Notice of Meeting

Oxfordshire Joint Health Overview & Scrutiny Committee

Thursday, 8 February 2024 at 10.00 am

Room 2&3 - County Hall, New Road, Oxford OX1 1ND

These proceedings are open to the public

If you wish to view proceedings online, please click on this Live Stream Link. However, that will not allow you to participate in the meeting.

Membership

Chair - Councillor Jane Hanna OBE
Deputy Chair - District Councillor Elizabeth Poskitt

Councillors:	Nigel Champken-Woods	Nick Leverton	Michael O'Connor
	Jenny Hannaby	Mark Lygo	Freddie van Mierlo
District Councillors:	Paul Barrow	Katharine Keats-Rohan	
	Sandy Douglas	Lesley McLean	
Co-optees:	Barbara Shaw		

Date of next meeting: *18 April 2024*

For more information about this Committee please contact:		
Scrutiny Officer	-	*Email: scrutiny @oxfordshire.gov.uk*
Committee Officer	-	*Scrutiny Team* *Email: Email: scrutiny@oxfordshire.gov.uk*

Martin Reeves
Chief Executive

January 2024

What does this Committee review or scrutinise?

- Any matter relating to the planning, provision and operation of health services in the area of its local authorities.
- Health issues, systems or economics, not just services provided, commissioned or managed by the NHS.

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer no later than 9 am four working days before the date of the meeting.**

About the Oxfordshire Joint Health Overview & Scrutiny Committee

The Joint Committee is made up of 15 members. Twelve of them are Councillors, seven from Oxfordshire County Council, and one from each of the District Councils – Cherwell, West Oxfordshire, Oxford City, Vale of White Horse, and South Oxfordshire. Three people can be co-opted to the Joint Committee to bring a community perspective. It is administered by the County Council. Unlike other local authority Scrutiny Committees, the work of the Health Scrutiny Committee involves looking 'outwards' and across agencies. Its focus is on health, and while its main interest is likely to be the NHS, it may also look at services provided by local councils which have an impact on health.

About Health Scrutiny

Health Scrutiny is about:

- Providing a challenge to the NHS and other organisations that provide health care
- Examining how well the NHS and other relevant organisations are performing
- Influencing the Cabinet on decisions that affect local people
- Representing the community in NHS decision making, including responding to formal consultations on NHS service changes
- Helping the NHS to develop arrangements for providing health care in Oxfordshire
- Promoting joined up working across organisations
- Looking at the bigger picture of health care, including the promotion of good health
- Ensuring that health care is provided to those who need it the most

Health Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 5 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the relevant part of the Oxfordshire (or wider) NHS system and/or to the Cabinet, the full Councils or scrutiny committees of the relevant local authorities. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

recycled paper

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note on the back page

3. Minutes (Pages 1 - 22)

To approve the minutes of the meeting held on 16 January 2024, and to receive information arising from them.

4. Speaking to or Petitioning the Committee

Members of the public who wish to speak at this meeting can attend the meeting in person or 'virtually' through an online connection.

To facilitate 'hybrid' meetings we are asking that requests to speak or present a petition are submitted by no later than 9am four working days before the meeting i.e., 9am on Friday 2nd February. Requests to speak should be sent to Scrutiny@oxfordshire.gov.uk.

5. Chair's Update (Pages 23 - 42)

Cllr Hanna will provide a verbal update on relevant issues since the last meeting.

There are TWO documents attached this item:

1. A HOSC report containing recommendations from the Committee on the future of Wantage Community Hospital in light of the completion of the Wantage Public Engagement Exercise and the recommendations from the NHS's co-produced report which were discussed during the 16 January 2024 HOSC meeting.

2. A HOSC report containing recommendations from the Committee on the Oxfordshire Place-Based Partnership.

The Committee is recommended to **NOTE** the Chair's update having raised any relevant questions.

6. South Central Ambulance Service CQC Improvement Journey Update (Pages 43 - 176)

Daryl Lutchmaya (SCAS Chief Governance Officer) has been invited to present a report with an update on South Central Ambulance Service's CQC improvement journey.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

PLEASE NOTE: There are 9 documents attached to this item, the first being the main report submitted by SCAS, and the remaining 8 constitute additional supporting information documents provided by the Ambulance Service.

7. John Radcliffe Hospital CQC Improvement Journey Update (Pages 177 - 192)

Eileen Walsh (Chief Assurance Officer, Oxford University Hospitals NHS Foundation Trust) has been invited to present a report with an update on the John Radcliffe Hospital's CQC Improvement Journey.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

8. Healthwatch Oxfordshire Update Report (Pages 193 - 206)

Veronica Barry, Executive Director of Healthwatch Oxfordshire will present the Healthwatch update report. The Committee is invited to consider the report and **NOTE** it having raised any questions arising from the contents.

9. Director of Public Health Annual Report (Pages 207 - 212)

Ansaf Azhar (Director of Public Health) has been invited to present the Director of Public Health's Annual Report.

The Committee is invited to consider the report, raise any questions and **AGREE** any recommendations arising it may wish to make.

10. Response to HOSC Recommendations (Pages 213 - 222)

The Committee has received Responses as well as Acceptances for the recommendations made as part of the following items held during the 23 November 2023 HOSC meeting:

1. Children's Emotional Wellbeing and Mental Health.

2. CAMHS Services Update

The Committee is recommended to **NOTE** the responses.

11. Forward Work Programme (Pages 223 - 226)

To **AGREE** the Committee's proposed work programme for the upcoming meetings throughout the remainder of the 2023/24 civic year and beyond, having raised any questions.

12. Actions and Recommendations Tracker (Pages 227 - 246)

The Committee is recommended to **NOTE** the progress made against agreed actions and recommendations having raised any questions.

Councillors declaring interests

General duty

You must declare any disclosable pecuniary interests when the meeting reaches the item on the agenda headed 'Declarations of Interest' or as soon as it becomes apparent to you.

What is a disclosable pecuniary interest?

Disclosable pecuniary interests relate to your employment; sponsorship (i.e. payment for expenses incurred by you in carrying out your duties as a councillor or towards your election expenses); contracts; land in the Council's area; licenses for land in the Council's area; corporate tenancies; and securities. These declarations must be recorded in each councillor's Register of Interests which is publicly available on the Council's website.

Disclosable pecuniary interests that must be declared are not only those of the member her or himself but also those member's spouse, civil partner or person they are living with as husband or wife or as if they were civil partners.

Declaring an interest

Where any matter disclosed in your Register of Interests is being considered at a meeting, you must declare that you have an interest. You should also disclose the nature as well as the existence of the interest. If you have a disclosable pecuniary interest, after having declared it at the meeting you must not participate in discussion or voting on the item and must withdraw from the meeting whilst the matter is discussed.

Members' Code of Conduct and public perception

Even if you do not have a disclosable pecuniary interest in a matter, the Members' Code of Conduct says that a member 'must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself' and that 'you must not place yourself in situations where your honesty and integrity may be questioned'.

Members Code – Other registrable interests

Where a matter arises at a meeting which directly relates to the financial interest or wellbeing of one of your other registerable interests then you must declare an interest. You must not participate in discussion or voting on the item and you must withdraw from the meeting whilst the matter is discussed.

Wellbeing can be described as a condition of contentedness, healthiness and happiness; anything that could be said to affect a person's quality of life, either positively or negatively, is likely to affect their wellbeing.

Other registrable interests include:

a) Any unpaid directorships
b) Any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority.

c) Any body (i) exercising functions of a public nature (ii) directed to charitable purposes or (iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management.

Members Code – Non-registrable interests

Where a matter arises at a meeting which directly relates to your financial interest or wellbeing (and does not fall under disclosable pecuniary interests), or the financial interest or wellbeing of a relative or close associate, you must declare the interest.

Where a matter arises at a meeting which affects your own financial interest or wellbeing, a financial interest or wellbeing of a relative or close associate or a financial interest or wellbeing of a body included under other registrable interests, then you must declare the interest.

In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied:

Where a matter affects the financial interest or well-being:

a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest.

You may speak on the matter only if members of the public are also allowed to speak at the meeting. Otherwise you must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 16 January 2024 commencing at 10.00 am and finishing at 14:00

Present:

Voting Members:

Councillor Jane Hanna OBE – in the Chair

District Councillor Elizabeth Poskitt (Deputy Chair)
Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nick Leverton
Councillor Mark Lygo
District Councillor Paul Barrow
District Councillor Katharine Keats-Rohan
Councillor Lesley McLean
Barbara Shaw

Officers:

Dan Leveson- BOB ICB Place Director, Oxfordshire
Lucy Fenton - Transformation Lead – Primary, Community & Dental Care Oxford Heath NHS Foundation Trust.
Susannah Butt - Transformation Director- Primary, Community and Dental Care.
Dr Ben Riley - Executive Managing Director- Primary, Community and Dental Care at Oxford Health NHS Foundation Trust.
Catherine Mountford- BOB ICB Director of Governance.
Kerry Rodgers- Director of Corporate Affairs at Oxford Health NHS Foundation Trust.
Karen Fuller- Corporate Director of Adult Social Care.
Ian Bottomley, Lead Commissioner – Age Well.
Pippa Corner- Deputy Director – Joint Commissioning; Health, Education and Social Care.

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

1/23 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

None were received.

2/23 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

Cllr Hanna declared her interest as working for the health charity SUDEP Action.

Cllr Haywood declared his interest in working for the NHS.

3/23 MINUTES

(Agenda No. 3)

The minutes of the committee's meeting on 23 November 2023 were assessed for their accuracy.

The Committee **AGREED** the minutes as an accurate record.

4/23 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The Chair invited the registered speakers to address the Committee.

1. Statement by Cllr Stefan Gawrysiak

Cllr Gawrysiak urged the Committee to ensure that the topic of Short Stay Hub Beds in Henley was not lost, and that strong answers needed to be provided to these questions. Accountability was imperative given the lack of consultation regarding this matter.

Cllr Gawrysiak made the following points:

1. In 2016 the Henley Step Down beds were NHS beds to relieve pressure on the Royal Berks. These were provided by the Oxfordshire Clinical Commissioning Group (OCCG) and were designated as permanent beds replacing the Peppard Ward Beds. The reference for this would be David Smith OCCG and John Howell MP.

2. In 2021 they were still permanent NHS Beds because a consultation was had by Kate Teroni (OCCG Chief Executive) to remove the 4 RACU beds.

3. Why had these permanent NHS Chiltern Court Beds been removed without consultation with GP's, patient Groups, RBH, Henley Town Council, Townlands Steering Group, and himself as County Councillor?

