requiring higher level Integrated Care Board or potential Integrated Care System scrutiny. The panel reviews all Quality Impact Assessments that meet the above criteria and makes recommendations based on the information presented.

During December 2024, one Quality Impact Assessment was formally submitted to the Hampshire and Isle of Wight panel for review – this was not submitted by a provider.

### 3. Recommendations

#### 3.1 The Board asked to:

- Assurance that the Trust is going to deliver on their operating plan, and that appropriate mitigations and recovery plans are in place where required.
- Seek assurance from executives on the Trust's contribution to each system transformation programme.



## Upward Report of the – Finance and Performance Committee

**Date Meeting met**            **23<sup>rd</sup> January 2025**  
**Chair of Meeting**           **Les Broude, Non-Executive Director**  
**Reporting to**               **Board of Directors Meeting 30<sup>th</sup> January 2025**

Items	Issue	Action Owner	Action
<b>Points for escalation</b>			
<b>Key issues and / or Business matters to raise</b>			
<b>Contract Variations</b>	<p>The committee reviewed and approved the following contract variations for submission to the Trust Board:</p> <ul style="list-style-type: none"> <li>Ambulance Contract 2024/25 HIOW and TV ICB Funding Allocations: Variations CV03 through to CV09.</li> </ul>	<b>Stuart Rees</b>	<b>Board to Approve</b>
<b>Meal Break Policy</b>	<p>Progress on the meal break pilot was reviewed. Planned compliance improvements and financial benefits have not been realized. A revised proposal will be submitted, considering health and wellbeing, financial, and operational implications.</p>	<b>Mark Ainsworth</b>	<b>Improved Well Being and performance.</b>

<b>Board Assurance Framework (BAF)</b>	The committee discussed the BAF and emphasised the need to review and align it with the Trust's strategic objectives. It was agreed that updates to the BAF would include a comprehensive reassessment of risks, ensuring they accurately reflect the challenges and priorities of the Trust.	<b>Becky Southall</b>	<b>Increase financial risk rating and revised BAF</b>
<b>Areas of concern and / or Risks</b>			
<b>Vehicle of Road</b>	The committee discussed the number of vehicles off-road (VOR), noting progress in SCFS productivity and challenges from external factors, such as delays in new Double Crew Ambulance deliveries. The committee requested a projected trajectory to guide discussions on improvement, accounting for variable factors, including supply chain delays beyond the Trust's control, to ensure a realistic and adaptable improvement strategy.	<b>Stuart Rees</b>	<b>Develop Projected Trajectory</b>
<b>Financial Position</b>	The Committee discussed the financial position and endorsed forecast of £10.1 million before deficit funding remained the forecast, noted the risk.	<b>Stuart Rees</b>	<b>Manage Year End Position</b>
<b>Premises Assurance Model</b>	The committee reviewed the estates PAM submission report, noting the improvement made today and recognised the need to continue the improvement and noting this will be part of the Estate Plan.	<b>Stuart Rees</b>	<b>Include improvement plan within Estates Plan</b>
<b>Contract Register</b>	The committee acknowledged the progress made on the contracts register and the improved assurance levels but while discussion the items currently marked as red. Assurance was requested to confirm that these items are being actively addressed and monitored by the appropriate Executive.	<b>Relevant Executive Director</b>	<b>Address Red Rate Contract</b>

Items for information and / or awareness			
<b>Estates Compliance</b>	The committee reviewed the estates compliance report and acknowledged the ongoing improvements. However, it was noted that certain areas, particularly fire alarm testing, still require attention the Trust achieves full compliance and mitigate potential risks.	<b>Stuart Rees</b>	<b>Manage and monitor compliance</b>
<b>Integrated Performance Report</b>	<p>The committee noted progress on the development of the IPR and discussed the Trust's performance across various measures. It was observed that:</p> <ul style="list-style-type: none"> <li>• The Trust is consistently meeting targets in 2 measures.</li> <li>• 8 measures are unlikely to meet targets unless process changes are implemented.</li> <li>• 29 measures are variable and may hit or miss targets.</li> <li>• 20 measures currently lack defined targets.</li> </ul> <p>The committee emphasized the importance of addressing these areas to improve overall performance and ensure alignment with strategic goals.</p>	<b>Relevant Executive Director</b>	
<b>Reassessment of self-assessment against financial undertaking objectives</b>	The committee noted the positive update on the reassessment of self-assessment against financial undertaking objectives.	<b>Stuart Rees</b>	
<b>Fit for the Future</b>	The committee approval the benefits realisation for the Proof of Concept, with a progress update will be presented at the May meeting.	<b>Caroline Morris</b>	
<b>Annual Planning</b>	The committee discussed the annual planning process and the timetable for completion.	<b>Stuart Rees</b>	

<b>Best Practice and / or Excellence</b>			
	Constructive discussions and challenges on key issues were noted.		
<b>Compliance with Terms of Reference</b>			
	The meeting was quorate for all the items that needed decisions/approvals.		
<b>Policies approved*</b>			
	None		

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

**Author: Les Broude**

**Title: Non-Executive Director**

**Date: 23<sup>rd</sup> January 2025**



## Upward Report of the Audit Committee Meeting

Date Meeting met            15 January 2025  
 Chair of Meeting            Mike McEnaney – Non-executive Director  
 Reporting to                 SCAS Trust Board

Items	Issue	Action Owner	Action
<b>Points for escalation</b>			
<b>Internal audit follow-up actions</b>	Long outstanding EDI and Driver Training actions remain long overdue without any assurance that they will be resolved quickly.	Natasha Dymond	Take immediate action to resolve these matters.
<b>Policy Register</b>	Whilst a many improvements have been made since a year ago, progress has stalled with only 70% of policies in date. Progress towards 100% needs to be accelerated.	Becky Southall/All executives	Review and update out of date policies.
<b>Key issues and / or Business matters to raise</b>			
<b>Annual Data Protection and Security Toolkit (DPST) assessment</b>	The 23/24 assessment had some areas that required improvement and a plan for resolving these matters has been reviewed at the Audit Committee. For 24/25 the assessment has increased in scope and is more rigorous. The Board should be made aware.	Craig Ellis/Becky Southall	To be included in a Board Seminar.
<b>24/25 year end timetable</b>	The year end timetable for the financial accounts and the annual report was reviewed and progress on the resolution of last year's weaknesses was confirmed.		

<b>Areas of concern and / or Risks</b>			
<b>Counter Fraud Training</b>	Attendance at counter fraud training sessions is low.	Stuart Rees	Work with our counterfraud specialists, RSM, to improve the access to training.
<b>South Central Fleet Services (SCFS) accounts 23/24</b>	SCFS accounts were presented and approved.		
<b>Items for information and / or awareness</b>			
<b>Internal audit report – Freedom to Speak Up</b>	Report received giving substantial assurance for the framework design and moderate assurance for effectiveness. A good result with only minor areas found for improvement.		
<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:** Mike McEnaney

**Title:** Chair of Audit Committee

**Date:** 23/01/25





## Upward Report of the – People and Culture Committee

**Date Meeting met**            **16<sup>th</sup> January 2024**  
**Chair of Meeting**           **Ian Green**  
**Reporting to**                 **Trust Board**

Items	Issue	Action Owner	Action
<b>Points for escalation</b>			
Culture	The Committee sought further assurance about the importance of cultural transformation and where the governance oversight of this area takes place. As the PCC we need greater insights and reporting. Further Board oversight also necessary.	CPO	Report to next committee.
FTSU	The importance of a robust culture of “Speaking Up” was discussed that contributes to the wider cultural transformation. Whilst the committee receives regular reports from the FTSU Guardian is this triangulated with the wider transformation piece? Are the Board fully sighted on the importance of this?	CPO	
<b>Key issues and / or Business matters to raise</b>			

People Metrics	A wealth of data was provided to the committee. However, no analysis was given to the committee about the key issues, risks and challenges. A different approach to presenting these metrics should be considered urgently and presented to the next meeting	CPO	Action by the March meeting
People Promise	Really positive progress being made in the implementation of the People Promise. The committee endorsed the approach to becoming an exemplar organisation subject to a clear understanding of the impact and that it had no resource implications. It was noted that additional resource could flow into the Trust. Update to be provided at the next meeting	People Promise Manager	Update to next meeting
<b>Areas of concern and / or Risks</b>			
Attrition	The committee received positive assurance regarding the processes in place to manage attrition. However, concern was raised regarding the application of a number of policies including flexible working that has an impact on attrition. The committee will continue to monitor this.		
Internal Audit Recommendations	The committee received an overview of outstanding IA recommendations relating to the People Directorate. Concern was raised that on numerous occasion dates for implementation of recommendations had been changed or missed. Whilst the committee noted the responsibility of the Audit Committee to oversee the IA recommendations the committee asked the CPO to ensure that these were prioritised.	CPO	

<b>Items for information and / or awareness</b>			
Gender Pay Gap	Good to see progress is continuing in reducing the Gender Pay Gap. The actions were considered and deemed appropriate. A number of presentational issues were flagged in advance of the Board Meeting. SB agreed to address these outside of the meeting.	SB/DR	
<b>Best Practice and / or Excellence</b>			
Statutory and Mandatory Training	Good progress being made in most areas. Significant improvement in resuscitation training. Committee flagged concerns regarding the resource implications of adhering to the Statutory and Mandatory training requirements such as level 2 Oliver McGowan training		
<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, People and Culture Committee

**Date:** 22.01/25



**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	Charitable Funds Committee Assurance Report
<b>Agenda item</b>	19
<b>Report executive owner</b>	Stuart Rees, Interim Chief Finance Officer
<b>Report author</b>	Vanessa Casey, Managing Director SCAS Charity
<b>Governance Pathway: Previous consideration</b>	Charitable Funds Committee
<b>Governance Pathway: Next steps</b>	N/A

<b>Executive Summary</b>	
<p>The paper gives a summary of the main issues discussed at the meeting of the Charitable Funds Committee on Friday 10 January 2025. This was the Chair, Nigel Chapman’s final meeting and the Committee thanked Nigel for his service over the last nine years. A new Chair will be appointed in due course.</p> <p>This paper provides information on financial aspects including the processes now in place following the external audit, management accounts for M8 and draft budget discussions for 2025-2026. In addition there is an update on the CFR fleet, volunteering at SCAS and internal grants.</p>	

<b>Alignment with Strategic Objectives</b>	
<p>This report aligns with all strategic objectives.</p>	

**Relevant Business Assurance Framework (BAF) Risk**

Relates to all BAF risks.

