



NHS

South Central
Ambulance Service
NHS Foundation Trust

Care Quality Commission August 2022 report

Oxfordshire Joint Health Overview
and Scrutiny Committee
22 September 2022





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About SCAS

We provide

- 999
- 111
- Patient Transport Services

We also provide:

- Integrated Urgent Care – an extension of the 111 service that enables patients to see or speak to clinically trained healthcare professionals
- Logistics services to transport a range of medical equipment and supplies
- National services at times of emergency, such as during COVID-19

999



Our blue light emergency response service focussed on the achievement of the Ambulance Response Programme standards

111

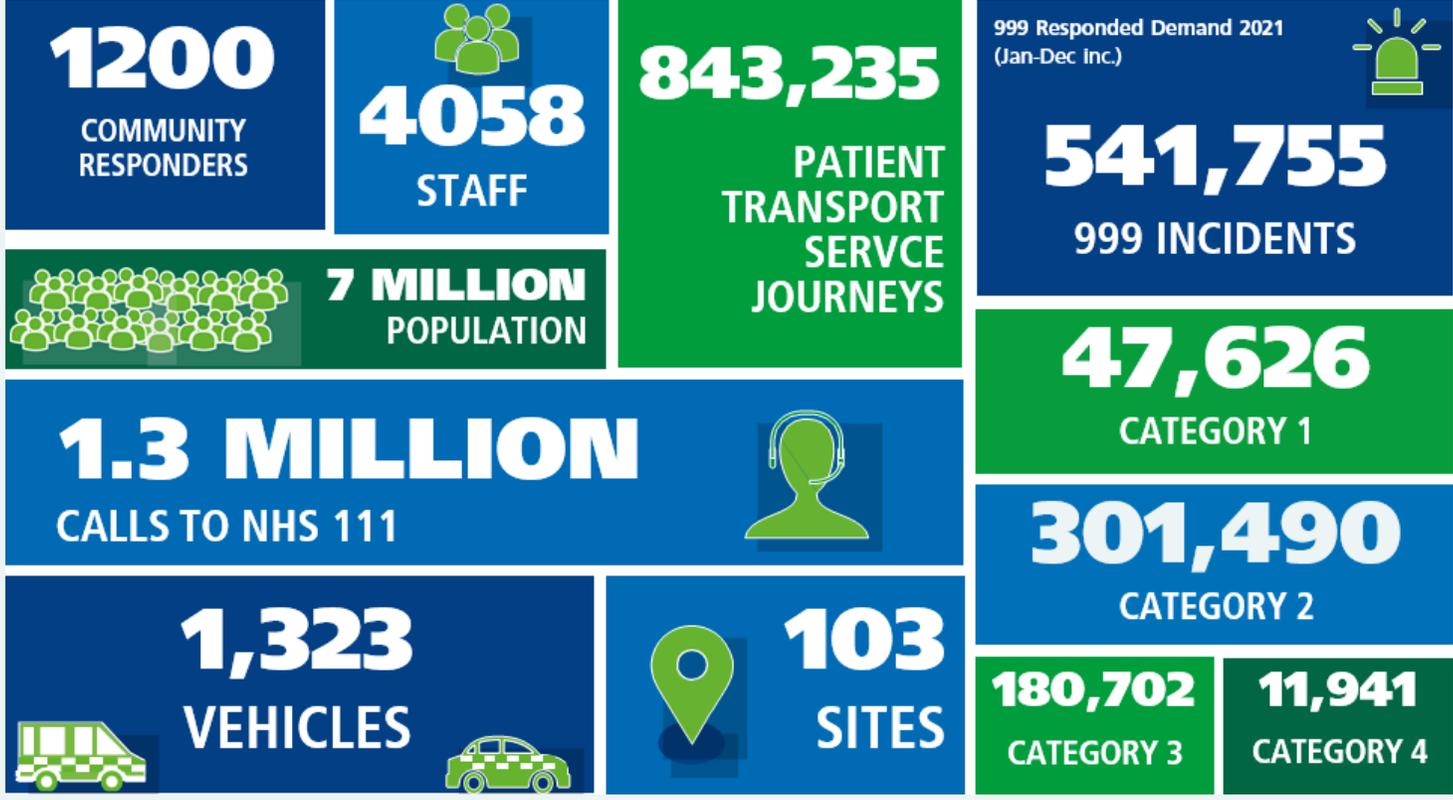


Our phone or online portal giving access to the right advice, referral or booking into the relevant services including nurses, GPs, pharmacists, paramedics & dentists

PTS



Our non-emergency Patient Transport Service for those patients who need our support to access the care they need and return home safely





Message from the Board



**Will
Hancock**
Chief
Executive



**Professor
Sir Keith
Willett**
Chair

The CQC has highlighted some serious concerns which we must, and will, fix as a matter of urgency.