4. If their status had changed from being NHS beds, then it needed to be clarified when this change occurred as well as what consultation took place; including Minutes and Agendas?

5. These beds had been reduced from 125 to 63 and shortly to 40. Why had this process occurred without consultation and without having a geographical element?

6. Why was it that South Oxfordshire, Thame, Henley, Wallingford, had no beds at all?

8. How could it be right to place a vulnerable elderly patient in Banbury some 45 Miles away? Was it expected for elderly family members to catch a bus to see their loved ones?

9. Cllr Gawrysiak asked for the evidence that the reduction of these beds had been through the proper due process.

Cllr Gawrysiak emphasised that how could it be right to have a policy that stated that SSHB provision could or should not be predicated on some form of Geography, such that it left South Oxfordshire with no beds. Cllr Gawrysiak questioned as to how it was right to provide beds in Banbury, Chipping Norton, Oxford and Abingdon and not Henley/Thame/Wallingford/South Oxfordshire.

2. Statement by Janet Waters:

Janet explained that she was chair of the Bell Surgery PPG, and that she also represented the PPGs from the HenleySonNet PCN representing Bell, Hart, Sonning Common and Nettlebed Surgeries. Janet outlined that she was well aware of the history of the provision of Short Stay Hub Beds (SSHBs), having been a member of the Townlands Stakeholder Reference Group which gathered data and information concerning the use of the original 11 beds allocated to the Chiltern Court Care Home.

Janet stated that as representatives of patients in this PCN area, they objected to the closure of the 7 SSHBs provided in Chiltern Court Henley. There had been no communication or consultation before the final decision was taken. They were presented with a final decision that would impact patients in South Oxfordshire adversely. There may had been no legal requirement to consult; however, the lack of engagement and communication led them to have a negative view of the ICB and its provision of services. The target to reduce SSHBs by 50% in Oxfordshire was inequitable, as it left South Oxfordshire with no provision at all.

Janet stated that she was aware of the national targets regarding patients being discharged from acute settings to return home. The 95 % national target was not focussed specifically on the frail and elderly and meeting their medical and care needs. Care at home was indeed best, but only when the facilities were in place and if patients could cope in this setting. Driving decisions around the SSHBs to meet a

national target was unacceptable to the local population that were benefiting from the supporting step between hospital and home or another setting.

It was understood that the target of 24-48 hours discharges from RBH or OUH was not being met. There was a problem with discharge and the provision of care at home. There had been a pilot, however, the evidence of success had not been made known and patients who were frail and elderly could not be at home for 3 days prior to assessment of their needs. However, Janet explained that from first hand experience, it took 3 weeks and 5 phone calls to get a coordinator to visit her 97-year-old mother at home after discharge from RBH after a hip operation last April. Janet was informed by the Home First team that they could not meet the targets due to staffing issues and there were too many demands on their services. The additional care hours that were provided was welcomed. However, there was no evidence that the removal of the SSHBs was safe and that it did not disadvantage patients.

The GPs supporting patients at Chiltern Court advised that there was a high occupancy in those beds and that there was a requirement for such a facility.

Other initiatives such as Hospital at Home were welcomed. However, these new services did not replace the need for patients to leave acute settings as soon as possible and be helped to take the next step in their recovery through a SSHB for a few weeks if required. This arrangement was still in place in other ICB areas and offered comfort, support and recovery to the patient and their family and friends. Why was Oxfordshire removing this important facility from so many in South Oxfordshire?

Another issue was the provision of SSHBs procured through 'market factors'. This seemed like cost cutting and the decision to take no account of area led to inequality of provision and unacceptable levels of travel. The travel times by car, train and bus for families, friends and carers to these locations were unacceptable to their PCN area. Why was location not taken into account in the decision? How could these travel times be ignored in the Impact assessments? A two-tier system existed, consisting of those that could afford to pay post-acute discharge into a care facility to get back on their feet and those that cannot pay. Patients were paying £10000 for two weeks care and enablement post hip replacement as there was no one to care for them at home. This is unfair if only those more affluent patients will be afforded this facility.

Janet concluded by asking for a reconsideration of the decision to close the beds and to review the location of future provision. There was a great strength of feeling of injustice in her PCN area as to how their patients would be supported post-acute hospital discharge. No evidence had been seen that the resources and provision will live up to the rhetoric.

3. Statement by Robert Aitken:

Robert Aitken introduced himself as a resident of South Oxfordshire living in Bix & Assendon, and as former Vice Chair of Bix & Assendon Parish Council. He explained that he had a long participation with the Townlands Steering Group, and was a trustee of the League of Friends of Townlands Hospital as well as an Ambulance Service Community Responder for nearly 10 years.

Robert objected to the proposed closure of the SSHBs in Henley and fully supported Councillor Gawrysiack's efforts to have this decision deferred to allow proper consultation. This decision was taken without any communication, let alone consultation, with local interest groups, the community, or even GP surgeries. The existing bed hub had been well used and was valued by local GPs. The argument put forward against consultation was that it was not needed as the beds' contract was with Oxfordshire County Council, so not NHS beds. The beds were a direct replacement for NHS beds in the old Townlands Hospital under an NHS contract; if that was subsequently switched, that too was without communication or consultation; and the beds continued to function as step down NHS beds.

The sole justification appeared to be to fulfil a national target, effectively that no more than 5% of hospital discharges be to bed hubs or equivalent. This was an arbitrary nationwide target, and may or may not had been right as such, but for it to be a prescriptive local requirement irrespective of clinical need was inappropriate.

Furthermore, the implication that a small minority would require a step-down bed was not being respected for this large area of South Oxfordshire, as it would have zero beds. There was no guarantee of space in alternatives which were getting squeezed too. In any event they were not close enough for family participation in the recovery.

Robert understood that the enhanced Care in the Home Service to support this was not fully in place, let alone trialled, when this decision was taken. Since then, Government decisions to increase the minimum wage, resulting in further unfunded pressure on local authorities, and new limits on legal immigration of care workers' families, were likely to put further pressure on the labour-intensive home care system.

Robert asked the Committee to imagine the situation of an elderly person, possibly themself a carer, being discharged from hospital with a spouse unable to care for a rehabilitating partner, or with no-one at home. The idea of servicing this rehabilitating minority only via an uncertain drop-in care service did not bear thinking about.
Failure to get this right would be hugely detrimental to those patients affected and to the functioning of the main hospitals left with further bed blocking pressure.

Robert concluded with the following questions:

- Why had there been no prior consultation, and why the subsequent refusal by NHS representatives to engage except at the most minimal level?
- What evidence was there that this decision, supporting data, and its implications had been fully exposed to and approved by HOSC?

4. Statement by Victoria Wright:

Victoria introduced herself as having worked in the public sector for over 15 years, having also been involved in spending review submissions and strategic planning. Therefore, she was fully aware of the austerity measures for the last 12 years, and the impacts this has had on buying power in terms of number of staff due to salary

increases, and the rising costs of consumables and capital equipment. The NHS had not been immune to this, and the comments she was making were her personal opinions being grounded in the experience working in the public sector. Victoria became a member of the Wantage Town Council Health Committee in May 2023, and had been involved in the co-production exercise around the future of Wantage Community Hospital ever since. Victoria was impressed by the willingness of the Health partners to creatively develop a future for the local healthcare provision. This could not have been easy given the existing constraints, that they had come with ideas in relation to how they could work within the aforementioned constraints.

Throughout the Public Engagement Exercise, a number of stakeholder meetings were held, through which it became clear that there were 4 distinct needs for health services within Wantage:

1. Maternity Provision.
2. Access to local palliative care beds.
3. Access to Urgent Care through a Minor Injuries or First Aid Unit.
4. Access to local outpatient appointment following the success of the Pilot Schemes.

The above options were examined in detail by the NHS as well as by the Sub-Committee, and the NHS outlined that there were constraints around current workforce in specific areas as well as in funding for some options at this particular point in time. For instance, not only were the capital costs for a walk-in X-Ray facility unavailable at this time, but there was also a shortage of radiographers.

It was clear through discussions that both the size of the estate and the capital running cost would prevent all 4 of the aforementioned options happening within the Hospital. Victoria believed that the co-produced report provided a pragmatic and realistic set of recommendations on what could be provided at this point in time to provide the hospital with a sustainable future within the current funding constraints. The NHS had made an effort to ensure that the local community had been engaged in the co-production process thus far, including members of the co-production team standing in the market square to speak to residents; and that they had offered to continue engagements in the coming year. The engagements with Verve Consultants was also a useful addition to this process. At the local public meeting that was held the week prior to the HOSC meeting, residents raised concerns that some options were not being provided for given the growing population in Wantage. This was covered in the motion passed unanimously by the Town Council.

Victoria urged the Committee to consider this motion, and in particular, to consider the part of the report that mentions there would be ongoing considerations to Urgent Care and to a local offer of palliative care. Overall, the co-production exercise was a positive process with good engagement from the NHS. Victoria welcomed firm commitments from the NHS to explore all the recommendations, and expressed that it was not advisable to refer this matter to the Secretary Of State for Health and Social Care at this time, as doing so would add significant delays and lead to a likely loss of CIL (Community Infrastructure Levy) funding, which was the only source of

capital funding at this time. A referral would prevent modernisation and keep the hospital in a temporary and insecure future.

5/23 CHAIR'S UPDATE

(Agenda No. 5)

The Committee Chair outlined the following points to update the Committee on developments since the previous meeting:

1. A report containing recommendations from HOSC had been submitted to Oxfordshire CAMHS.

2. A document containing feedback collated from HOSC on the most recent Health and Wellbeing Strategy Document for Oxfordshire had been shared with Public Health Officers. It was crucial that HOSC had ongoing engagement with any future delivery plans for the Health and Wellbeing Strategy once these were produced.

3. The Chair and Health Scrutiny Officer had met with the SCAS Chief Governance Officer to commission a paper for the February HOSC meeting, on an update on the Ambulance Service's Care Quality Commission (CQC) improvement Journey.

4. The Chair and Health Scrutiny Officer had met with Karen Fuller (Adult Social Care Director) to discuss the reasoning behind the closure of Short Stay Hub Beds in Henley, as well as to understand how this sat in the broader context of providing support to people who left hospital within their own homes.