**Financial Validation**

The CFC have reviewed the management accounts for M08 and the end of year reforecast for the Charity. The expected deficit is higher than anticipated and the CFC asked for everything to be done to maximise income and control costs for the rest of this financial year. The draft budget for 2025-26 was discussed and will be revised in accordance with discussions to reduce the projected deficit next year.

**Recommendation(s)**

What is the Board asked to do:

- Note the contents of the report.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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**1. Background / Introduction**

1.1 This report acts as an update to the Board from the last CFC in January 2025.

**2. Detail**

**2.1 Audit Plan**

Progress is being made on implementing the audit actions from the external audit. In addition, preparations are being made for the introduction of the new IFRS 16 although this will be dependent on decision around the CFR fleet. New processes are in place for reclaiming wrongly paid VAT; accruals and intercompany recharges as well as bank reconciliation.

**2.2 Management Accounts & End of Year Reforecast**

The management accounts for M8 were discussed. Income YTD is £232k which is £5k behind plan. Income has been supported by investment interest. This will not continue at the same level as investments decrease. End of year income is expected to be some c£113k behind budget. With no legacy income expected and lower income in all areas our end of year deficit will be higher than anticipated. Expenditure continues to be well managed with end of year expenditure expected to be c£38k ahead of plan. Overall, at year end our reforecast position is a deficit c£340k which is £75k worse than budget. It continues to be a very challenging

economic, fundraising climate and our position reflects the wider third sector which is seeing cut backs in services and job losses in many charities.

### **2.3 Draft Budget 2025-2026**

The committee reviewed the tabled draft budget for next year. The draft budget showed an increase in income of £157k which is primarily the £142k NHSCT grant expected this year. This isn't a competitive process so there is little or no likelihood that this funding will not be realised this year. Whilst other income is only a small increase the CFC felt this was also uncertain in the current climate. Expenditure included indicative costs for a new CFR fleet which included new vehicle leases, livery and year 1 costs. These were felt to be too high and coupled with very limited increase in income created a deficit budget of c£250k which was some £100-150k higher than the CFC would like. Further work will be undertaken on the budget to reduce the deficit level and the replacement fleet to be considered by the CFC at an extraordinary meeting in March before final approval at the April meeting.

### **2.4 CFR Fleet**

The committee discussed the options around the CFR fleet. The current leases will end in July 2025. Costs have risen and despite a favourable deal from Dacia remain too high given the monthly lease costs, additional livery and high initial deposit payments and the remaining 4 months of the current lease in 2025-2026. SCFS are exploring the cost of purchasing some of the current vehicles which we now believe maybe possible. This will however, be a high cost in Y1 but no cost in the following years. The lease deal also represents a high year 1 expenditure with lower Y2-5 costs and an option to purchase or refinance at the end of Y5. The vehicle fleet will further be considered in March along with the draft budget.

### **2.5 Volunteering**

Volunteering within SCAS continues to grow. We have recently launched Patient Safety Partner Volunteers and have successfully welcomed three volunteers into this new programme.

Currently our CFRs are completing over 20 hours of E Learning in addition to four days of face to face training. Our VCD are unable to access any eLearning. A review and work with education is currently taking place to ensure all our volunteers access relevant eLearning training and that the scale of E learning is proportionate and not a deterrent for volunteers to stay with SCAS.

We shared with the CFC the capabilities of the reporting system on Assemble. These reports enable us to track volunteers from application through their volunteering, meaning we can review application trends, leaving reasons, hours completed in addition to other smaller reports. These reports are becoming more important as we grow and develop all volunteering programmes.

### **2.6 Internal Grants**

There were two internal grant requests for CFC consideration. Given the current budget position and forecast no grants were awarded at this meeting.

## **3. Quality Impact**

### **3.1 No**

#### **4. Financial Impact**

- 4.1 The budget and CFR fleet decisions have an impact on the Charity's current financial position and unrestricted reserves.

#### **5. Risk and compliance impact**

- 5.1 Financial decisions currently being considered by the CFC will have an impact on the Charity's unrestricted reserves position in the medium term which is a risk.

#### **6. Equality, diversity and inclusion impact**

- 6.1 N/A

#### **7. Next steps**

- 7.1 An additional meeting will be scheduled for March to review the revised budget and CFR fleet costs and options.
- 7.2 Keith Willett will Chair the CFC meeting until a new Chair has been appointed.

#### **8. Recommendation(s)**

- 8.1 Board is asked to note the contents of the paper.

#### **9. Appendices**

None



**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	Communications, Marketing and Engagement Update
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<b>Agenda item</b>	20
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<b>Report executive owner</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
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<b>Report author</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
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<b>Governance Pathway: Previous consideration</b>	N/A
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<b>Governance Pathway: Next steps</b>	N/A
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**Executive Summary**

**Communications for Winter**

The winter thus far has proved to be extremely challenging for ambulance services. Hospital delays, significant numbers of flu cases, a rise in respiratory illnesses and turbulent weather conditions, have all put huge pressure on our resources and required us to deliver comprehensive and continuous communications, 24 hours a day.

**Internal communications developments**

Following interest at the last Public Board meeting, a short report follows on just a few of the developments we have made across the internal digital communications platforms that we use. In line with our organisational priorities, listening and engaging with staff has significantly influenced some of the changes that we have introduced in Communications.

**Reward and Recognition – Coronation medals and coins update**

Determining the eligibility of staff for either the Coronation Medal or coin has been a complex and lengthy process. Much progress has been made and aside from a small number of staff, most staff have now been recognized and rewarded for their service.



**Alignment with Strategic Objectives**

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

All Strategic Objectives

**Relevant Business Assurance Framework (BAF) Risk**

To which BAF risk is the subject matter relevant?

SR4 - Engagement with Stakeholders

**Financial Validation**

Not Applicable

**Recommendation(s)**

What is the Committee/Board asked to Note the Report.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## 1. Background / Introduction

- 1.1 The purpose of this information paper is to update the Board as to the activities undertaken by the Communications, Marketing and Engagement team and where appropriate to highlight any challenges, special achievements or matters worthy of public interest.
- 1.2 This Board Paper is an update on the Communication, Marketing and Engagement Paper that is presented Bi-Monthly to the Board of Directors Meeting in Public.

## 2. Detail

### Communications for Winter

The winter thus far has proved to be extremely challenging for ambulance services. Hospital delays, significant numbers of flu cases, a rise in respiratory illnesses and turbulent weather conditions, have all put huge pressure on our resources and required us to deliver comprehensive and continuous communications, 24 hours a day. Through both traditional and social media channels, we have implemented our winter communications plan, 'warning and informing' the public and assisting them in choosing the most appropriate services for their needs, whether ambulance, NHS 111 or other care pathways.

The impact of significant delays has continued to attract much media and public interest and the need to reassure patients and maintain public confidence in our service has been heightened as the winter period has progressed.

### Winter messaging to the public

This winter and through the holiday period we have put out a significant number of messages across social media and local online, print and broadcast media. Messaging has focussed on the following:

Theme	Topic	Message / related stats	Timings
<b>Correct use of service</b>			
Alternative services to 999	Urgent Treatment Centre awareness	Info from Integrated Care Boards / directing to nhs.uk and NHS 111 for finding details.	Dec – Feb regular repeats
	Pharmacy first	National campaign: 7 things pharmacies can help with.	
	HIOW Healthier Together website	Localised advice and information for parents.	
	NHS App promotion	Managing your health with help of the app can prevent emergencies.	

NHS 111	Online option awareness	Use online first where possible.	Dec – Feb regular repeats
	When lines are busy	Don't hang up and try again – you'll go to the back of the queue.	Christmas & New Year period / reactive to demand
	Mental health option 2	Mental health support through winter	First two weeks of December through to January - Blue Monday
<b>Accident prevention</b>			
Weather warnings	Snow days	Calling for volunteers to help with 4x4s	Reactive to weather warnings
	Icy roads	Driving / travel advice	
	Falling temps	Core winter messages	
	Icy water	Water safety, not going on frozen lakes, not swimming	
	Flooding	Road/water safety	
	Standing water	Road safety for heavy rain	
Holiday period	Holiday readiness	Repeat prescriptions & NHS app promotion	Early December up to Christmas
	Christmas and NY parties	Sensible drinking in party season	21 Dec (Friday pre-Christmas) and New Year's Eve
	Driving	Don't drive when tired or under influence of drink or drugs	Christmas/New Year period
<b>Health promotion messages</b>			
Vaccinations	RSV vaccination	Helps vulnerable people avoid serious respiratory illness – babies and elderly	October through to end of vaccine availability
	Flu and Covid vacs	Promote uptake of vaccines. Countdown to national online booking closing.	

### Format

Working with 999 and 111 teams, we filmed a range of video messages to use on social media as well as updating static graphics for all the topics listed above.

Press releases went out to local media at key points through December and we have actively worked to provide operations leads for radio interviews in response to reactive requests.