We have already taken swift action but we recognise there is more to do. Providing the best possible care to all our patients remains our top priority.

The board takes responsibility for the findings in the report and we will work with colleagues across the Trust and our partners to put things right.

We have an extensive improvement plan and we are committed to making things better. We will keep focused on putting things right until we and the CQC are confident all the concerns have been fixed.

In doing so we are confident SCAS will become a better Trust than it has ever been, both for our patients and our staff and volunteers.

There is enormous dedication and pride across all our teams. Their commitment to providing the best possible care to patients throughout the pandemic and the continued pressure on the NHS has been outstanding. This commitment was recognised in the CQC's report; and it is also being applied to addressing their concerns.

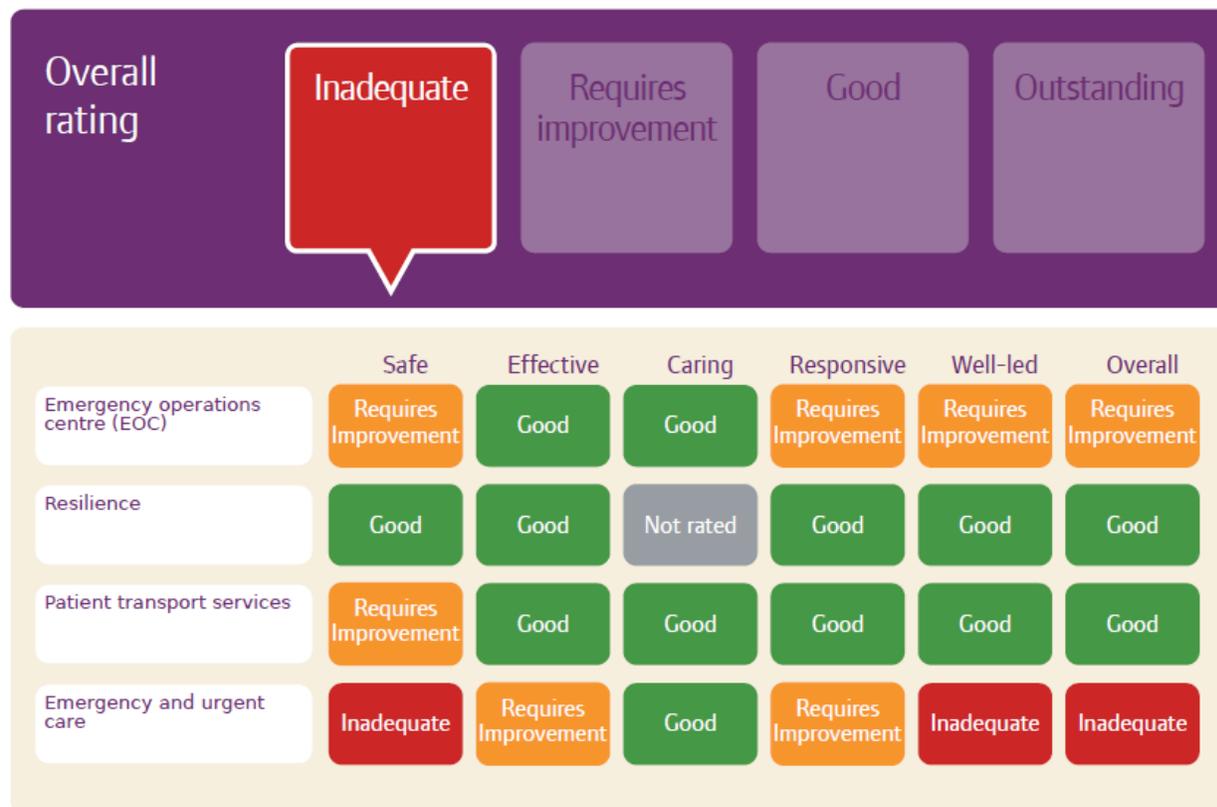
The August 2022 report relates to inspections carried out in April/May 2022 covering:

- **The CQC’s well-led domain**
- **Emergency Operations Centre**
Our service that answer 999 calls and dispatch crews to patients
- **Urgent and Emergency Care**
Our 999 response services attending patients

The report also takes account of a November 2021 inspection specific to safeguarding concerns.