5. An updated matter that was advised to the Committee in June last year regarding medicines and epilepsy had since been communicated as a central safety alert CAS-ViewAlert (mhra.gov.uk). A letter had been sent by two leading epilepsy charities, Epilepsy Action and SUDEP Action (Oxfordshire based); to the Neurological Alliance who had made this available to national policy makers. Epilepsy Action, SUDEP Action, and Neurological Alliance had requested that this letter be tabled urgently at Oxfordshire JHOSC because of the deadline for ICB action plans in this matter by 31st January; and the likely impacts on Oxfordshire patients, clinicians, and NHS management. A letter was also tabled from Professor Marian Knight (University of Oxford) in support and the Chair stated that she had received serious concerns from Oxfordshire clinicians. A question was raised about concerns of medicine shortages for anti-seizure medications and it was also raised that the medicine is used for mental health as well as for epilepsy.

The Committee **AGREED** to **DELEGATE** this matter to the scrutiny officer and Chair to:

1. Liaise with the ICB with a view to an update regarding the ICB response to the alert and required local action plan to date, and consideration of the suggestion by patient charities that a delay is sought to implementation of this

measure because of the severe pressures in the NHS and until adequate resources could be made available to local systems. This was based on an understanding of the likely impacts and how best to support clinicians, patients, and managers.

2. Write a letter to the Chair of the Parliamentary Health Scrutiny Committee requesting consideration of scrutiny of the latest safety alert given; the proposed timescales for implementation, the lack of a national impact assessment, or the lack of resources to support the new requirements.

6/23 WANTAGE COMMUNITY HOSPITAL UPDATE

(Agenda No. 6)

Daniel Leveson (BOB ICB Place Director, Oxfordshire); Lucy Fenton (Transformation Lead – Primary, Community & Dental Care, Oxford Health NHS Foundation Trust); Susannah Butt (Transformation Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust); Dr Ben Riley (Executive Managing Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust); had been invited to present the final co-produced report providing details on both the outcomes of the Public Engagement Exercise around Wantage Community Hospital, as well as on the final offer as to which specific services would be provided at the Hospital following the closure of the in-patient beds in 2016.

It was highlighted that the Committee had received a written report from the Health Scrutiny Officer, which provided some context as well as clarity over the process around the decision that the Committee were required to make during this item.

The Committee Chair explained that the members of the Substantial Change Working Group (Cllr Hanna, Cllr Barrow, Cllr Champken-Woods, and Cllr Hayward) had considerations as well as provisional recommendations which were to be shared verbally with the Committee by herself.

The Chair reminded the Committee that 31 January 2024 was the date that formal powers of referral to the Secretary of State by HOSCs were to be removed by the government, and that this had influenced the necessary timing of this extra meeting and the intensity of work; including the public meetings that had been held in the lead up to the HOSC meeting.

The Oxford Health (OH) Executive Director of Primary Care and Community Services explained that the Public Engagement Exercise had represented an intense piece of work over the last 6 months, and it presented a fantastic opportunity to engage with local representatives and members of the stakeholder group to determine a secure future for Wantage Community Hospital. It was explained to the committee that the coproduction with the local stakeholder reference group had shared various different sources of information and types of data available on the health needs of the population (including the Joint Strategic Needs Assessment as well as service data) that supported the findings in the report.

The Committee were informed of the importance of the local community's engagement in the exercise and its stakeholder engagement events, and how the NHS had taken the views of the local community seriously and that these had influenced the recommendations.

The OH Executive Director of Primary Care and community Services also reiterated the three scenarios as to how the hospital's future ground floor services that were presented to the community during the engagement exercise, and explained that there were some key principles that would be used to guide the decision as to the future services. Such principles included a consideration that the community wanted clarity about a secure future for the community Hospital and that it was imperative for there to be sustainability around the future services that would be agreed and delivered.

It was explained to the Committee that the recommendation that was ultimately proposed in the co-produced report was that the closure of the inpatient beds would become permanent, and for the redevelopment of the ground floor of the hospital into a clinic-based facility.

The OH Executive Director of Primary Care and Community Services stated that the Trust would progress an application for Community Infrastructure Levy (CIL) funding to support the refurbishment of the hospital's ground floor, but that the application would only proceed depending on the decisions of HOSC on the report.

The Committee were informed that letters of support had also been obtained from key stakeholders, who were supportive of the recommendations outlined in the co-produced report. These included letters of support from Oxford University Hospitals NHS Foundation Trust as well as Oxfordshire County Council.

The BOB Integrated Care Board (ICB) Place Director for Oxfordshire also expressed thanks to Wantage Town Council and the stakeholders who participated in the Public Engagement Exercise; and explained that upon assuming his post as ICB Director of Place he had heard two things. Firstly, that the community wished to reengage with the NHS; and secondly, that they wished to resolve a secure future for Wantage Community Hospital. The Place Director thanked the Town Council and Stakeholder reference group for engaging in the process which had planned outcomes.

Cllr Hannaby, Chair of the Wantage Town Council Health Committee, was invited by the Chair to read out the motion that was passed unanimously:

"The Council notes that the co-production exercise had determined that:

1. *On average 1361 OX12 residents per year currently access the Minor Injuries Units elsewhere in the County – predominantly in Abingdon. It's estimated that this will grow to 1745 visits per year with the forecast population growth.*
2. *Approximately 60 OX12 residents through the year are placed in In-patient Community Hospital beds elsewhere in the County (5 per month with a 34 day average stay). This number is not expected to grow due to the changes in alternative health and care pathways.*

3. *Currently, 1445 OX12 residents per year have used the ophthalmology outpatient appointments pilot at Wantage Community Hospital. The ICB have indicated that approximately 21,168 OX12 residents per year would benefit from expanded outpatient services if additional clinic space was made available (30,240 visits in total).*
4. *Within the hospital building there is insufficient space to provide more than one of the options of inpatient beds or expanded outpatient clinic offering.*
5. *The capital cost of providing a MIU in Wantage would be in excess of £3 million given the need for it to include comprehensive X Ray facilities to be fully viable.*

Given the above the Council is minded to support the recommendations of the co-produced report. Namely the permanent retention of existing outpatient pilot clinics and additional outpatient services which would be facilitated by accessing approximately £600,000 of CIL funding to carry out necessary refurbishments and other capital expenditure.

In agreeing to the above the Council also:

1. *Welcomes the commitment by the ICB to bring forward plans to source palliative care beds in the local community but also will continue, through discussions with Health partners including OCC Social Services, to seek ways by which early discharge and inpatient rehabilitation can be provided locally – for example within local nursing home settings.*
2. *Appreciates the engagement with health partners so far and wishes to continue this to identify means by which services provided by a Minor Injuries Unit or First Aid Unit could be sourced locally. For example, we note that GP led Urgent Treatment Centres are provided in some communities and would, inter alia, wish to explore if this is a facility that could be provided at Mably Way."*

Cllr Hannaby added her own observation that she hoped that in the future there could be local availability of national capital funds for much needed local health resource. However, Cllr Hannaby emphasised that Wantage Community Hospital needed to have a permanent future as local councillors had been active in pressing for this as far back as 2006 when plans for the closure were made public. The plan, funded by CIL capital and existing revenue, would give the hospital this security and additional much needed hospital services. Working on the plan would mean continued trust in the NHS and a leap of faith, but she welcomed co-production and thanked the BOB ICB Director of Place for his offer to meet with the public again in June to share progress.

The NHS were asked for their response to the Wantage Town Council motion, and the BOB ICB Director of Place welcomed the motion and thanked the Town Council and the stakeholder reference group. The Place Director explained that the NHS would clarify that the 3 million costing for a walk-in Xray is for capital and revenue costs and that the palliative care commitment was to continue to work with stakeholders so that Wantage would be included as a local area for additional services.

The HOSC Substantial Change Working Group welcomed the good understanding that had been achieved and that once delivered, the plan would give Wantage Community Hospital a sustainable future and would provide a growing population with a foundation of increased hospital services for the community for the next few years, and that this could be built on as and when the context of financial, estate, and workforce constraints improved.

The Chair highlighted that the Substantial Change Working Group had considered the co-produced report, and through scrutiny of the NHS engagement with the community and in agreeing to the recommendation NOT to refer this matter to the Secretary of State for Health and Social Care, had taken the following key points into consideration:

1. There was evidence of an intensive and good engagement process over six months: The Working Group considered that this had been a much improved experience for the stakeholder reference group and Wantage Town Council Health Committee. The HOSC Working Group and officer worked intensively since the February HOSC meeting through to now with direct scrutiny and weekly engagement. The Working Group expressed thanks to the NHS partners, the Wantage Town Council Health Committee, and the stakeholder reference group which included the previously worked with community on the OX12 who had been involved throughout. The wider Committee also thanked the public who participated in public meetings as well as the survey.

2. The Working Group noted that the report presented included a time-tabled plan to modernise the hospital, confirm temporary specialist clinics, and to open new hospital services. This differed from the experience of the community and HOSC of the OX12 project which, after a lengthy process, resulted in a report in January 2020 that recommended the hospital inpatient beds, subject to further work to confirm, should permanently close without any proposed plan for improved hospital services or a timetable.

3. The NHS had also agreed to both the size of the population currently at 33,179 rising to 41,000 by 2030, as well as the history of the community hospital with the stakeholder reference group with the assistance of HOSC research. The NHS offer contained in the report, once delivered, would provide expanded community-based specialist clinic provision at a time of growing need and integration across the NHS to better join up as well as increase provision.

4. The likely loss of the benefit to Wantage Community Hospital and the area's residents of CIL (Community Infrastructure Levy held for NHS health improvements in the Vale of White Horse) funding for the refurbishment of the hospital, and the likely loss of benefit of securing the future of the hospital for hospital specialist services was also taken into account. The Committee had heard from clinicians who had led the existing temporary hospital clinics that they wanted their clinic to be

confirmed rather than being temporary in nature. The Working Group (and wider Committee) also heard from the public, who did not wish to lose the ophthalmology and other temporary clinics at the hospital.

5. The stakeholder group had agreed that the plan proposed had to be sustainable to avoid the loss of services. Working up a plan had to take account of the enablers and constraints, as this would be crucial for sustainability of the plan as well as hospital-like services more broadly. The key enablers and constraints were shared with a Stakeholder reference group workshop and meetings, and were also subsequently shared with the public. These included:

    (i) Constraints of the estate available for hospital services in the community. Additional space had been a matter of liaison by the NHS with regard to whether estate was available at Mably Way Primary Care Network, although there was no available space at this time.

    (ii) The national context regarding capital available for local infrastructure improvements meant that the only funding available were CIL funds held for health at the Vale of the White Horse. This was the funding available if made a priority by the NHS. This would happen if the HOSC supported the proposed recommendations in the co-produced report, with ongoing local scrutiny. A referral to the Secretary of State would have resulted in a delay to this funding.