- **SCAS encourages people to use their community pharmacy for seven common conditions this winter**

<https://www.scas.nhs.uk/scas-encourages-people-to-use-their-community-pharmacy-for-seven-common-conditions-this-winter/>

- **Take extra care on icy roads and pavements this winter**

<https://www.scas.nhs.uk/take-extra-care-on-icy-roads-and-pavements-this-winter/>

- **Help us help you this Christmas**

<https://www.scas.nhs.uk/help-us-help-you-this-christmas/>

- **It's the busiest time of the year – for NHS 111**

<https://www.scas.nhs.uk/busiest-time-of-year-for-nhs-111/>

- **Ambulance service asks people not to overdo it this weekend**

<https://www.scas.nhs.uk/ambulance-service-asks-people-not-to-overdo-it-this-weekend/>

## Coverage

Extensive coverage was secured across print media titles throughout the South Central region. This helped to raise awareness of how the public could help SCAS through appropriate use of its services, along with utilising NHS services other than 999 or NHS 111 where there was a better and/or more appropriate one. Some examples are included at the end of the report.

In terms of broadcast media, the communications team utilised a more local approach to secure numerous live and pre-recorded interviews on all public service and commercial radio stations with a team of three spokespeople for 999 services – Mark Ainsworth, Tracy Redman and Kirsten Willis-Drewett – along with Jo McPartland for NHS 111 services.

Interviews and coverage secured on: BBC Radio Oxford, BBC Radio Berkshire, BBC Radio Solent, BBC Three Counties Radio, Greatest Hits Radio – South Coast, and ITV Meridian

## National and regional communications campaign support

Throughout November and December, SCAS has also been supporting the following campaigns on digital communications channels:

Winter vaccinations (NHSE)

NHS 111 Online (NHSE)

First signs of stroke (NHSE)

Healthier Together (NHS Hampshire & IOW)

Think Pharmacy First (NHSE)

Community Defibrillator Funding Programme (BHF)

## Internal Communications developments

Following interest at the last Public Board meeting, a short report follows on just a few of the developments we have made across the internal digital communications platforms that we use. In line with our organisational priorities, listening and engaging with staff has significantly influenced some of the changes that we have introduced in Communications.

## Internal Communications Staff Survey

This month (following on from the last survey in 2023), we launched an internal Communications Staff Survey which will close mid-February. Once the survey closes, we will review the data gathered and prioritise which improvements can be supported immediately and which may require resources in order to deliver them.

## The Hub

Following the previous internal communications staff survey, post Covid, and a digital review completed by an external body, we have undertaken much work on the Hub. It was originally launched at speed during the early days of the Covid pandemic and proved invaluable in

providing a huge repository of information and guidance, constantly updated and responsive to the swiftly changing situation.

**What have we done?** Improved the 'News', introduced/updated 'find it fast' categories, reviewed directorate/departmental pages including what we do/who we are sections on each page, brought the Health and Wellbeing (HWB) Portal into the Hub structure with the HWB team, assisted governance to sort policies, improved the search and trained over 90 members of staff to administer their team pages to ensure content is kept up to date.

### **'Staff Matters' newsletter**

Our main online newsletter, Staff Matters is produced weekly. We have introduced significant changes to the publication, bringing in a weekly video message from a member of the Executive team, six/seven main stories every week and news and developments from all services across the Trust.

## **Digital developments**

### **Screens/signage**

The Communications team have been keen to introduce digital screens widely across the Trust estate. Limited resources have enabled a small number to be installed, some in stations and resource centres, some in Control rooms and others in corporate areas. Where they are being used, there is positive staff feedback and in areas where it is difficult for staff to get time to read lengthy briefings, the screens have been very effective in highlighting key news items and providing links to longer articles available on the Hub site.

We have undertaken an audit of current digital screens across the Trust, enabling us to explore the opportunity of installing more digital screens in additional locations. The concept has been tested during previous trials of digital screens in addition to more recent smaller scale trials.

The advancement of technology has made it difficult to keep pace with the cost associated with procuring new equipment. Working closely with the Information Technology team however, we have identified the potential of expanding digital screen capability through the use of pre-existing technology. Whilst Trust resources are challenged, this may provide a temporary solution until such times as a business case secures the necessary financial support to introduce a permanent solution. In the meantime, we will continue work on developing digital screen content using Powerpoint.

### **Screensavers/Lock screens**

The implementation of corporate screensavers has already been trialled in the Trust. Working together, Communications and Information Technology teams tested the concept, however, Windows has since withdrawn the functionality we intended to use. We are now considering using 'Lock screens' instead.

### **Desktop backgrounds**

Using desktops to convey Trust messages is high on the list for the team to introduce across SCAS. Currently the desktop backgrounds utilised at SCAS are pre-existing Windows 10 backgrounds. Over the coming weeks, we will be identifying what may be possible, within the confines of the available equipment and proposing a way forward for the Communications team to be able to use this medium for short but important news announcements.

This update has predominantly covered work in the digital communications sphere. Future reports will update on other internal communications activities.

## **Reward and Recognition – Coronation Medals and Coins update**

We have been working on the distribution of the Coronation medals and coins for some time, working with teams across the Trust to get a medal OR a coin out to everyone across the Trust.

There is strict national eligibility criteria for the King's Coronation Medal and as a result we have been working closely with Human Resources (HR) and 999 operational teams to ensure that all those who are eligible, receive the recognition.

The national criteria for the **King's Coronation medal** is:

- A member of staff working on frontline duties within the 999 service, actively undertaking shifts
- Should have undertaken at least five years operational service at the cut off of 6 May 2023
- If the employee is a bank worker, they should have undertaken the equivalent of one shift every month for the last five years up to the cut off of 6 May 2023
- If the employee has previous service in other military/emergency service/some charities, this can be combined with SCAS service to create sufficient eligible service
- A staff member has to be actively undertaking shifts on frontline services
- Not all roles in non-patient facing 999 services will be eligible, unless they can show the above service
- CFRs who undertaken five years with SCAS as of 6 May 2023 will be eligible
- Those who attended the coronation events to provide services will also be eligible

Eligible staff lists were provided by HR, and, following previous learning, this was shared with operational teams ahead of the final lists being shared. This allowed for cross checking, has minimised the number of enquiries we have received and ensured that we are able to recognise all eligible staff as soon as possible.

### Challenges

- Significant work pressures with those involved in the eligibility process, this has led to delays in receiving the eligible list of staff and following up with any queries
- Data on the Electronic Staff Record (ESR) is relatively easy to obtain, however, the checking of eligible service or combined service, is a manual process and is therefore time consuming
- ESR does not show combined service with other organisations and therefore this has meant that some staff/volunteers with service from other places were not identified as eligible (this was part of the reason operational teams were involved)
- Operational teams know their staff, however, teams do not have access to ESR and therefore knowledge was limited and could therefore not cross check the system.
- As information has been delayed we have not been able to deploy the medals as quickly as originally hoped.

The national criteria for a **coronation coin presented by the Association of Ambulance Chief Executives** is:

- Anyone who is not a recipient of a coronation medal will be a recipient of a coronation coin
- Staff will not be in receipt of both medal and coin
- There is no stipulation for service required or a cut off date

### Update on number of medals and coins presented across SCAS areas to date

SCAS areas	Medals delivered	Medals presented	Coins distributed
South West 999	159	98	174
South North 999	144	104	120

South East 999	109	109	259
North South 999	110	74	132
North West 999	198	140	305
North East 999	84	79	108
North North 999	101	88	132
SPs	131	105	32
RSO	RSO&HR	Complete	
Education	Delay due to process		
CFRs	169 plus 146	315	
AAT	9	complete	
Corp/Clinical			837
PTS N and South			930
PTS CC			129
111 N			192
111 S			267
111 MK			191
EOC S			262
EOC N			170

With the review and subsequent changes being currently implemented in Corporate services, eligibility of some staff is still being determined, as can be seen above in the Education team.

### 3. Quality Impact

N/A

### 4. Financial Impact

N/A

### 5. Risk and compliance impact

N/A

### 6. Equality, diversity and inclusion impact

N/A

### 7. Next steps

N/A

**8. Recommendation(s)**

8.1 The Board is asked to:

8.1.1 Receive the report for noting.

**9. Appendices**

N/A





## Trust Board of Directors Meeting in Public 30 January 2025

<b>Report title</b>	Chief Digital Officer Update
<b>Agenda item</b>	21
<b>Report executive owner</b>	Craig Ellis, Chief Digital Officer
<b>Report author</b>	Craig Ellis, Chief Digital Officer
<b>Governance Pathway: Previous consideration</b>	N/A
<b>Governance Pathway: Next steps</b>	N/A

### Executive Summary

- To provide an update to the SCAS board of directors and executives on key issues, achievements, and upcoming plans within the Digital Function.
- To provide an update to the SCAS board of directors and executives on key issues, achievements, and upcoming plans within the PHERS Data Repatriation Project

### Alignment with Strategic Objectives

This report aligns with Technology Transformation

**Relevant Board Assurance Framework (BAF) Risk**

This report relates to BAF risk SR8 - Ability to Deliver the Digital Strategy

**Financial Validation**

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

**Recommendation(s)**

What is the Committee/Board asked to Note the report.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## 1. Purpose

The report is to provide a high-level overview of the Digital Function (IT, Business Information and Cyber Security), and to call out key achievements, issues and noted concerns.

The report also provides an update on the PHERS Data Programme

## 2. Executive Summary

A steady start to the year with the Xmas/New Year period passing without major incident. Main focus in the start of the new year has been around Capital spend projects (Storage, Windows 11, Data Warehouse) and moving forward the PHERS covid migration project.

In late December we completed our interim CAF (DSPT) review on-time, and the review highlighted known gaps/issues which we will now focus on remediating over the coming 6-months with BDO to complete by the end of June 2025.

Finally, we have moved into consultation stage on the corporate review for Digital staff and are now seeking to move at pace through the relevant stages to outcome.