Patient Transport Services and 111 were not inspected in 2022. They retain their ratings of Good from inspections in 2020 and 2018 respectively.

Ratings for the whole trust



With two domains rated as inadequate the Trust’s overall rating defaults to also being inadequate.

Information the inspectors used

The inspectors drew their conclusions from:

- Observations at five sites
- Observations at one Emergency Operations Centre
- Discussions with SCAS staff of all grades
- Four A&E visits
- Anonymous staff survey with 11% response
- Feedback from GPs, commissioners, local authorities and Healthwatch
- Discussions with 19 patients taken to A&E by ambulance and six relatives of other patients
- Discussions with A&E staff
- Observing patients waiting in ambulances for A&E handover
- Reviewing information held by CQC about SCAS and information from us
- Reviewed board papers
- Interviewed board members and senior managers
- Review of medicines management by a pharmacy inspector

The SCAS improvement plan

- Our improvement plan puts all the CQC actions and observations from the April/May 2022 inspections and the November 2021 inspection into four main workstreams.
- Each workstream has an executive director lead, senior responsible officer and non-executive director representatives.
- Workstreams have developed detailed action plans to cover all CQC observations with short, medium and longer term actions.
- Progress is being monitored by a dedicated programme team with regular reporting to a programme board and the Trust board.
- NHS England and our Integrated Care Systems are providing support and oversight.



The SCAS improvement plan

Workstreams and themes

Patient safety and experience	Culture and wellbeing	Governance and well-led	Performance recovery
<ul style="list-style-type: none">• Safeguarding• Patient safety and incident management• Medical devices• Medicines management• Infection prevention and control	<ul style="list-style-type: none">• People voice – speak up, listen up, follow up• Compassionate leadership• Abuse of power & sexual safety• Personal development, talent & CPD	<ul style="list-style-type: none">• Board information• Risk management• Staff communications and engagement	<ul style="list-style-type: none">• Response / waiting times• Demand / capacity• Staffing:• Training / support• Recruitment / retention

The SCAS improvement plan

Some immediate actions being taken include:

- Increased resources for safeguarding team, rapid strategic review of safeguarding commissioned, and new training programme developed.
- Increasing capacity in ambulance crews and call centres.
- New process for reviewing serious incidents and complex concerns.
- Enhanced equipment checks on 660 vehicles.
- Introducing secondary automated external defibrillators on all urgent and emergency frontline vehicles.
- Increased investment for Freedom to Speak Up function.
- Established women's staff network and campaign addressing sexual safety.
- Full governance review underway by NHS England specialist, completing in September 2022.
- Policy and procedure reviews and improvements across all areas identified by CQC.



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Trust wide must-do actions (1/2)

Actions the CQC identify as must-dos cover areas where inspectors identified action was needed to comply with legal obligations.

The Trust is required to address these areas by **31 October 2022** when the CQC will review our progress.

- Ensure all staff complete **safeguarding** training at the role appropriate level and any additional role specific training in line with the trust target.
- Ensure it takes **staff's concerns** seriously and takes demonstrable action to address their concerns. This to include where staff have raised concerns relating to bullying, harassment and sexually inappropriate behaviours.
- Ensure that **incidents** are identified, reported and investigated in line with the NHS Serious Incident Reporting Framework, that action is taken to mitigate risks and that learning is shared across the organisation.
- The board must be sighted on accurate information about **serious incidents** occurring at the trust to enable strategic oversight and planning.
- Ensure that where trends in adverse **incidents** are known that these are fully investigated, and action is taken to reduce future risks.

Continued...