    (iii) There were also constraints related to workforce. Dr Ben Riley had explained to the public that there were serious shortages of workforce in some areas such as radiography for X-ray services. However, other areas of the workforce were well provided for such as community nursing.

6. The Working Group were pleased to see the letters of support and assurances that were provided with the co-produced report. It was reassuring to see the expressions of support for the proposed recommendations in the co-produced report from both Oxford University Hospitals NHS Foundation Trust as well as Oxfordshire County Council.

7. The Working Group were pleased to see that there was a commitment to ongoing co-production with the community as part of the project delivery plan for reconfiguring the services to be provided on the ground floor of the hospital and wider integration. It was also positive to see that the offer was being made to meet with the public to report progress against the project in June.

The Committee were informed that 2022 marked the reopening of live births following OUH and HOSC liaison and the Wantage Stakeholder reference group; and the NHS had decided it would not be of interest to reopen this discussion as this service was confirmed. Options for the use of the ground floor were tested in respect of an inpatient hospital unit or repurposing the clinical space for a mix of specialist outpatient clinics with a mixture of preventative and urgent care. A data pack as well as the outcome of public engagement had been shared with the stakeholder reference group at a workshop on the 4 December 2023. Oxford Health would prioritise confirming the temporary clinics with Oxford University Hospitals and would close the beds permanently so that the exact mix of additional specialist clinics could be worked up.

In terms of alternatives to in-patient beds, it was welcomed that the report recognised that the contributions from lived experience of being sent home from hospital were mixed and that improvements to the service had been introduced in December, and there was a commitment to learn from the contributions of the Wantage public through the Wantage public engagement exercise.

In terms of how and when CIL funding would be secured, the BOB ICB Director of Place reported that there had been communication with the CEO of the Vale District Council already. It was also the Substantial Change Working Group's understanding that provisional holdings of CIL funding with an estimate of the finance required could be made easily pending any formal application for funds. It was clarified that it would be Oxford Health NHS Foundation Trust that would make formal decisions concerning the hospital and make the application with system support for the funding. The committee was strongly of the view that a provisional holding of £600,000 be made by the NHS as soon as possible after the meeting.

In response to a query from the Committee regarding the assurances that Oxford University Hospitals could provide, the Trust's Director of Strategy and Partnerships gave assurance that she had attended the Wantage Community Hospital workshops. The Trust had a proven track-record of bringing out specialist clinics to Wantage Community Hospital. Hospital specialists liked coming to Wantage Community Hospital and the provision of additional clinics in community settings was very much part of the OUH strategy. The Director confirmed the commitment of existing clinical leads for their existing clinics as well as for working with partners to match the needs of the community with what additional hospital services OUH could deliver.

Moreover, the Committee also sought reassurances as to the liaison with Wantage Primary Care Network (PCN) for the proposed recommendations in the co-produced report. Oxford Health reported that liaison with the Primary Care Network with Dr Brammell had been effective. Dr Brammell had attended workshops also. There was a timings issue regarding receiving a communication from the PCN as the lead for the project was on maternity leave. Oxford Health had liaised with Dr Elaine Barber, the new clinical lead to ensure that the clinical lead received the report. Oxford Health were confident the PCN would be supportive of the plans, and that Dr Barber specified that she would have expected that if there were any concerns at all, that these would have been communicated.

It was emphasised by the Committee that ongoing scrutiny was essential going forward on both the process as well as the outcomes around the key stages outlined in the proposed project delivery plan. The assurance of coproduction was important

as the exact outcomes would depend on each additional service and could include research as well as performance outcomes for the population.

The Committee **AGREED** to the following recommendation made by the HOSC Substantial Change Working Group:

1. That the matter of the closure of inpatient beds at Wantage Community Hospital is NOT referred to the Secretary of State for Health and Social Care.

The Committee also **AGREED** to issue the following recommendations to the NHS:

1. That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the in-patient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding these specialist services.

2. That the Project Delivery Plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.

3. For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals, Oxford Health, Oxfordshire County Council, Wantage Town Council, and HOSC; with a view to plan for continued momentum on co-production and agreed scrutiny moving forward.

7/23 SUPPORT FOR PEOPLE LEAVING HOSPITAL; AN UPDATE ON THE OXFORDSHIRE WAY

(Agenda No. 7)

Karen Fuller (Director, Adult Social Care) and Ian Bottomley (Lead Commissioner, Age Well); have been invited to present a report on the Oxfordshire Way and the support provided to people leaving hospital.

The Chair highlighted that the purpose of this item was to receive an update on the support for people leaving Hospital and the Oxfordshire Way. It was emphasised that upon commissioning the paper for this item, the Committee sought an outline as to the kind of support that residents could receive upon being discharged from hospital, and to look at this in the context of the Discharge to Assess (D2A) Process and the Oxfordshire Way.

The Chair also specified that key attention should be placed on the rationale behind prioritising care at home, and any National Directives and Nationally set Targets around this; and that it was also important for the Committee to understand how effectively the D2A process was working, and how it met people's healthcare needs.

The Lead Commissioner for Age-Well informed the Committee that Oxfordshire was on a journey to improve how the system helped people leaving hospital. Oxfordshire

needed to ensure that 95% of people leaving hospital returned to their usual place of residence. Oxfordshire was focused on getting people home and had rolled out a Home First D2A to achieve this. It was more possible to move to this approach due to operational and commissioning improvements that had been made, and the Home First D2A was better for Oxfordshire's residents.

The Committee were informed that Oxfordshire also utilised short-term bed options each winter to increase flow out of hospital and to keep A&E moving, leading to the short stay hub model. Short-term beds created a further step in the onward journey, and they needed social work, therapy and medical cover to each bed. Most of the people in those beds eventually went home (over 70% of people in short stay hub beds). Oxfordshire was required to get 95% of people directly home from hospital; however the current achievement was 91-92%. There had been an improvement to the flow home through reablement, where 78% of people were now discharged without requiring any further care. In order to get to the 95% target, there was a need to support 15-20 people from bed-based to home-based pathways. The learning from the discharge to assess pilots indicates that only 33% of people waiting in beds for long-term care actually required that care. Getting people home first was therefore in line with national policy; the right thing to do for residents in line with the Oxfordshire Way; and was now possible because of changes that had been made in the Oxfordshire system.

The Committee were also informed about the Transfer of Care Hub in the hospital; which allocated patients to the appropriate discharge pathway, anticipated and pre-empted any barriers to discharge, and promoted a discharge to assess approach.
In regards to the Home First D2A model, there had been extended reablement through national Additional Discharge Funding to extend the reablement model to include:

1. Short-term live-in reablement care and/or
2. Short-term waking nights to support reablement
3. Discharge to assess pick-ups

It was also explained to the Committee that there had been increases in capacity to enable people to be supported at home including:

1. Short-term additional support from local providers to deliver the Home First D2A model funded from Additional Discharge Funding.

2. Increases in care hours delivered at home under the Live Well at Home framework from 27,888 to 31,095 per week from December 2022 to December 2023, an increase of 7.65%.

Additionally, the Director of Adult Social Care outlined a resident's story which demonstrated the impact of Home First D2A. The experiences of the resident (Beth) with the D2A process had been indicative of the effectiveness of this model. It was explained that through adequate support, Beth was able to make a recovery in just 19 days and had fully regained her independent lifestyle. The Director of Adult Social Care also reiterated that it was important that the support for people leaving hospital is looked at as a system. Historically, Oxfordshire had not performed well with

regards to Delayed Transfer of Care, and therefore, something had to be done differently. Oxfordshire was, in comparison to other areas, ahead of the curve in terms of the Transfer of Care Hub. The Adult Social Care Director emphasised that the Transfer of Care Hub was genuinely a multidisciplinary team, with input from Adult Social Care also.

The BOB ICB Place Director added that Oxfordshire was working well as a system, and that the NHS and the local authority should be congratulated for this. There was a commitment to continue to work toward building the Partnership between the NHS and the County Council, as well as to support people to live well independently in their homes.

In response to a query from the Committee regarding the level of public or stakeholder engagement around prioritising support for people in their homes and the decisions made in this context, the BOB ICB Place Director explained that the engagement could have been better, and that lessons will be learned from the public engagements undertaken in Wantage as part of determining the future of Wantage Community Hospital. The Director of Place outlined that the system needed to find ways of communicating with the public and stakeholders regarding some of the ensuing changes as well as some of the positive developments and activities undertaken by the system; including around the Transfer of Care team, the D2A, the Urgent Community Response, the Virtual Wards, and the Hospital at Home. All of the improvements in these aforementioned areas were enabling the system to provide better support for people in their own homes and giving people the independence that they want.

The Committee asked the following three questions in relation to the withdrawal of Short Stay Hub Beds (SSHBs) in Henley:

1. Who was responsible for commissioning these beds?
2. What engagement had there been around the withdrawal of these beds, and when specifically did any engagements occur?
3. What would the potential consequences be of delaying the closure of these beds?

The Director of Adult Social Care responded that the County Council had commissioned these beds on behalf of the system. SSHBs were initially put in place in Oxfordshire at a time when the system did not have the capacity to enable flow. It was emphasised to the Committee that these were not statutorily required beds, and were established at a point in time to help with system flow. These beds had previously been flexed, particularly during the winter months when demand for these beds may had been higher. Another important consideration was how the Oxfordshire Pound was maximised to ensure that people received the best benefits. Therefore, the system would flex beds up and down as required. The Director of Adult Social Care also explained that 17 SSHBs were already closed in the North of the County, and that the flexing of SSHBs was an indication of business as usual. The Committee were informed that initially, the hub beds were commissioned by Oxford University Hospitals NHS Foundation Trust, and that this had destabilised the market. It was decided that the County Council was the best place for these beds to be commissioned as it had the best relationship with the market.

It was also reiterated to the Committee that considerations of how to best maximise the use of the Oxfordshire pound was a factor in determining the closure of the SSHBs in Henley, which had cost £11000 a week in totality to remain in place. However, the Adult Social Care Director emphasised that the withdrawal of the beds was not driven purely by financial considerations, but was also a crucial element of supporting people at home and helping them to regain independence.

The Director of Adult Social Care also explained that it is difficult to determine what people need when they were in a hospital bed. Therefore, if people were enabled to go home with the necessary wraparound care, including with Occupational Therapy, Social Workers, as well as Urgent Care at home, this would also make decisions regarding people's long-term care needs much more effective.