### System & Partner Engagement:

Staff Training AI pilot is progressing well (I am the SASC CIO lead) and we have had two engagement sessions, and in middle of January a live demo at Northern House. The opportunity of adopting AI in this training area could have huge benefit and we are exploring this aligned to SASC agreed workstream

Finally, I have had further engagement with the SECAM CIO around potential collaboration opportunities within the Digital remit, and we presented back the outlined options on Friday 15<sup>th</sup> to the SCAS/SECAMB executive members. We have principally agreed on the main opportunities to explore, and these will be briefed at the session on the 29<sup>th</sup> of November with board members.

### Digital Financial Update:

#### CIP/Revenue

Digital continues to focus on our 24/25 CIP and steady progressing is occurring. The main focus is on our PHERS remuneration and the ongoing discussions around the Cyber Security insurance payout.

- Delivering our agreed CIP core saving projects (On-track – Green)
- Reimbursement of the PHERS costs (On-Track – Amber/Green)
- Cyber Security Insurance Payment (Pending – Amber/Red)

#### Capital

We have progressed strongly in the last couple of months on capital spend and we are now fully back on-track and have looked at exploring overspend in liaison with the Finance team.

#### Cyber Update

- No noted Cyber Security incidents in January

- Our Head of Cyber Security (Mark N) left SCAS in early January for a new role. An interim is incoming (Feb) and the permanent role is now out to market
- Our new Cyber Security Specialist started in January 2025 (Chris Djousse). Chris brings Cyber experience from within the NHS and the private sector and will be a welcome addition to the team.

### **Data/BI Update**

- No major issues in January on the BI platform or reporting
- IPR maturity continuing to progress. Challenges around prioritisation of workload and team sickness/single point of knowledge with ongoing actions to help move the function into a more proactive posture.
- Kick-off of the “Data Quality” programme ongoing with the programme in scoping stage aligned to Fit for the Future.

### **Key Achievements**

- Completion of the interim Cyber Assurance Framework (CAF)
- Official migration of PHERS data over to NHSE with further migration to occur in Jan/Feb completing the programme.
- Welcome our new Cyber Security Analyst Chris Djousse who joined in Jan

### **Key IT Issues**

- **02/01/2025:** National outage on the Adastra platform causing limited impact to SCAS operational staff as business continuity worked.
  - *Pending RFO*
- **16/01/2025:** Network outage due to a failed planned work causing limited impact (Esuits) for a 1hr outage window.
  - *RFO was due to configuration issue during planned work from vendor. Ongoing investigation.*

## **PHERS REPATRIATION PROJECT UPDATE**

### **1 Progress to Date**

To date the pandemic data repatriation programme has completed the following:

- NHSE data migration occurred in December 2024 which was a major milestone and a real positive step. NHSE now has over 30% of the data repatriated, with migrations occurring during January with a plan for completion end of Feb.
- NHSE Financial remuneration discussions ongoing. Agreement between NHSE Director and SCAS CDO on engagement team and work progressing on full reimbursement, and positive engagement occurring.
- UKHSA data migration progressing to timeline and no noted risks. Very positive engagement with no direct issues at the present time.
- UKHSA Financial reimbursement discussions progressing with no noted issue. UKHSA in full agreement around reimbursement.

### **3. Areas of Risk**

The Digital department and associated remit bring associated risk across all the below key areas within SCAS. Each of the below risk areas are relevant for IT and are managed accordingly within our IT risk-management framework.

- Clinical/Quality
- Financial\*
- Business
- Reputational
- Performance

### **4. Recommendations**

The Board is asked to Note the report.



**Trust Board of Directors Meeting in Public  
30 January 2025**

<b>Report title</b>	Chief Digital Officer Update
<b>Agenda item</b>	21
<b>Report executive owner</b>	Craig Ellis, Chief Digital Officer
<b>Report author</b>	Craig Ellis, Chief Digital Officer
<b>Governance Pathway: Previous consideration</b>	N/A
<b>Governance Pathway: Next steps</b>	N/A

<b>Executive Summary</b>
<ul style="list-style-type: none"><li>• To provide an update to the SCAS board of directors and executives on key issues, achievements, and upcoming plans within the Digital Function.</li><li>• To provide an update to the SCAS board of directors and executives on key issues, achievements, and upcoming plans within the PHERS Data Repatriation Project</li></ul>

<b>Alignment with Strategic Objectives</b>
This report aligns with Technology Transformation

**Relevant Board Assurance Framework (BAF) Risk**

This report relates to BAF risk SR8 - Ability to Deliver the Digital Strategy

<b>Financial Validation</b>	Capital and/or revenue implications? If so: N/A Checked by the appropriate finance lead? (for all reports) N/A Considered by Financial Recovery Group (for reports where the financial impact is not covered within existing budgets) N/A
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**Recommendation(s)**

What is the Committee/Board asked to Note the report.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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- Clinical/Quality
- Financial\*
- Business
- Reputational
- Performance

### **4. Recommendations**

The Board is asked to Note the report.



**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	Board Assurance Framework
<b>Agenda item</b>	23
<b>Report executive owner</b>	Rebecca Southall, Chief Governance Officer
<b>Report author</b>	Steven Dando, Head of Risk Management
<b>Governance Pathway: Previous consideration</b>	Quality & Safety Committee – 13 January 2025 People & Culture Committee – 16 January 2025 Audit Committee – 15 January 2025
<b>Governance Pathway: Next steps</b>	None

<b>Executive Summary</b>	
<b>BAF Risk 1: Safe and effective care: Score 9</b>	Risk is at the target level of 9 and stable. Work continues with the implementation of the new medical devices management platform which will further enhance the Trusts ability to manage and track its medical devices.
<b>BAF Risk 2: Ability to meet fluctuation demand: Score 20</b>	Risk remains outside of target and high rated however progress is being made with the implementation of the Release to Respond and Single Point of Access processes across the Trusts patch. The command cell paper was presented to Ops Group in January and is due at Finance & Performance Committee in February. There have been some issues with the quality of vehicles being delivered which has resulted in 16 being sent back. The team are working with the provider to improve the situation.
<b>BAF Risk 5: In Year Financial Control: Score 16</b>	Risk remains stable and rated 16 (Major x Likely), above the target of 12. Finances continue to be managed and reviewed through the Finance Recovery Group on a weekly basis. Baseline financial model completed with plan being finalised as part of the annual planning cycle.

**BAF Risk 6: Sufficient skills and resources: Score 16**

Risk remains stable and rated 16 (Major x Likely), above the target of 12. Work continues to be progressed in order to deliver the actions, including the 5-year workforce plan. The Corporate Restructure was finalised in December and the process to notify impacted staff starting.

**BAF Risk 7: Safe, valued and supported staff: Score 12**

Risk remains stable and rated at 12 (Major x Possible) against a target of 8. Sexual Safety 'train the trainer' sessions have commenced to continue the Trusts commitment to providing a safe workspace for staff.

**BAF Risk 8: Digital Capacity: Score 15**

Risk remains stable and rated at 15 (Catastrophic x Possible) against a target of 12. The Business Continuity ownership within digital has been completed with a testing regime established. ITIL processes have been delivered in to digital working however resource management has been delayed due to the corporate restructure.

**BAF Risk 10: Cyber: Score 20**

Risk remains stable and rated at 20 (Catastrophic x Probable) against a target of 12. Work continues on the Multi-Factor Authentication project which is part of the DSPT work. The initial DSPT was submitted in December which provides a good view on current gaps in compliance against the new standard.

**BAF Risk 11: Modernisation / Fit for the Future: Score 9**

Risk has decreased from 12 to 9, with the impact reducing from Major to Moderate. The risk remains slightly above the target of 6. Actions relating to the Hub proof of concept and executive leadership have been completed. New actions relating to a benefits framework, and scrutiny committees have been added.

**BAF Risk 14: Partnership Working: Score 12**

Risk remains stable and rated at 12 (Major x Possible) against a target of 4. The Trust has had joint Executive and Board meetings with SECamb as part of the collaboration. The Trust has also had a board to board with PHU Trust to discuss topics including current performance and winter plans.

**Alignment with Strategic Objectives**

The Board Assurance Framework report aligns with All strategic objectives

**Relevant Board Assurance Framework (BAF) Risk**

The Board Assurance Framework report is relevant to All BAF risks.

<b>Financial Validation</b>	Capital and/or revenue implications? No
<b>Recommendation(s)</b>	
The committee is asked to note and discuss the information in the Board Assurance Framework and gain assurance that the Trust is managing the relevant strategic risks.	

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>	✓	<b>To note</b>	
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South Central  
Ambulance Service  
NHS Foundation Trust



# Board Assurance Framework

Steven Dando  
January 2025



<b>Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.</b>		<b>Risk score</b> <b>9</b>
Strategic Risk No. 1: Safe and effective care		Update: December 2024
<b>If</b> we have insufficiently equipped and trained workforce	<b>Then</b> we will fail to provide safe and effective care	<b>Leading to</b> poor patient outcomes.