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Trust wide must-do actions (2/2)

- Ensure that it meets the statutory requirements of the **duty of candour**.
- Ensure that it listens and responds to staff who raise **concerns** in line with their own policy and the Public Interest Disclosure Act (1998).
- Ensure the **governance and risks processes** are fit for purpose and ensure ongoing assessment, monitoring and improve the quality and safety of the services provided.
- Provide a separate **Mental Capacity Act (2005) Policy** and ensure that staff understand the principles and application of the Mental Capacity Act (2005).
- Ensure **medicines** are managed in accordance with the national guidance and that only authorised persons have access to controlled drugs.
- Ensure that systems and processes for managing **safeguarding** within the trust are adequately resourced, effective and monitored by the board.



Should-do actions

Whole Trust

- The trust should ensure it provides appraisals and continuous professional development to all staff.
- The trust should ensure that staff complete mandatory training appropriate to their roles and responsibilities.
- The trust should consider how to improve communication and relationships between staff and senior leaders.
- The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale.
- The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
- The trust should review the arrangements for the role of the FTSUG to improve the speak up culture.
- The trust should consider asking staff and patients with less positive experiences to present to the board to allow more opportunities for learning.
- The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest.
- The trust should consider revising their diversion policy to ensure they are transferred to hospital care in a timely way.

Should-do actions

Urgent and emergency care

- The trust should ensure that medicines are always kept safely, whether in stations or on vehicles.
- The trust should ensure that any shortfalls in infection prevention and control are reviewed, and action taken where needed.
- The trust should ensure ambulances are staffed by appropriately skilled crews.
- The trust should ensure that staff have enough time to report adverse incidents.
- The trust should ensure that staff, particularly newly qualified staff, receive appropriate clinical support and supervision to enable them to provide safe patient care.

Emergency operations centre

- The trust should continue to identify ways to recruit staff according to their current strategy in order to improve the call handling times.
- The trust should ensure all staff receive a timely appraisal to assure leaders that competency is maintained.
- The trust should improve response times in line with the Ambulance Response Programme.
- The trust should act to ensure the clinical welfare call are completed within the targeted timeframes.
- The trust should optimise information systems to make less labour intensive for staff and improve efficiency in reporting.
- The trust should review methods of communication between senior executives and call takers in the EOC to ensure important information is received and understood.



Positive recognition for staff and outstanding practice

Frontline staff were working hard to deliver compassionate care to people with whom they had contact. They were proud of their work and how they had managed throughout the pandemic.

We saw and heard about examples where staff had been particularly kind and 'gone the extra mile' to meet the needs of patients and their families.

There were numerous examples of innovative practice that supported people getting the right care, in the right place.

Outstanding practice

SCAS were the first ambulance service to work with an acute NHS trust and **introduce pulse oximetry to monitor the oxygen levels of patients with COVID-19** whilst they remained at home, to reduce the need for admission and improve both the patient experience and the burden of high admission rates on the NHS.

A trial of paramedic-led **home blood testing for frail and elderly patients who required an ambulance** helped to prevent the need for transfer to hospital in more than half of cases. In a pilot study led by SCAS and an acute NHS Foundation Trust, 52% of patients who were initially identified as requiring hospital admission were successfully managed at home. It was made possible by using specialist paramedics to take blood samples at the scene and discuss the results with hospital doctors remotely to determine the next steps.

An initiative developed by SCAS was seeing research paramedics arrive rapidly on scene to deliver **a new trial treatment for head injuries in older adults**. Led at SCAS by the assistant medical director, the move is part of a study into the use of a drug which may prevent life-threatening or life-changing bleeds on the brain, known as intracranial bleeding. Although traumatic brain injury (TBI) accounts for half of all trauma admissions in the over 50s in the UK, and is mostly due to falls, more than 90% of the 1.4 million TBIs seen in emergency departments each year are initially classed as 'mild'.

SCAS worked with Buckinghamshire New University, in partnership and the London Ambulance Service NHS Trust (LAS), to provide **a new BSc (Hons) Paramedic Science course** which started in September 2021.

Further examples of the Trust's innovation and outward looking focus are given on p29 of the report.



Further detail and progress updates

The report is published by the CQC at www.cqc.org.uk/provider/RYE

We will publish progress updates from October on our website at www.scas.nhs.uk/cqc