The Committee urged for there to be more effective communication with the public and key stakeholders around the broader context in which the withdrawal of SSHBs were taking place. This would allow for both a greater understanding as to why such withdrawals were occurring as well as a reassurance to residents as to the alternative services that would be provided to them in the absence of these beds.

The Committee enquired as to whether there was adequate support for people being discharged from hospital whilst they were at home within the 72 hours? It was queried as to who the assessor would be upon arriving home from hospital, and as to how soon after arriving home would the assessment take place. The Deputy Director of Adult Social Care responded that the Transfer of Care Hub, which operated in the hospital, would review all the referrals that came in when a patient was ready for discharge. As part of this process, a multidisciplinary team in the Hub would determine whether there were concerns with a patient's home environment. If any concerns were identified, such as equipment needing to be provided or furniture needing to be moved, efforts would be made to put things in place in preparation for the patient's return home. However, in circumstances when concerns had been identified subsequent to a patient already being discharged and arriving home, social care teams (including Occupational Therapy, social workers, and coordinators), were able to respond very rapidly to resolve the concerns or to ensure same day equipment was provided. In cases where patients already had a relative at home who was able to help support them upon arrival, a mutual agreement may be made that the patient is discharged initially but that the domiciliary provider would arrive as soon as possible to set up the care and understand what was required.

The Committee referred to how the report referred to the importance of getting people discharged and assessed at home wherever possible, and enquired as to the extent to which the suitability of a patients home was taken into account prior to discharge. The Director of Adult Social Care explained that there may also be requirements for shower or bathroom adaptations, but that was not a significant risk in the short term, as support could be provided for discharged people to wash alternatively pending the completion of the adaptation work for instance.

The Committee emphasised that some patients who were discharged may require ongoing support in taking their medications appropriately, and queried as to whether this was being taken into account, and the measures that would be taken to provide

support in this regard. It was responded that support for patients and their medications is undertaken as part of the original setup with the domiciliary provider, who are certainly experienced in being able to support people with their medication needs. The Home First team was also looking at a range of technologies that could support with medication reminders and in helping people to be able to take charge of their own recovery journey and their ongoing needs when it was appropriate to do so. However, for individuals who had a broader package of care, support with medication was incorporated into their ongoing care plan.

The Committee referred to the live well at home providers, and enquired as to how many organisations were being worked with that provided this care, how flexible they were, and whether there was an appropriate level of workforce in this area. The Lead Commissioner for Age Well responded that there was a need for flexibility in their teams, and that things were improving in that regard. A lot of work was undertaken with the providers, and that providers had been expected to be much more sophisticated in their ability to recycle the right staff. Providers had also been encouraged to think about how they organise the right people to the right space so that they could work 7 days a week. There had also been an advantage from the additional discharge funding, which had been used to fund some short-term arrangements with other providers.

The Committee enquired as to whether a hierarchy existed for the purposes of monitoring providers, particularly if something were to go wrong in the services that were supposed to be provided. It was also queried as to whether there was a clear and accessible complaints process for discharged patients to be able to access if they were not satisfied with the services they were receiving. The Deputy Director of Adult Social Care explained that it was crucial to take into account that all the relevant teams were working across the board providing many care hours every week. All providers worked to a quality assurance framework that ensured that mechanisms were in place to escalate with health professionals if there were any concerns. Having multiple teams working collaboratively provided the advantage of identifying any issues or challenges with a discharged patient early on. Work was also undertaken with providers to look at incidents and to determine whether the right escalations were made at the right time and whether the right health professional was contacted. It was also highlighted to the Committee that the Adult Social Care team were not medical professionals, although they were competent in being able to recognise the changes in an individual's circumstances and in being able to send up the signal to relevant providers who will help them to resolve such issues. There were adult social care link workers working alongside domiciliary providers, and therefore there were a number of individuals who had eyes on a discharged person, and they could make escalations as appropriate.

The Committee queried as to whether patients who were being discharged were provided with written information or a leaflet with details on the services they would receive, and whether this included information on who to contact if they had any concerns. It was explained to the Committee that a Home First leaflet was being updated, and that there was a leaflet in development which covered all the discharge pathways and was going to be ready imminently.

The Committee enquired that given the system's commitment to ongoing learning and evaluation, would there be considerations to take into account the outcomes and feedback of the recent Public Engagement Exercise held in Wantage around the

future of the Wantage Community Hospital. The ICB Director of Place responded that the Wantage engagement exercise was discussed at the ICB's executive management committee, and the case of Wantage was being utilised across the BOB footprint as an example.

The Committee enquired as to how effective the communication and coordination was between the NHS and Care Providers. It was explained to the Committee that system meetings were held daily, where points of escalation or concern are raised. Therefore, there were daily escalations within the system that were being heard and addressed.

The Committee queried that despite the positive factor of most people having a preference for being at home as opposed to in a bed, were there any potentially negative consequences if Oxfordshire was not meeting nationally set discharge targets, such as reductions in funding, and whether this might have been a vital context for the closure of beds. It was responded that the system had to demonstrate how effectively the money had been invested to make a difference to the residents of Oxfordshire. The case for having additional discharge funding was dependent on meeting discharge targets, and it would be difficult for Oxfordshire to argue the need for further funding if such targets were not being met. In response to a query by the Chair as to how this would influence the public or stakeholder engagements that took place, the BOB ICB Director of Place explained that at times decisions had to be made in an agile a manner as possible and that some of the system's capacity had to be flexed in some occasions. The Director of Place also specified that the system needed to find ways to have conversations with communities in regards to some of the changes that the system would need to make. But this would require bandwidth, capacity, and immense time and effort on the part of senior officers to be able to reach out and talk to all communities.

The Committee queried whether there were any indications to suggest that the use of D2A had actually resulted in an improvement of hospital flow within Oxfordshire. It was outlined to the Committee that the D2A process was slowing the growth in the demand for hospital services, and was also reducing delays to discharging.

The Committee enquired as to whether there was a consistent criteria that was utilised to determine which patients would be more suited to the D2A process. The Deputy Director of Adult Social Care responded that the Transfer of Care team were charged with looking at the initial referrals and making a pathway decision. The system was working hard collectively to make such discussions around a patient's discharging arrangements as robust as possible. People working in the Transfer of Care team had access to a whole range of health and social care systems to help understand what was most appropriate for each patient.

Related to the above point, the Committee also enquired as to what would occur in the event of a patient refusing to leave hospital due to concerns regarding the care they will receive upon being discharged. The Director of Adult Social Care explained that there were processes around how to deal with such circumstances in the rare occasions when they do arise, and that there were also choice protocols across all hospitals in Oxfordshire. In such circumstances, patients would also be advised on what the consequences of them remaining in hospital may be on other patients who may urgently require hospital admission.

The Committee queried as to how long the system had tracked outcomes for people discharged home, and how long subsequent trips to hospital were observed. It was responded that the system worked collectively to track individuals who have had made frequent subsequent trips to hospital. Data was also looked at by the system to monitor if a particular individual has had regular trips to hospital subsequent to being discharged, and decisions could be made as to how to provide an alternative service to such individuals that may be more suited to their needs.

The Committee emphasised that there were existing pressures within primary care, and queried how well-resourced neighbourhood teams were in the context of such pressures, and whether there was further funding for these teams or if it was a case of joining up existing provision. The BOB ICB Director of Place specified that there was some funding that was secured for integrated neighbourhood teams. However, part of this would also include utilising resources that had already existed in the system, as well as attempts to secure further avenues of funding.

The Committee **AGREED** to issue the following recommendations:

1. That a process of learning and evaluation is reviewed and developed. It is recommended that input from Healthwatch Oxfordshire and service users is also enabled inasmuch as possible so as to improve the process of learning and evaluation.

2. For the establishment of clear KPIs for the purposes of measuring the performance of services delivered under Discharge to Assess and the Oxfordshire Way. It is recommended that there is clear transparency around this, alongside the inclusion of lived experience (including the learnings from the data in the Wantage area co-production work) and the evaluation of long-term outcomes.

3. For communications and regular public engagement to be adopted so as to provide reassurances to the public as to the quality of the services they could expect to receive upon being discharged from hospital; and for any additional feedback from the public or stakeholders to be heard.

4. For patients to be clearly communicated with in relation to the services they will receive upon being discharged from hospital. It is also recommended that leaflets for patients include an outline of the complaints processes in place.

5. To ensure that staff who provide support for discharged patients at home receive adequate and ongoing training.

6. To ensure that integrated neighbourhood teams are sufficiently resourced and geographically spread in as appropriate a way possible so as to meet demand across both rural and urban areas. It is recommended that any available resources are maximised to meet demand for support at home.

It was also **AGREED** that site visits would be arranged to provide the Committee with insights into how the Discharge-to-Assess process functioned in practice.

8/23 RESPONSE TO HOSC RECOMMENDATIONS
(Agenda No. 8)

The Chair outlined that the Committee had received acceptances and responses to each of the 4 Recommendations made by the Committee during its item on Winter Planning in its meeting on 21 September 2023.

The Committee **NOTED** the responses.

9/23 FORWARD WORK PLAN
(Agenda No. 9)

The Chair and Health Scrutiny Officer provided a brief outline of the items to be held in the remainder of the Committee's meetings in the 2023-2024 civic year.

The Health Scrutiny Officer informed the Committee that the ICB's Primary Care Strategy would be scrutinised by BOB HOSC, whilst this Committee would examine GP and Dentistry Provision at Place-level within Oxfordshire.

The Committee **AGREED** the proposed work programme for the upcoming meetings throughout the remainder of the 2023/24 civic year.

10/23 ACTIONS AND RECOMMENDATIONS TRACKER
(Agenda No. 10)

The Committee **NOTED** the progress made against agreed actions and recommendations.

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Date of signing .....

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OXFORDSHIRE COUNTY COUNCIL

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC): Wantage Community Hospital Update Item

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. At its meeting on 16 January 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the future of Wantage Community Hospital.

2. The Committee felt it was crucial to receive an update on the outcome of the Public Engagement Exercise undertaken by Oxford Health NHS Foundation Trust and key local stakeholders, with a view to receive an understanding of which specific hospital-like services would be delivered on the ground floor of Wantage Community Hospital. Lucy Fenton (Transformation Lead – Primary, Community & Dental Care, Oxford Health NHS Foundation Trust); Susannah Butt (Transformation Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust); Dr Ben Riley (Executive Managing Director-Primary, Community and Dental Care, Oxford Health NHS Foundation Trust) were invited to discuss the final co-produced report providing details on both the outcomes of the Public Engagement Exercise around Wantage Community Hospital, as well as on the final offer from the NHS as to the future of services that will be provided at the Hospital following the closure of the in-patient beds in 2016.