	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	5	4	20		Helen Young, Chief Nurse, John Black, Chief Medical Officer	Quality & Safety Committee
<b>Residual</b>	<b>3</b>	<b>3</b>	<b>9</b>			
Target	3	3	9			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Workforce recruitment programme</li> <li>Equipment audits and concern reporting process in place</li> <li>Adverse Incident Reporting Process</li> <li>Clinical Standard Operating Procedures</li> <li>Private Provider strategy and governance framework</li> <li>Clinical training</li> <li>Safeguarding Improvement Plan</li> <li>National clinical practice guidelines (JRCALC)</li> <li>National ambulance standards</li> <li>PTS contracted standards</li> <li>Make ready contract and effective contracting</li> <li>Fleet and make-ready strategy</li> <li>Fleet and make-ready KPIs</li> <li>Operational escalation procedures (e.g., OPEL, REAP)</li> <li>Internal training for staff</li> <li>Equipment training logs</li> <li>Chief Medical Officer link to local and national forums</li> <li>Patient Safety Improvement Workstream</li> <li>Patient Safety Incident Response Framework Policy and Processes</li> </ul>	<ul style="list-style-type: none"> <li>Variability in pathways</li> <li>Developing clear strategy for learning from incidents and data</li> </ul>	Development of CPs in remaining acutes and systems	Mark Ainsworth / Ongoing – Now part of BAU
		Rota review	Mark Ainsworth / Implementation – Q1 to Q2 2024-2025 North nodes live by end of Q4



Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> Reports to: <ul style="list-style-type: none"> <li>Quality &amp; Safety Committee</li> <li>Patient Safety &amp; Experience Group</li> <li>Clinical Review Group</li> <li>Medicines Optimisation and Governance Group</li> <li>Workforce Development Board</li> <li>Integrated Workforce Planning groups</li> <li>Finance &amp; Performance Committee</li> <li>People &amp; Culture Committee</li> <li>Medical Devices Review Group</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Internal Audits</li> <li>CQC Inspections</li> <li>Clinical Governance Audits</li> <li>Commissioner contract review meetings</li> </ul>	<ul style="list-style-type: none"> <li>Real-time tracking of clinical equipment and medicines</li> <li>Supplies from external procurement (e.g., vehicles)</li> </ul>	Procure system for managing safe deployment and maintenance of medical equipment	Lem Freezer / Go Live – July 2024 Feb 2025

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
335	Thames Valley MHRV service non-implementation Risk	IF there continues to be a lack of investment from ICBs in regard to the implementation of a Mental Health Response Vehicle in the Thames Valley THEN there is an ongoing risk of poor care being delivered to patients in mental health crisis in a pre-hospital care environment RESULTING in potential harm coming to patients and the subsequent negative impact on staff, resource availability and Trust reputation.	15





<b>Objective 1: High quality care and patient experience: We will enhance our practice and clinical governance to provide safe, effective care and operational performance that delivers improved outcomes.</b>		<b>Risk score</b> <b>20</b>
Strategic Risk No. 2: Ability to meet fluctuating demand      Update: January 2025		
<b>If</b> we do not have or use effective and agile operational delivery systems	<b>Then</b> we will not be able to meet demand and provide a responsive service to patients	<b>Leading to</b> delays in treatment and increased morbidity and mortality.

	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	5	5	25		Mark Ainsworth, Executive Director of Operations	Finance and Performance Committee
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>			Quality & Safety Committee
Target	5	2	10			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Demand forecasting and profiling using models which are adjusted based on experience</li> <li>Daily Operational MI reports detailing performance against set metrics</li> <li>Mutual aid process exists and works</li> <li>Cat. 2 response segmentation</li> <li>Effective local and regional escalation</li> <li>National REAP process and actions</li> <li>OPEL escalation plans</li> <li>Enhanced Patient Safety Procedure</li> <li>Clinical Pathways</li> <li>Working with systems and Hampshire place-based delivery units</li> <li>Performance Cell</li> <li>Private Providers</li> <li>Category 3 GP reviews in 111</li> <li>Performance Improvement Workstream</li> <li>Release to Respond 45-minute handover limit – embedding process at each acute Trust.</li> <li>SOP for deployment of Jumbulance at QAH</li> <li>QAH – Internal immediate handover process</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient clinical advisory support (e.g., 111, 999, IUC)</li> <li>Quality Improvement Process and Culture</li> <li>Clinical Pathways are not consistently available.</li> <li>Hospital handover escalation procedures</li> <li>Fleet controls</li> <li>Ambulance divert protocols held by ICB</li> </ul>	Rota review	Mark Ainsworth / Implementation – Start Q1 2024-2025 with North nodes live by end of Q4
		Development of Clinical Pathways in remaining acutes and systems	Mark Ainsworth / Ongoing – Now part of BAU
		Scoping for command cell situated within CCC	CDM/TCP paper – Ops Group – <b>Complete</b> FPC – February 2025
		Review clinical capacity (including cat 2 segmentation) in CCC to deliver all clinical functions	Ruth Page / <b>Nov-2024</b> <b>March 2025</b>
		Single Point of Access process for all ICBS	<b>HoIW ICB &amp; Trust review outcomes – January 2025</b>
		Delivery of 71 replacement and new DCAs	Lemuel Freezer / <b>March 2025</b> <b>*16 sent back to supplier</b>
		ORH modelling: Call & Dispatch	Ruth Page / <b>March 2025</b>

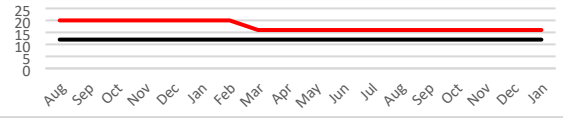


Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> Reports to: <ul style="list-style-type: none"> <li>• Emergency &amp; Urgent Care Boards</li> <li>• Quality &amp; Safety Committee</li> <li>• Integrated performance report</li> <li>• Ops Board</li> <li>• Performance Improvement Delivery Group</li> <li>• Finance &amp; Performance Committee</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• ICS system management across region</li> <li>• National performance standards</li> <li>• PTS contractual standards</li> <li>• TPAM</li> <li>• Performance Insight Improvement Group</li> <li>• NHSE Performance Reviews</li> </ul>			

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
52	QAH Handover Delays Risk	if QAH continue to have increased handover delays over and above agreed parameters then there is a risk to staff not being released resulting in negative impacts to service delivery, end of shift, meal breaks and patient care	25
119	Ambulance turnaround delay at A&E Risk	IF there is a delay in ambulance turnaround at A&E THEN there will be queue of ambulances RESULTING in risk to patient safety	25
210	Supply Chain Risk	IF there is disruption or delays to the supply chain THEN there is a risk that SCFS will not be able to effect repairs or replacements in a timely manner RESULTING in delays to servicing and poor vehicle availability for the customer.	16

<b>Objective 3: Finance &amp; Sustainability: We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partners.</b>	Risk score <b>16</b>
Strategic Risk No. 5: <span style="color: green;">In Year</span> Financial control	Update: January 2025

<b>If</b> demand, operational standards and external factors (such as inflation, interest rates, taxation and cost of living) continue to increase	<b>Then</b> the total costs to deliver our services will increase and result in a deficit greater than the control total agreed	<b>Leading to</b> additional pressures on our ability to deliver a sustainable financial plan and safe services.
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	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	4	5	20			
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>		Stuart Rees, Interim Director of Finance	Finance and Performance Committee
Target	4	3	12			

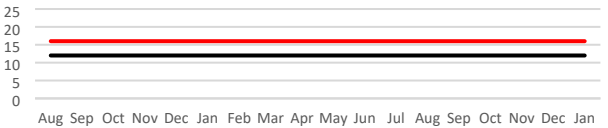
Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Planning and approval process for the Trust's budget</li> <li>Budget setting and monitoring processes</li> <li>Financial plan</li> <li>Capital programme</li> <li>Financial governance framework in place</li> <li>Standing Financial Instructions Reviewed and Updated</li> <li>Scheme of Reservation &amp; Delegation Written</li> <li>Financial Recovery Plan approved</li> <li>Monitoring run rate &amp; cash report now part of F&amp;PC</li> <li>Financial Recovery Group spend reviews and monitoring (including corporate workforce and Weekly proxy data used for run rate)</li> <li>Scrutiny from Finance and Performance Committee.</li> <li>Proactive engagement with regulators and System colleagues.</li> <li>"Commercial initiatives to increase income and reduce Trust costs."</li> <li>Cost improvement plan linked to system transformation programme reporting to board</li> <li style="color: green;">Performance Management and Accountability Framework (PMAF)</li> <li style="color: green;">Mitigations for Financial Recovery Plan slippage agreed</li> </ul>	<ul style="list-style-type: none"> <li>Lack of a medium-term plan including Medium Term Financial Plan (MTFP)</li> <li>Business Planning process and objectives not sufficiently aligned with organisation requirements including liquidity / cash support requirements. Cash/liquidity are reported as part of normal reporting cycles.</li> <li>Financial Data in Integrated Performance Report (IPR) needs to capture core metric and financial performance challenges.</li> <li>The loss/reduction of NEPTS Services and the wider implications require to be worked through.</li> </ul>	<ul style="list-style-type: none"> <li>Medium Term Financial Plan (MTFP) to developed alongside Trust Medium Term Plan</li> <li>Non-recurrent measures will be utilised to offset slippage experienced against recurrent schemes</li> <li>Core and Performance Financial Data to be incorporated into the Integrated Performance Report (IPR)</li> <li>Recovery plan for NEPTS in year and future operation model being developed</li> <li>Trust currently working with ICB for support with recovery programme along with actions from FRG to mitigate slippage</li> <li>Implementation of PMAF</li> <li style="color: green;">Financial data to be included in IPR</li> </ul>	<ul style="list-style-type: none"> <li>Stuart Rees / To be included in the medium-term financial plan (5 year) – October 2024 Baseline financial model – completed. Rest of plan to be finalised in line with the annual planning cycle (March 2025)</li> <li>Stuart Rees / On-going</li> <li>Stuart Rees / Oct-Nov-2024 – Jan 2025 / <span style="color: green;">Complete</span></li> <li style="color: green;">Stuart Rees / Jan 2025</li> <li>Stuart Rees / Complete</li> <li>Stuart Rees / Q4 2025/26</li> <li style="color: green;">Stuart Rees / Q3 2025/26</li> </ul>



Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>Finance and Performance Committee</li> <li>Audit Committee</li> <li>Executive Management Team meeting</li> <li>Finance reports / Financial position monitored at each meeting of Finance &amp; Performance Committee, including CIP delivery.</li> <li>Integrated Performance Report</li> <li>Financial Recovery Group</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>External audit</li> <li>Internal audit</li> <li>Counter fraud</li> <li>Commissioners</li> <li>System Recovery Group (ICB level group)</li> <li>Recovery Support Programme meetings (System)</li> <li>Monthly financial provider return to NHS England</li> <li>ICB Self-Assessment against Financial Undertaking</li> </ul>			