3. The previous OX12 project involved working with the community as well as a HOSC Working Group between 2018 and 2020. The final report recommended the likelihood of the closure of the beds being permanent. Nonetheless, there was no explicit outcome for planned alternative provision. There was a refurbishment and bringing back of maternity services with live births during 2022 by Oxford University Hospitals NHS Foundation Trust. This followed scrutiny from HOSC as well as funding contributions by the Wantage Hospital League of Friends. Several temporary pilot hospital services were also launched and reported to HOSC by Oxford Health.

4. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects health as a whole; and this includes scrutiny over decisions as to the future of hospital services being provided to local residents throughout the county. There is also a recognition by the Committee that the future of Wantage Community Hospital has been a matter of discussion for several years since the closure of the inpatient beds in 2016, and that it was necessary to reach a resolution that would be suitable and acceptable to the local community in Wantage.

5. The Committee had set up the HOSC Substantial Change Working Group in February 2023, and its members have held a total of five meetings. This

Working Group, supported by the Health Scrutiny Officer, has been issuing ongoing recommendations to the HOSC (which have been agreed with the NHS), and has also provided advice and scrutiny to help support the process of coproduction around the future of Wantage Community Hospital. In line with what was agreed on the 30 June HOSC meeting, the Working Group has held two online check-ins with representatives of the ICB and Oxford Health on 30 August and on 24 October; these were to discuss the engagement with the local stakeholder reference group as well as the planned wider public engagement. As part of these check-ins, the Working Group requested and discussed information around the following areas: details and timelines for the stakeholder engagement events; the options around what the hospital's future services could potentially look like; the nature of the survey that was utilised to gather the public's views; and the barriers and enablers around the options being presented to the community as to how the hospital's ground floor services should be configured moving forward.

6. During the Engagement Exercise, the Community and stakeholders were presented with three scenarios as to how future services could be delivered on the ground floor of the hospital. These included:

    1. **Clinic based services** (tests, treatment and therapy) for planned care appointments.

    2. **Community inpatient beds** and the alternatives when care in people's own homes was not possible.

    3. **Urgent care** (minor injury, illness and mental health issues) access needs on the same day.

7. In the final coproduced report submitted by the NHS to the Committee for the 16 January meeting, recommendations were made for a sustainable future for Wantage Community Hospital and integrated working across the NHS and to be in ongoing co-production working with the local community.

8. The purpose of this item on 16 January was to receive absolute clarity on the outcomes of the Public Engagement Exercise (to include details of how residents who participated in the stakeholder sessions as well as the survey felt about how the hospital's future services should be configured), as well as into the final decision as to what was being offered by the NHS as to which specific hospital-like services would be delivered and how this would be the case.

9. During its meeting on 23 November 2023, the Committee received an update on the Public Engagement Exercise, which had not yet concluded at the time. The Committee agreed to the following recommendations which were issued by the Substantial Change Working Group:

    1. Defer the decision as to whether the closure of beds at Wantage Community Hospital constitutes a Substantial Change.

2. Defer the decision on whether to refer to the Secretary of State for Health and Social Care the matter of the closure of beds at Wantage Community Hospital.

3. Agree an extra HOSC meeting to be scheduled in mid-January to make a final determination as to whether to make a referral to the Secretary of State is necessary in relation to the removal of beds at Wantage Community Hospital, and as to whether declare the removal of the beds as a Substantial Change.

10. There were two key reasons as to why the Committee agreed to the recommendations outlined above. Firstly, the Committee needed to await the successful completion of the Public Engagement Exercise conducted by the NHS around the hospital's future, and this included the need to await the publication of the final co-produced report. Secondly, it was pivotal for the Committee to receive further clarity on the barriers and enablers around the potential future services to be offered at the hospital, and whether there were sufficient resources to support what will be offered.

SUMMARY

11. The Committee had received a written report from the Health Scrutiny Officer, which provided some context as well as clarity over the process around the decision that the Committee would have to make during this item.

12. The Committee Chair explained that the members of the Substantial Change Working Group (Cllr Hanna, Cllr Barrow, Cllr Champken-Woods, and Cllr Hayward) had considerations as well as provisional recommendations which were to be shared verbally with the Committee by herself.

13. The Chair reminded the Committee that 31 January 2024 was the date that formal powers of referral to the Secretary of State by HOSCs were to be removed by the government, and that this had influenced the necessary timing of this extra meeting and the intensity of work (including the public meetings that had been held in the lead up to the HOSC meeting).

14. The Oxford Health (OH) Executive Director of Primary Care and Community Services explained that the Public Engagement Exercise had represented an intense piece of work over the last 6 months, and it presented a fantastic opportunity to engage with local representatives and members of the stakeholder group to determine a secure future of Wantage Community Hospital. It was explained to the committee that the coproduction with the local stakeholder reference group had shared various different sources of information and types of data available on the health needs of the population (including the Joint Strategic Needs Assessment as well as service data) that supported the findings in the report.

15. The Committee were informed of the importance of the local community's engagement in the exercise and its stakeholder engagement events, and how

the NHS had taken the views of the local community seriously and that these had influenced the recommendations.

16. The OH Executive Director of Primary Care and Community Services also reiterated the three scenarios as to how the hospital's future ground floor services (outlined above) that were presented to the community during the engagement exercise, and explained that there were some key principles that would be used to guide the decision as to the future services. Such principles included a consideration that the Community wanted clarity about a secure future for the Community Hospital and that it was imperative for there to be sustainability around the future services that will be agreed and delivered.

17. It was explained to the Committee that the recommendation that was ultimately proposed in the co-produced report was that the closure of the inpatient beds would become permanent, and for the redevelopment of the ground floor of the hospital into a clinic-based facility.

18. The OH Executive Director of Primary Care and Community Services stated that the Trust would progress an application for Community Infrastructure Levy (CIL) funding to support the refurbishment of the hospital's ground floor, but that the application would only proceed depending on the decisions of HOSC on the report.

19. The Committee were informed that letters of support had also been obtained from key stakeholders, who were supportive of the recommendations outlined in the co-produced report. These included letters of support from Oxford University Hospitals NHS Foundation Trust as well as Oxfordshire County Council.

20. The BOB Integrated Care Board Place Director for Oxfordshire also expressed thanks to Wantage Town Council and the stakeholders who participated in the Public Engagement Exercise; and explained that upon assuming his post as ICB Director of Place he had heard two things. Firstly, that the community wished to reengage with the NHS; and secondly, that they wished to resolve a secure future for Wantage Community Hospital. The Place Director thanked the Town Council and Stakeholder reference group for engaging in the process which has planned outcomes.

21. The Chair invited Cllr Hannaby, Chair of the Wantage Town Council Health Committee, to read out a motion that was passed unanimously (the full text of the motion can be found below as appendix 1. Cllr Hannaby added her own observation that she hoped that in the future there could be local availability of national capital funds for much needed local health resource. However, Cllr Hannaby emphasised that Wantage Community Hospital needed to have a permanent future as local councillors had been active in pressing for this as far back as 2006 when plans for closure were made public. The plan funded by CIL capital and existing revenue would give the hospital this security and additional much needed hospital services. Working on the plan would mean continued trust in the NHS and a leap of faith, but she welcomed co-production and

thanked the NHS Director of Place for his offer to meet with the public again in June to share progress.

22. The NHS were asked for their response to the Wantage Town Council motion, and the NHS Director of Place welcomed the motion and thanked the Town Council and the stakeholder reference group. The Place Director explained that the NHS would clarify that the 3 million costing for a walk-in Xray is for capital and revenue costs and that the palliative care commitment is to continue to work with stakeholders so that Wantage would be included as a local area for additional services.

23. The HOSC Substantial Change Working Group welcomed the good understanding that had been achieved and that once delivered, the plan would give Wantage Community Hospital a sustainable future and would provide a growing population with a foundation of increased hospital services for the community for the next few years, and that this could be built on as and when the context of financial, estate, and workforce constraints improved.

24. The Committee were informed that 2022 marked the reopening of live births following OUH and HOSC liaison and the Wantage Stakeholder reference group; and the NHS had decided it would not be of interest to reopen this discussion as this service was confirmed. Options for the use of the ground floor were tested in respect of an inpatient hospital unit or repurposing the clinical space for a mix of specialist outpatient clinics with a mixture of preventative and urgent care. A data pack as well as the outcome of public engagement had been shared with the stakeholder reference group at a workshop on the 4 December 2023. OH would prioritise confirming the temporary clinics with OUH and would close the beds permanently so that the exact mix of additional specialist clinics could be worked up.

25. In terms of how and when CIL funding would be secured, the Director of Place reported that there had been communication with the CEO of the Vale District Council already. It was also the Substantial Change Working Group's understanding that provisional holdings of CIL funding with an estimate of the finance required could be made easily pending any formal application for funds. It was clarified that it would be Oxford Health NHS Foundation Trust that would make formal decisions concerning the hospital and make the application with system support for the funding. The committee was strongly of the view that a provisional holding of £600,000 be made by the NHS as soon as possible after the meeting.

26. In response to a query from the Committee regarding the assurances that Oxford University Hospitals could provide, the Trust's Director of Strategy and Partnerships gave assurance that she had attended the Wantage Community

Hospital workshops. OUH had a proven track-record of bringing out specialist clinics to Wantage Community Hospital. Hospital specialists liked coming to Wantage Community Hospital and the provision of additional clinics in community settings was very much part of OUH's strategy. The Director confirmed the commitment of existing clinical leads for their existing clinics as well as for working with partners to match the needs of the community with what additional hospital services OUH can deliver.

27. Moreover, the Committee also sought reassurances as to the liaison with Wantage Primary Care Network (PCN) for the proposed recommendations in the co-produced report. Oxford Health reported that liaison with the Primary Care Network with Dr Brammell had been effective. Dr Brammell had attended workshops also. There was a timings issue regarding receiving a communication from the PCN as the lead for the project was on maternity leave. Oxford Health had liaised with Dr Elaine Barber, the new clinical lead to ensure that the clinical lead received the report. Oxford Health were confident the PCN would be supportive of the plans and that Dr Barber specified that she would have expected that if there were any concerns at all, that these would have been communicated.

28. It was agreed by the Committee that ongoing scrutiny was essential going forward on both the process as well as the outcomes around the key stages outlined in the proposed project delivery plan. The assurance of coproduction was important as the exact outcomes would depend on each additional service and could include research as well as performance outcomes for the population.

HOSC WORKING GROUP CONSIDERATIONS:

29. The Substantial Change Working Group and the wider Committee had considered the co-produced report, and through scrutiny of the NHS engagement with the community and in agreeing to the recommendation NOT to refer this matter to the Secretary of State for Health and Social Care, had taken the following key points into consideration:

- ***Evidence of an intensive and good engagement process over six months***: The Working Group considered that this had been a much improved experience for the stakeholder reference group and Wantage Town Council Health Committee. The HOSC Working Group and officer worked intensively since the February HOSC meeting through to now with direct scrutiny and weekly engagement. The Working Group expresses thanks to the NHS partners, the Wantage Town Council Health Committee, and the stakeholder reference group which included the previously worked with community on the OX12 who have been involved throughout. The wider Committee would also like to thank the public who participated in public meetings as well as the survey.

- ***Time-tabled plan:*** The Working Group noted that the report presented includes a time-tabled plan to modernise the hospital, confirm temporary specialist clinics, and to open new hospital services. This differs from the

experience of the community and HOSC of the OX12 project which, after a lengthy process, resulted in a report in January 2020 that recommended the hospital inpatient beds, subject to further work to confirm, should permanently close without any proposed plan for improved hospital services or a timetable.

- ***Wantage Population Size:*** The NHS had also agreed to both the size of the population currently at 33,179 rising to 41,000 by 2030, as well as the history of the community hospital with the stakeholder reference group with the assistance of HOSC research https://mycouncil.oxfordshire.gov.uk/documents/s66454/Annex%201%20-%20Wantage%20Community%20Hospital%20Timeline.pdf .
  The NHS offer contained in the report, once delivered, would provide expanded community-based specialist clinic provision at a time of growing need and integration across the NHS to better join up as well as increase provision.

- ***Likelihood of losing benefit of CIL funding:*** The likely loss of the benefit to Wantage Community Hospital and the area's residents of CIL (Community Infrastructure Levy held for NHS health improvements in the Vale of White Horse) funding for the refurbishment of the hospital and the likely loss of benefit of securing the future of the hospital for hospital specialist services. The committee had heard from clinicians who had led the existing temporary hospital clinics that they wanted their clinic to be confirmed rather than being temporary in nature. The Working Group (and wider Committee) also heard from the public, who did not wish to lose the ophthalmology and other temporary clinics at the hospital.

- ***Sustainability of the proposed plan***: The stakeholder group had agreed that the plan proposed had to be sustainable to avoid loss of services. Working up a plan had to take account of the enablers and constraints, as this would be crucial for sustainability of the plan as well as hospital-like services more broadly. The key enablers and constraints were shared with a Stakeholder reference group workshop and meetings, and was also subsequently shared with the public. These included:

  (i) There were constraints of the estate available for hospital services in the community. Additional space had been a matter of liaison by the NHS with regard to whether estate was available at Mably Way Primary Care Network, although there was no available space at this time.

  (ii) The national context regarding capital available for local infrastructure improvements meant that the only funding available were CIL funds held for health at the Vale of the White Horse. This was the funding available if made a

priority by the NHS. This would happen if the HOSC supported the proposed recommendations in the co-produced report, with ongoing local scrutiny. A referral to the Secretary of State would have resulted in a delay to this funding.

(iii) There are also constraints related to workforce. Dr Ben Riley had explained to the public that there were serious shortages of workforce in some areas such as radiography for X-ray services. However, other areas of the workforce were well provided for such as community nursing.

- ***Letters of assurance***: The Working Group were pleased to see the letters of support and assurances that were provided with the co-produced report. It was reassuring to see the expressions of support for the proposed recommendations in the co-produced report from both Oxford University Hospitals NHS Foundation Trust as well as Oxfordshire County Council.

- ***Commitment to ongoing co-production:*** The Working Group are pleased to see that there is a commitment to ongoing co-production with the community as part of the project delivery plan for reconfiguring the services to be provided on the ground floor of the hospital and wider integration. It was also positive to see that the offer was being made to meet with the public to report progress against the project in June.

RECOMMENDATIONS

30. There were two sets of recommendations that were made during the item on Wantage Community Hospital on 16 January. The first was a recommendation made by the Working Group to the wider HOSC, which was:

*"That the matter of the closure of inpatient beds at Wantage Community Hospital is **NOT** referred to the Secretary of State for Health and Social Care."*

This recommendation was agreed by the wider Committee, in light of the points above, the report before the committee which includes the NHS offer, and the assurances given by organisations and letters of support. Additionally, apart from the Wantage Town Council Motion and a member of the public who had requested that the Committee did not refer to the Secretary of State, no member of the public or previously worked with community had petitioned HOSC to make a referral. At the public meeting a member of the public had expressed serious concern about the consequences of delay, and no member of the public had spoken in support of referral to the Secretary of State.

31. The second set of recommendations were those that were aimed at the NHS. Below is an outline of the specific wording of each of these recommendations,

as well as a brief description as to why each recommendation was being made:

No delay in securing CIL funding: The Committee understands that CIL funding will be utilised for the purposes of renovating the ground floor of the hospital in order to begin to deliver the clinical services outlined in the recommendations of the final co-produced report. Given the lack of available sources of funding for the purposes of this project, as well as the fact that the NHS has informed stakeholders that CIL funding from the Vale of the White Horse is the one capital source of funding that has been identified over the last six months, the Committee strongly recommends that the £600,000 available is formally applied for and utilised without delay. It is important that given that the inpatient beds have been removed since 2016, that there is some form of acceptable replacement of this within the hospital's services that also takes into account relevant local demand for clinical services.

The Committee is also recommending that the ground floor of the hospital and the space therein is maximised as much as possible for the purposes of expanding the specialist services that will be provided as well as confirming the clinics that have been supporting thousands of residents but that have been temporary in nature. This could allow for more space for a variety of services as well as the prospect of holding as many appointments as possible within as short a timeframe as possible (subject to staffing availability).

Recommendation 1: *That there is no undue delay in securing the CIL funding available in full for the purposes of providing the additional proposed clinical services on the ground floor of Wantage Community Hospital given the removal of the in-patient beds since 2016. It is recommended that there is a maximisation of the ground floor of the hospital for the purposes of expanding these specialist services.*

Clear Timescales and ongoing scrutiny: The Committee is pleased to see that a project delivery plan has been produced and proposed, and that this plan involves an outline of steps and actions that will be taken as to configuring hospital-like services as well as a timescale for each of the steps involved. This marks an improvement over the outcome of the OX12 exercise. Therefore, the Committee considers this delivery plan as a good starting point for understanding and anticipating how the specialist services will be expanded on the ground floor. However, the Committee also strongly recommends that there is ongoing oversight and scrutiny over this project delivery. It is important for this plan to remain on schedule for two reasons:

1. It has been several years that the community had been awaiting absolute clarity on what the future of the hospital will be. Adhering to the proposed timescales would therefore be crucial to maintain momentum as well as confidence and support in the process by key stakeholders and the wider community. As was highlighted during the HOSC meeting

on 16 January, the Committee (as well as Wantage Town Council) were engaging in a leap of faith by placing Trust in the process and proposals being put forth by the NHS.

2. Adhering to the timescales would allow for the proposed specialist services to begin to be delivered as soon as possible. The Committee is aware that there are many steps and stages that would be involved in this project, and therefore any undue delay should be avoided as much as possible.

Furthermore, the Committee also recommends for there to be ongoing scrutiny over the delivery of the proposed plan. Again, the final decision of the Committee represented a leap of faith, and the Committee has invested trust into the process. A healthy amount of ongoing scrutiny and engagement can help to ensure good momentum in the delivery of the project, and can help to provide reassurances not only to HOSC but also to key stakeholders and the wider Community/public.

Recommendation 2: *That the Project Delivery Plan for the future of the hospital's ground floor services is delivered on schedule as much as possible, and that there is ongoing scrutiny over the process of delivering the plan and its outcomes for the local population.*

Meeting with key organisations/stakeholders: The Committee is again supportive of the proposals being made by the NHS in the co-produced report, and feels that ongoing engagement with HOSC and the local community in Wantage are crucial for the success and sustainability of what has been proposed and agreed. Therefore, it is being recommended that an ideal stepping stone to all of this would be the convening of a meeting, as early as possible, between the key organisations and stakeholders involved. This meeting could help with the formulation and agreement of a plan for continued momentum on coproduction and for the purposes of agreeing a process of engagement and scrutiny moving forward. This would mark the beginning of a process of clear transparency around the delivery of this plan, and would also enable the spirit of coproduction to continue to exist on this journey.

Recommendation 3: *For a meeting to be convened as early as possible between identified leads within BOB ICB, Wantage PCN, Oxford University Hospitals, Oxford Health, Oxfordshire County Council, Wantage Town Council, and HOSC; with a view to plan for continued momentum on co-production and agreed scrutiny moving forward.*

Legal Implications

32. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

33. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

34. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Members Present during the meeting who **AGREED** to the aforementioned recommendations:

Councillor Jane Hanna
Councillor Elizabeth Poskitt
Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nick Leverton
Councillor Mark Lygo
District Councillor Paul Barrow
District Councillor Katharine Keats-Rohan
Councillor Lesley McLean
Barbara Shaw

Annex 1 – Wantage Town Council Motion on Wantage Community Hospital

Annex 2 - Scrutiny Response Pro Forma

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January 2024

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REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC): Oxfordshire Place-Based Partnership Item

REPORT BY: HEALTH SCRUTINY OFFICER, OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. At its meeting on 23 November 2023, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the Oxfordshire Place-Based Partnership.

2. The Committee felt it crucial to receive an understanding of the membership of the Partnership, how it was developing at Place-Level, as well as some of the steps that the Partnership was taking to help improve health and wellbeing in Oxfordshire.

3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes initiatives by the NHS and its partners to develop a Place-Based Partnership for Oxfordshire within the BOB ICB footprint. When commissioning this report on the Place-Based Partnership, some of the insights that the Committee sought to receive were as follows:

    - What the purpose of the Partnership was and why it was established.
    - The leadership and structure of the Place-Based Partnership.
    - Given the role and centrality of good relationships to the Partnership, what steps were being taken to build strong and durable relationships.
    - Where the Place-Based Partnership sat vis-à-vis other systemwide structures and health bodies (such as the Health and Wellbeing Board).
    - What the Partnership's key priorities were, as well as any examples of some contributions that the Partnership had made towards initiatives aimed at improving the Health and Wellbeing of Oxfordshire's residents.
    - How the Partnership may work toward pooling budgets or resources.
    - The extent to which the Partnership would help create joined up services.
    - How the Partnership aimed to reduce Health Inequalities within the County.