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
086	PTS Contracts Contact Centre Risk	IF these contracts are not awarded to SCAS, or extended or SCAS are not able to submit a tender as the incumbent provider THEN there is a risk of not being able to supply PTS services for the remainder of the contract term due to loss of staff with no alternative resources RESULTING in risk to operational staff, increased pressure on reducing staff numbers, reputation damage and impact on patient experience.	20
013	Financial Risk	IF the Trust is not able to operate within the agreed financial budgets THEN there is a risk that the Trust recovery action will be needed; RESULTING in reduced monies available to directorates and departments and subsequent impact on services and projects	16
084	Financial Impact Risk	IF the cost of delivering services are higher than the funding received THEN there is a risk to continued holding of Contracts for both PTS and Logistics RESULTING in poor Trust reputation, increased uncertainty for team members and increased costs exiting contracts increasing costs to other departments and running the services at a loss.	16
121	Financial Targets Not Being Met Risk	IF targets for financial sustainability, performance and cost savings are not achieved THEN there could be NHSI investigations and/or sanctions RESULTING in reputational damage	16
305	Budget Sign-off Risk	IF the annual budget and hours required plans are delayed THEN there is a risk that the planning team will not be able to plan abstractions and determine Private provider hours on time RESULTING in delays to awarding contracts	15

<b>Objective 4: People &amp; Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.</b>		Risk score <b>16</b>
Strategic Risk No.6: Sufficient skills and resources	Update: January 2025	
<i>If</i> we fail to implement resilient and sustainable workforce plans	<i>Then</i> we will have insufficient skills and resources to deliver our services	<i>Leading to</i> ineffective and unsafe patient care and exhausted workforce.

	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	5	4	20			
<b>Current</b>	<b>4</b>	<b>4</b>	<b>16</b>			
Target	4	3	12			
					Natasha Dymond, Interim Director of People	People and Culture Committee

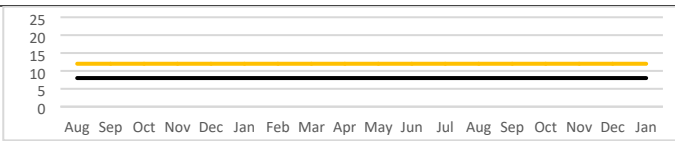
Controls	Gaps in Controls	Actions	Due Date
<ul style="list-style-type: none"> <li>Integrated Workforce Plans for the Trust, including the delivery of a 5-year workforce plan</li> <li>Recruitment &amp; attraction plan and retention plan health and wellbeing plan and flexible working</li> <li>Apprenticeship programmes</li> <li>International recruitment programmes</li> <li>Return to practice programme</li> <li>Use of private providers to help deliver services, private provider workforce strategy</li> <li>Quality Impact Assessments</li> <li>Culture and Staff Wellbeing Workstream</li> <li>Delivery of education and training programmes</li> <li>People &amp; Culture Committee</li> <li>People &amp; Culture Development Group</li> <li>Integrated Workforce Planning Groups</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Talent management programme</li> </ul>	NHS England People Promise Exemplar Programme. 12-month programme	Natasha Dymond / Q4 2024/25
		5-year Workforce Plan	Natasha Dymond / Stuart Rees / Q2-3 2024/25 EMC—November 2024 Board—Provisionally January Year 1 Plan – Under construction / February 2025 Years 2 - 4 Plan – Q2 2025/26
		Evaluate initial talent management and succession programme pilot.	Natasha Dymond / Q3 4 2024/25
		Corporate Restructures	David Eltringham / April 25
		TUPE of private provider front line staff when contracts are not renewed.	Natasha Dymond / First contract - Feb 2025 2 4 additional contracts Q 1 2024/25



Assurances		Gaps in Assurances	Actions	Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>Integrated Performance Report</li> <li>Workforce reporting (e.g., sickness absence, staff survey, turnover)</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Commissioner reporting (to ICBs)</li> <li>Internal audit (BDO)</li> <li>OFSTED</li> <li>NHSE/HEE quality assurance visits</li> </ul>	<ul style="list-style-type: none"> <li>Staff wellbeing metrics via IPR</li> </ul>	Embed IPR into Trust Board and Sub-Committees	Stuart Rees / Ongoing

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
321	Student Paramedic Placement Capacity Risk	IF there is a continued reduction of CTEs & suitable Clinicians to support students THEN the placement capacity will be insufficient to meet the obligations of the trust as a placement provider for Student Paramedics RESULTING in effecting future workforce numbers, contractual agreements with the Universities, compliance with the National Education contract and the wider NHS workforce plan and impacting the increase of our Clinical workforce.	20
142	Pharmacy Operational Staffing and Resilience Risk	IF the Pharmacy workforce is not expanded to meet the demand of the Trust; THEN there is a risk that medicines will not be supplied for clinical use; RESULTING in harm to patients.	16
11	Leadership Capacity Risk	IF there is insufficient leadership capacity (at SLT, directorate and divisional level), THEN there is a risk that staff and/or projects will not be sufficiently well supported; RESULTING in attrition and inability to meet service/ project needs	16
331	Lack of Pharmacist Capacity	IF there is not an adequate number of Pharmacists working for the Trust THEN there is a risk that services will be impacted RESULTING the potential cessation of frontline services / research requiring medicine.	15

<b>Objective 4: People &amp; Organisation: We will implement plans to deliver an inclusive, compassionate culture where our people feel safe and have a sense of belonging.</b>		Risk score <b>12</b>
Strategic Risk No. 7: Safe, valued, and supported staff	Update: January 2025	
<b>If</b> we fail to foster an inclusive and compassionate culture	<b>Then</b> our staff may feel unsafe, undervalued, and unsupported	<b>Leading to</b> poor staff morale, disengagement, low retention and impacts on patient safety and care.

	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	4	4	16		Natasha Dymond, Interim Director of People	People and Culture Committee
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>			
Target	4	2	8			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>• People strategy, EDI strategy and associated enabling plans</li> <li>• Freedom to Speak Up (FTSU) guardian and supporting programme in place</li> <li>• 'Supporting our people' website, including EAP and Occupational Health</li> <li>• SCAS leader and ESPM leadership training</li> <li>• Sexual safety charter</li> <li>• Allegations management process and associated Employment policies.</li> <li>• Staff forums and TLL relationships</li> <li>• Appraisal process</li> <li>• Communications strategy</li> <li>• Culture and Staff Wellbeing Workstream</li> <li>• JNCC</li> <li>• People &amp; Culture Committee</li> <li>• People &amp; Culture Development Group</li> <li>• Equality, Diversity and Steering Group</li> </ul>	<ul style="list-style-type: none"> <li>• Support for staff, including those with protected characteristics.</li> <li>• Understanding of culture</li> </ul>	Culture Reset to the SCAS way programme	Executive Team / Q4 2025-26
		Sexual Safety Leaders Training	Sarah Turtle / Launch <b>Complete</b>
		Executive oversight and engagement in ED&I, including staff networks.	Executive Team / Q1 2025-26
		People Portal (online employee resource hub)	Rachel Newell / Phase 1 – <del>December 24</del> <b>Q4 2024-25</b>
		NHSE Sexual Safety Assurance Framework alignment	Sarah Turtle / Q4 2024-25
		<b>NHSE Sexual Misconduct E-Learning module</b>	<b>Sarah Turtle / Q4 2024-25</b>

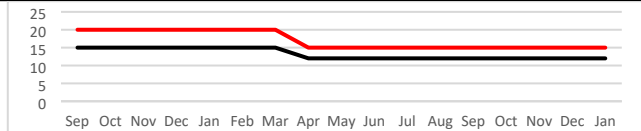


Assurance		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>• Staff networks</li> <li>• People Voice feedback</li> <li>• Student placement feedback</li> <li>• WDES / WRES publication</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• Workforce Race Equality Standard &amp; Workforce Disability Equality Standard results</li> <li>• NHS National Staff Survey and Quarterly Pulse Survey</li> <li>• CQC inspections &amp; reports</li> <li>• Internal audits (BDO)</li> <li>• Peer reviews</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
None			



<b>Objective 5: Technology transformation: We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.</b>		<b>Risk score</b> <b>15</b>
Strategic Risk No. 8: Digital Capacity	Update: January 2025	
<i>If</i> we are unable to resource required digital opportunities	<i>Then</i> we will have insufficient capacity and capability to deliver the digital strategy	<b>Leading to</b> system failures, patient harm and increased cost.

	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	5	4	20		Craig Ellis, Chief Digital Officer	Finance & Performance Committee
<b>Current</b>	<b>5</b>	<b>3</b>	<b>15</b>			
Target	4	3	12			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Base Digital Strategy in place across SCAS</li> <li>Regular Digital Programme Portfolio reporting, and project prioritisation through the Executive Transformation board</li> <li>IT Project Management governance controls are in place</li> <li>Financial reporting up to the Executive Management Team (Fixed assets/capital/revenue)</li> <li>Compliance with required NHS Cyber Security Standards (DSPT)</li> <li>Digital Steering Group in place</li> <li>Technical Design Authority</li> <li>Control Advisory Board</li> <li>Digital Annual planning cycle currently in place</li> </ul>	<ul style="list-style-type: none"> <li>Limited IT Business Continuity capability and a lack of formal testing across SCAS.</li> <li>No formal Information Technology Infrastructure Library (ITIL) processes in place, with weak internal controls currently in place.</li> <li>Limited maturity in our BI platform and processes</li> <li>Limited control around new project initiation or shadow-IT initiatives across SCAS</li> <li>No resource management process in place across the Digital department</li> <li>Digital organisational Structure currently inappropriate for Technology Transformation with a number of gaps, and limited definition of roles/responsibilities</li> <li>Limited maturity in our IT contract management, and a number of contracts at-risk or low governance compliance</li> <li>IT Risk-management at a low-maturity with regular review not currently in place</li> </ul>	Identify the relevant business continuity owners related to IT services and establish a testing regime for the coming year.	Craig Ellis / <b>Completed – Testing Regime established</b>
		Deliver core ITIL processes into IT including Change Management, Incident Management and Problem Management,	Craig Ellis / <b>Completed / Dec 24</b>
		To develop a BI strategy and delivery plan to bring about a long-term maturity in the function.	Craig Ellis / <b>In Progress / March-25</b>
		To ensure the Digital organisation is able to deliver the Technology Transformation needs in the long-term aligned to relevant budgets.	Craig Ellis / <b>In-Progress / Dec-24 March 25</b>
		To bring resource management into the Digital Function to enable clearer financial and operational IT management.	Craig Ellis / <b>Pending / June 25 (proposed move due to corporate restructure)</b>
To mature Digital Risk-management in the organisation, with a focus on Residual and Target Score progress and tracking.	Craig Ellis / <b>In Progress / March 25</b>		



Assurances		Gaps in Assurances	Actions	Owner /Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>• Reports to Finance and Performance Committee</li> <li>• Annual report on digital strategy to Trust board</li> <li>• Quality assurance process in PMO</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• Internal audit</li> <li>• External audit</li> <li>• DSP toolkit</li> <li>• Digital maturity assessments</li> </ul>	<ul style="list-style-type: none"> <li>• No KPIs in place</li> <li>• Regular reporting on digital strategy at board level</li> <li>• Fixed Asset Management Steering Group reporting</li> <li>• Limited assurance around digital projects</li> </ul>	Undertake review of digital project assurance	Craig Ellis / In Progress / Dec-24 June 25 (new head under corporate restructure from April)

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
229	Asset Ownership Risk	IF Information Asset owners do not take responsibility for their asset, THEN there is a risk that the assets become a Information Governance risk RESULTING in potential breaches of security	20
281	DCB0160 Digital Clinical Safety Compliance	IF more resource is not available within the Digital Directorate and the scale of the work continues to increase. THEN compliance with DCB0160 cannot be achieved. RESULTING in lack of compliance with the Health and Social Care act, regulatory consequences, harm to patients (clinical risk not identified and mitigated), reputational damage.	20



<b>Objective 5: Technology transformation: We will invest in our technology to increase system resilience, operational effectiveness and maximise innovation.</b>		Risk score <b>20</b>
Strategic Risk No. 10: Cyber risk	Update: January 2025	

<b>If</b> technology, IT applications & services are insufficiently robust and secure	<b>Then</b> there is a risk that the Trust will not be able to operate effectively	<b>Leading to</b> reduced ability to provide a safe service
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	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	5	5	25		Craig Ellis, Chief Digital Officer	Finance and Performance Committee
<b>Current</b>	<b>5</b>	<b>4</b>	<b>20</b>			
Target	4	3	12			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Anti-virus software</li> <li>Standardised Window Builds</li> <li>Penetration Testing</li> <li>Privileged Access Management</li> <li>Patching</li> <li>Information Security training.</li> <li>Yearly DSPT Cyber Security Assurance Testing</li> </ul>	<ul style="list-style-type: none"> <li>No Cyber Security Strategy or Programme Plan to date.</li> <li>No external auditing/benchmarking of our overall Cyber Security maturity levels.</li> <li>Limited/No investment in appropriate Cyber Security Platform.</li> <li>Limited communications to employees on a regular basis.</li> <li>Lack of understanding at a board/executive/senior-manager level on the function or associated high-level Cyber Security risks.</li> <li>Limited investment assigned to maturity.</li> <li>Cyber Security organisational Structure currently inappropriate for the associated risks with limited resource and overall maturity as a function.</li> <li>Limited maturity in our Cyber Security contract management, and a number of contracts at-risk or low governance compliance.</li> <li>CS Risk-management at a low-maturity with regular review not currently in place.</li> <li>Limited assurance in our overall Information Security assurance training.</li> <li>Limited Multi-Factor Authentication across the IT Estate</li> </ul>	To establish a Cyber Security Strategy and Programme Plan	Craig Ellis / In Progress / Mar-25
		To drive overall compliancy in our Information Security training, and to ensure clear & concise regular communications	Craig Ellis / <span style="color: green;">Completed</span> / Dec-24
		To deploy Multi-Factor Authentication onto all our applicable systems and application aligned on the NHS MFA assurance programme	Craig Ellis / In-Progress / <del>July Dec-24</del> <span style="color: green;">March 25 (30% completed but ongoing)</span>

Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>Information Security &amp; Governance Steering Group</li> <li>Digital Steering Group</li> <li>Finance &amp; Performance Committee</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Internal Audit of DSPT</li> <li>DSPT Submission</li> <li>External Audit of Cyber Security Function</li> </ul>	<ul style="list-style-type: none"> <li>Limited board oversight</li> <li>Limited board challenge</li> <li>Limited scenario planning</li> <li>Lack of external best practice</li> </ul>	CDO to provide continuous training and briefings to both the execs and board around <b>Cyber Security</b>	Craig Ellis / In-Progress / 2024
			NHSE Cyber Assurance Assessment of all UK Ambulance Trusts	Craig Ellis / In-Progress / Oct 24

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
349	Cyber Maturity Risk	IF SCAS has a low cyber security maturity, THEN we will be more vulnerable to cyber-attacks and data breaches, RESULTING in compromised patient data, disruption of our emergency services, and significant reputational and financial damage	20
352	IT Business Continuity Risk	IF SCAS lacks mature IT Business Continuity THEN we face an increased risk of extended IT downtime affecting critical operations RESULTING in delays in patient care, compromised patient safety, and significant reputational and governance risk	15



**Objective 3: Finance & Sustainability: We will maximise investment into our patient services whilst delivering productivity and efficiency improvements within the financial envelope and meeting the financial sustainability challenges agreed with our system partners.**

Risk score  
**9**

Strategic Risk No. 11: Modernisation / Fit for the Future Update: January 2025

**If** the Trust does not modernise its structures, systems and support services over the next five years

**Then** the Trust may not deliver its strategy for a modern sustainable ambulance service that meets the needs of the public, and adoption of relevant government policies

**Leading to** outdated and inadequate care delivered to patients.

	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	4	3	12			
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>		Paul Kempster, Chief Transformation Officer	Trust Board
Target	2	3	6			

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Dedicated team and resource in place</li> <li>Revised programme governance in place with new Executive SRO appointed</li> <li>External SMEs programme support through AACE supporting demand and capacity modelling.</li> <li>CCC improvement programme in place supported by AACE.</li> <li>Engagement with other ambulance Trusts and collaboration work with SECamb and the Southern Ambulance Services Collaborative</li> <li>Incorporation into the five year and annual planning process</li> <li>Ongoing engagement programme with staff and unions</li> <li>Modelling of hub locations complete</li> <li>Detailed proof of concept plans generated, in conjunction with AACE, to improve current operational processes across the virtual EOC</li> <li>Communication resources in place</li> <li>CCC improvement programme underway</li> </ul>	<ul style="list-style-type: none"> <li>Skills/experience gap within SCAS, particularly in relation to longer term activity modelling</li> <li>Funding gap to support long term change.</li> <li>Clear scope and plan (feasibility, ERF, finance)</li> <li>Benefits realisation thesis for Proof of Concept</li> <li>Public / Political support</li> <li>Revised Workforce Strategy</li> <li>Short to medium term Executive leadership inconsistent</li> <li>Insufficient BI capacity to support data requirements of programme</li> <li>UEC Proof of Concept at North Harbour not yet commenced</li> </ul>	Decision on approach to hubs and sectors required	EMC / October 2024 February 2025
		Alignment to the development of the wider Trust 5-year strategic plan	Caroline Morris / October 2024 Q4 2024/25
		Proof of Concept for a Hub in the South-East sector in development and scheduled for go live in October 2024	Michaela Morris / Completed
		AACE call off contract in place and supporting the Trust to develop scenarios for a new Operational Model	Caroline Morris / ongoing until May 2025
		Negotiate BI support to provide data to inform the operational model redesign	Caroline Morris / October 2024 February 2025
		Align of SE Ambulance Collaboration and Southern Ambulance Collaboration activities with the Ops Modernisation Programme	Caroline Morris / December 2024
		Embedding executive leadership to ensure effectiveness	Phil Browne / Completed
		Benefits framework to be presented to Finance & Performance Committee	Caroline Morris / February 2025



<ul style="list-style-type: none"> <li>• CCC activity modelling commissioned</li> <li>• Proof of concept approach underway at North Harbour supported by team training in improvement methodologies</li> <li>• Estates plan in development which will in part address investment requirements and plans.</li> </ul>		<p>Ongoing engagement with Health overview and Scrutiny Committees</p>	<p>Caroline Morris / HOOs / As Required</p>
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Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>• Programme Board</li> <li>• Transformation Oversight Group</li> <li>• EMC</li> <li>• COG Engagement</li> <li>• Board</li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>• Recovery Support Programme Oversight meetings (monthly)</li> </ul>	<ul style="list-style-type: none"> <li>• Board sign-off of proof of concept and expected benefit realisation.</li> </ul>	Terms of Reference for Operational Modernisation Programme Board and TOG being reviewed to ensure clear escalation and schedule of authority flows	Caroline Morris / October 2024

Associated Risks on the Programme Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score
OMP risks: 01023; 01027	Subject Matter Expert Staffing Risk	IF departments are not able to release Subject Matter Experts THEN we may not be able to access the expertise, data and insights to enable modelling to be completed, plans defined and resourced for Proof of Concepts and communications and engagement effectively undertaken RESULTING in the delay or non-delivery of key elements of the Strategic Roadmap	16
OMP Risk: 01011	Leadership Capacity Risk	IF there is insufficient leadership capacity (at SLT, directorate and divisional level), THEN there is a risk that staff and/or projects will not be sufficiently well supported; RESULTING in attrition and inability to meet service/ project needs	16
	ISSUE	We have an "issue" on our log relating to the corporate restructure – which is 3-fold – two are immediate – poor staff motivation during change period, capacity constraint of leadership team. The final part is that elements of the redesign may not work (for e.g. Business partners co-located at Hubs) as proposed structures have removed the posts that would require this to work.	



<b>Objective 2: We will engage with stakeholders to ensure SCAS strategies and plans are reflected in systems strategies and plans.</b>		<b>Risk score</b> <b>12</b>
Strategic Risk No. 14: Partnership Working	Update: January 2025	

<b>If</b> we don't work collaboratively and have effective relationships with a wide range of stakeholders	<b>Then</b> we will fail to deliver our strategy of being an effective partner and care navigator on behalf of our systems	<b>Leading to</b> poor patient experience and suboptimal outcomes
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	Impact	Likelihood	Score		Accountable Owner	Assurance Committee
Inherent	4	4	16			
<b>Current</b>	<b>4</b>	<b>3</b>	<b>12</b>			
Target	4	1	4			
					David Eltringham, Chief Executive Officer	Trust Board

Controls	Gaps in Controls	Actions	Owner / Due Date
<ul style="list-style-type: none"> <li>Formal Memorandum of Understanding; SLAs and other written agreements</li> <li>Formal Contracts</li> <li>Meeting infrastructure</li> <li>Existing professional relationships</li> <li>Chairs Network</li> <li>Chief Exec/ICS Exec Leadership forum</li> <li>AACE</li> <li>Southern Ambulance Service Collaborative</li> <li>Regular 1:1s with SECAmb</li> <li>2:2 with ICS CEOs regarding SECAmb Partnership</li> <li>Legal duty to collaborate.</li> <li>Development activities with partners</li> <li>Internal governance processes</li> <li>Exec leadership of specific workshops</li> <li>Commissioner led Co-ordination meeting</li> <li>Nominated executive lead for each ICB</li> </ul>	<ul style="list-style-type: none"> <li>Relationships with voluntary sector</li> <li>Relatively immature system relationships and working arrangements (maturing)</li> </ul>	Focus on relationships with HIOW as co-ordinating commissioner. Include HIOW Monthly Report in SCAS Board Papers	David Eltringham - Ongoing
		SCAS to participate in the ICS planning work for 2025-26	David Eltringham – Ongoing
		Attendance at meetings as part of ICS and leadership of UEC Transformation Programme	David Eltringham - Ongoing
		Exec and Board meetings with SECAmb Exec and Board	David Eltringham – <b>Completed</b>
		Prepare common briefing for stakeholders, Exec Teams and Boards ahead of 29/11	David Eltringham – <b>Completed</b>
		<b>Stand ready to engage with SECAmb and Region to address changes in Board memberships at either organisation</b>	<b>David Eltringham – Ongoing until April 2025 then review</b>



Assurances		Gaps in Assurances	Actions	Owner / Due Date
<b>First and second line (internal) assurances</b> <ul style="list-style-type: none"> <li>Board maturity matrix</li> <li>Report out from meetings / encounters (Chair / CEO reports into board)</li> <li></li> </ul>	<b>Third line (external) assurances</b> <ul style="list-style-type: none"> <li>Report out from ICB from provider representatives</li> <li>Soft intelligence / emotional intelligence</li> <li>Regulatory reviews (TPAM / NHSE / RSP)</li> <li>Feedback from RSP and TPAM meetings</li> </ul>	<ul style="list-style-type: none"> <li>Harder measures (data / intelligence)</li> <li>Independent scrutiny / assessment and formally report into committee/board</li> <li>Appraisal processes – external feedback on degree of engagement (Chair / CEO / Officers)</li> <li>Routine reporting of system interventions into Trust Board.</li> </ul>	Continue to develop relationships with HIOW as co-ordinating commissioner	David Eltringham – ongoing
			Establish a systematic and regular report of progress against the ICS Transformation. Chief Governance Officer to build into regular reporting cycle. ICS to provide report to Boards so that this is consistent. CEO to brief on this at Board and against ICS report	Dec 2024

Associated Risks on the Trust Risk Register (15+)			
Risk No.	Risk Title	Description	Residual Score





**Trust Board of Directors Meeting in Public  
 30 January 2025**

<b>Report title</b>	Board Site Visits 2024-25
<b>Agenda item</b>	24
<b>Report executive owner</b>	Becky Southall, Chief Governance Officer
<b>Report author</b>	Kofo Abayomi, Head of Corporate Governance & Compliance
<b>Governance Pathway: Previous consideration</b>	Not Applicable
<b>Governance Pathway: Next steps</b>	Not Applicable

**Executive Summary**

Board member approachability and visibility to the wider organisation is key to becoming a well-led Trust. As part of this journey, the Governance team is monitoring Non-Executive Directors and Executive Directors site visits accordingly to ensure that the Trust maintains a high level of Board visibility across all of its sites. The attached table provides a record and future site visits that are planned.

One aspect of monitoring Board members' site visits which is reported via a metric in the 'Governance and Well-Led' Improvement Programme workstream, is to ensure that visits are being undertaken by both Non-Executive Directors and Executive Directors and that Visit Reports are being completed and returned to the Compliance Team.

The aim is for each nine Executive Directors to make at least one visit per month to the various SCAS sites. This is also applicable to the eight Non-Executive Directors. Multiple visits to SCAS sites in a month are discounted, and only one visit is included in the metric.

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<b>Alignment with Strategic Objectives</b>
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The site visit report aligns with the Well Led
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<b>Relevant Board Assurance Framework (BAF) Risk</b>
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The report is relevant to all BAF risks.
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<b>Financial Validation</b>	Not Applicable
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<b>Recommendation(s)</b>
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The Board is asked to <b>Note</b> the Report.
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<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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Non-Executive Director Site Visits

2024/25 Site Visited	Keith Willett	Nigel Chapman	Sumit Biswas	Les Broude	Katie Kapernaros	Mike McEnaney	Dhammika Perera	Locations that have had no visits during 2024/25
Adderbury RC OX17 3FG		May 2024	August 2024					Didcot RC OX11 8RY
Bracknell RC RG12 7AE				July 2024				Kidlington RC OX5 1RF
High Wycombe RC HP11 2JQ	Nov 2024							Maidenhead St Marks Hospital PTS/ASAP SL6 6DU
Milton Keynes Blue Light Hub MK6 4BB			May 2024					Newbury RC RG14 1LD
Oxford City RC OX3 7LH	Jun 2024			May 2024				Amersham PTS HP6 5AR
Reading RC RG1 7DA				April 2024				Reading PTS RG30 1DZ
Stoke Mandeville RC HP21 8BD		Jun 2024						Witney Hospital PTS OX28 6JJ
Wexham Park RC SL3 6LT				Dec 2024				Basingstoke RC RG24 9LY
Chalfont PTS SL9 9QA				Feb 2024				Hythe RC SO45 5GU
Didcot PTS OX11 7HP 3-05-509				Jun 2024				Nursling RC SO16 0YU
Maids Moreton PTS MK18 1QF		Nov 2024						Thatcham SORT RG19 4AE
Alton RC GU34 2QL	Sept 2024		Jun 2024					Whitchurch RC RG28 7BB
Andover RC SP10 3RJ	Sept & Dec 2024							Basingstoke PTS RG24 8QL

Northharbour RC PO6 3TJ	Oct 2024		Jun 2024					Havant PTS PO9 2NA
Hightown RC SO19 0SA							Jun 2024	Milford on Sea Hospital PTS SO41 0FR
Lymington RC SO41 8JD	Aug 2024		Nov 2024					Portsmouth PTS PO3 6EJ
Petersfield RC GU31 4AN	Dec 2024							Totton PTS SO40 3AP
Ringwood RC BH24 3EU	Aug 2024							Chichester Fire Station PTS PO19 1BD
Winchester & Eastleigh RC/HART SO50 4ET							Jun 2024	East Preston Fire Station PTS BN11 1DA
Camberley PTS GU15 3SY			Oct 2024	Aug 2024				Eastbourne PTS RC BN23 6FB
Gosport PTS PO12 3SR			Sept 2024					Lancing Fire Station PTS BN15 8PB
Northern House E&UC CCC OX26 6HR		July 2024	Sept 2024					Southern House E&UC CCC SO21 2RU
Northern House 111 CCC OX26 6HR	July 2024 & Jan 2025	July 2024		Oct 2024				Southern House 111 CCC SO21 2RU
Unit 2 PTS CCC/ Education Centre OX26 6HR			July 2024					Southern House PTS CCC SO21 2RU
Milton Keynes Partis House MK5 8HJ			May 2024	Feb 2024				Dorking Hospital PTS RH4 2AA
Newbury Bone Lane RG14 5UE				Sept 2024				Durrington PTS BN11 1DJ
Whitley Education Centre PO15 7AH	Oct 2024							Eastbourne PTS CC BN23 6FA

																		Abingdon Fleet Services OX14 4SD
																		Southampton Logistic Pharmacy Unit SO16 0BT (Adanac)

### Executive Directors Visits

	Visit Recorded													
2024/25	Quarter 1			Quarter 2			Quarter 3			Quarter 4				
Name	April	May	June	July	August	September	October	November	December	January	February	March	Total	
Craig Ellis	1	1	0	0	3	0	0	0	2	0			7	
Rebecca Southall										0			0	
David Eltringham	3	5	8	19	13	2	10	9	7	1			72	
Helen Young	2	4	4	5	0	3	7	7	3	0			35	
Duncan Roberston							21	8	1	6			36	
John Black	6	5	3	5	4	3	5	8	3	0			42	
Mark Ainsworth	6	3	2	8	7	0	11	5	7	3			50	
Natasha Dymond		2	0	0	0	0	0	0	0	0			2	
Paul Kempster	1	1											2	
Stuart Rees	0	0	0	0	2	1	0	0	0	0			3	