- Any potential key obstacles and challenges that the Partnership could face.

SUMMARY

4. The Committee would like to express thanks to Daniel Leveson (BOB ICB Place Director, Oxfordshire) for submitting a report on the Partnership and for attending the meeting on 23 November and answering questions from the Committee.

5. The following points were explained the Committee in relation to the Place-Based Partnership.

   - The Partnership struggled with the governance around it, as it did not have formal delegated authority from the ICB. There had been ongoing discussions as to whether or not authority will be delegated, but that national guidance outlined that the engine room of integration should be Place. The Partnership had also been running for approximately a year.

   - The Partnership was developing well, and the Place Director brought the leadership of the Partnership together.

   - A wide array of organisations were represented in the Partnership including the County Council, General Practice, the City and District Councils, the Chief Executives of Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust, Healthwatch Oxfordshire, and Voluntary Sector Representatives.

   - The ICB Place Director's role is focused on identifying individuals and populations that would benefit from joined up care.

   - The Partnership focused on bringing resources together for improving outcomes for residents.

6. The Committee were also informed that the Partnership focused on the following priority areas/populations:

   - Children and Young People: including school readiness, SEND, children and young people's emotional health and wellbeing.

   - Adult and Older Adult Mental Health and Wellbeing: Including the adult and older adult mental health, those with Learning Disabilities and neurodiversity.

   - People with Urgent Care Needs: including children, adults and older adults with multiple illnesses and frailty.

- Health Inequalities and Prevention: including the promotion of healthy lifestyles, working with communities and taking into account the role of anchor institutes and major employers.

7. A key element of the discussion during the meeting revolved around the measures that the Partnership were taking to establish strong relationships, both amongst its core membership as well as with wider partners. It was explained to the Committee that the partnership working was going well, and that the Partnership took basic measures including having meetings in-person. There was a clear set of priorities that the Partnership was collaboratively working towards. A maturity matrix was also adopted, and the Partnership would routinely refer back to this to determine its overall direction of travel. It was emphasised to the Committee that good relationships formed the basis of this Partnership at a fundamental level.

8. It was also discussed as to the degree to which transparency was at the heart of how the partnership operated, and whether there were any challenges in this area of transparency. The Committee were informed that the Partnership somewhat relied on Trust, and that Trust was not always easily measurable. It was also explained to the Committee that the current system in which the Partnership operated did not necessarily enable the Partnership to exercise transparency very well, as the regulatory system had not kept up with this. But there were incremental changes within the system that were necessary, including a stronger understanding of risk and a practice of risk-sharing.

9. Another aspect of the discussion was around whether the Partnership operated in a manner that avoided duplication of other bodies or their associated activities, such as the health and wellbeing board. It was outlined that the ICB Place Director was a member of both the Health and Wellbeing Board as well as the Place-Based Partnership, and that this helped to ensure that the Partnership avoided duplication of the Health and Wellbeing Board and its work. It was also added that the Health and Wellbeing Strategy would help with avoiding duplication, and that that would constitute the overarching systemwide strategy for Oxfordshire's health and wellbeing.

10. Furthermore, it was enquired as to how the partnership would develop a culture of learning and evaluation, and how any learning and evaluation of the Partnership's activities would be implemented in practice. It was explained that learning and evaluation was a practice that was undertaken across the system, and that evaluation was being undertaken alongside other Partners such as the University of Oxford, particularly in relation to the Partnership's health inequalities work. The BOB ICB Place Director also referred back to the Partnership's maturity level, which would be used to test the degree to which the Partnership was performing well and effectively achieving its aims and priorities.

11. The discussion also emphasised the importance of a shared vision and purpose for the Partnership, and the Committee was keen to understand how this vision and purpose was being developed as well as the degree to which this had been achieved. It was clarified that the overall vision of the

Partnership would be determined by the systemwide Health and Wellbeing Strategy, and that the NHS would operate in a manner that supported the development as well as the delivery of the strategy.

12. Moreover, the significance of shared data and information was also highlighted, and the Committee queried as to whether there was any means through which such data and information sharing could be enhanced. It was responded that there was a lot of work undertaken within the County Council as well as the wider system. It was explained that there were some barriers around information governance to some extent, and that people may understandably be nervous regarding how their personal health data was utilised. However, a key example of where shared data and information was working well was around the hospital at home service between community and acute providers, where there was an increased use of a single system. It was added that by approximately January to February 2024, the system would have a shared care record which would constitute a repository of information from acute, community, mental health, primary care, and local authority providers.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

13. Below are some key points of observation that the Committee has in relation to the Place-based Partnership. These key points of observation relate to some of the themes of discussion during the meeting on 23 November, and have also been used to shape the recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

Avoiding duplication of other bodies: The Committee understands that the Place-Based Partnership is the ICB's key mechanism at Place through which to forge good relationships with its key partners within Oxfordshire. The Committee welcomes the establishment and development of the Partnership and feels that the Partnership could make a positive contribution to further integrating the health and care system within the County. The Committee also recognises and agrees that the Partnership will exist parallel to other partnership mechanisms, most notably the Health and Wellbeing Board. It is therefore pivotal that the Place-Based Partnership operates in a manner that avoids simply exhibiting explicit duplication of other such bodies within the System. The Partnership could, amongst other things, be a useful mechanism through which to further support the work of the Health and Wellbeing Board.

Recommendation 1: *For the Place-Based Partnership to operate in a manner that avoids duplication of other bodies or their associated activities; including the health and wellbeing board.*

Collectively Improving Oral Health: The Committee has been involved in ongoing scrutiny of Dentistry Provision within Oxfordshire. In its public meeting in May 2023, the Committee issued the following recommendation to be made to NHS England and the Integrated Care Board:

> *"To collaborate with the Place Based Partnership, Public Health and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated"*

Therefore, as the Partnership further develops and gains momentum, the Committee would advise and recommend that further efforts are undertaken by the Partnership as to collaborate effectively for the purposes of:

1. Increasing collaborative work amongst members of the Partnership over improving Oral Health.

2. Working toward establishing a base line data set on Oral health and dentistry services.

3. Seeking further support from Government for further targeted Oral Health Programmes to support vulnerable population groups within Oxfordshire who have a higher susceptibility to poor Oral Health and tooth decay.

4. Working on raising awareness of, as well as promoting the importance of good Oral Health, particularly for younger residents.

Therefore, the Committee feels that the Place-Based Partnership can be a useful avenue for the purposes of improving Oral Health within the County. The membership of the Partnership involves key individuals from organisations that have relevant expertise (and potentially resources) to work toward improving Oral health within the County.

Recommendation 2: *For the Place-Based Partnership to consider collective work around finding avenues to improve oral health throughout the county, particularly for vulnerable groups or disadvantaged communities.*

Monitoring effectiveness of the Partnership: The Committee welcomes the establishment of the Partnership and looks forward to the opportunities that this could create at Place. The Partnership clearly has the potential to further strengthen the integration and collaborative work amongst system partners. Nonetheless, it is imperative that the Partnership also has a clear process through which to measure and evaluate its effectiveness. The Committee acknowledges and appreciates the commitments by the Partnership to refer back to its maturity matrix. This certainly represents a positive step toward creating a clear mechanism where the Partnership can judge its own

performance on the basis of the maturity matrix that was brought to the Committee's attention.

However, what would also be useful is for there to be further identification of what good performance will essentially look like. A culture of learning and evaluation should indeed be at the heart of the how the Partnership operates. This culture of learning and evaluation would also help promote an open mindedness that could further inform how the Partnership sets targets/objectives for itself, as well as how it measures the degree to which such objectives are being met.

Furthermore, it is also vital for there to be clear transparency over how the Partnership is measuring its effectiveness, as well as over the degree to which the maturity matrix is being referred to. This can help to instil confidence by key stakeholders and the wider public as to the importance of the Partnership and can help with enhancing Trust.

Recommendation 3: *To develop robust processes through which to monitor the effectiveness of the Place-Based Partnership, including its collaboration as well as the outcomes of its work. It is recommended that there is clear transparency around this.*

Transparency around Decision making: The Committee is supportive of the collaborative culture around the Partnership's establishment, and feels that the incorporation of Healthwatch Oxfordshire into the membership of the Partnership is a key and positive development. All of this can help toward increased transparency both within and beyond the Partnership as to its priorities, decisions, and activities. The Committee recommends that given the loss of Place-based statutory board CCGs, which were indeed open to the public in many respects, it is pivotal for there to be some degree of transparency around how the Partnership operates and makes decisions that will have significant impacts on residents. That transparency should be a fundamental aspect of the Partnership's decisions is important in two respects:

1. The Partnership would significantly benefit from extensive information sharing amongst its members. Intelligence and risk sharing should be at the heart of the Partnership and will help to improve Trust and collaborative work amongst its members in a way that can allow them to improve services for residents.

2. Transparency should also extent to key partners or stakeholders as well as the wider public. The Committee feels that transparency around how the Partnership is operating as well as around any of its potential decisions can help to increase public faith and trust in the new NHS structures and arrangements which are being established at Place level. This could also help to avert any potential concerns around the fact that the ICB has a footprint that is not exclusive to Oxfordshire. It is therefore crucial for the Partnership to have the trust and support of residents and

stakeholders, and this will be partly generated by encouraging further transparency.

Furthermore, the Committee feels that ongoing engagements with HOSC as well as with communities is vital to a successful Place-Based Partnership. The Committee would like to thank the BOB ICB Director of Place for his early investment into engagements since assuming his post, and hopes that this momentum continues.

Recommendation 4: *To develop robust principles and processes around transparency of decision-making within the Partnership, so as to mitigate the loss of place-based statutory board CCGs which were open to the public.*

Legal Implications

14. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

15. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

16. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Members Present during the meeting who **AGREED** to the aforementioned recommendations:
Councillor Jane Hanna
Councillor Elizabeth Poskitt
Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nigel Simpson
Councillor Mark Lygo
Councillor Michael O'Connor
Councillor Freddie van Mierlo
District Councillor Paul Barrow
City Councillor Sandy Douglas
District Councillor Katharine Keats-Rohan
Councillor Lesley McLean

Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

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January 2024

South Central Ambulance Service NHS Foundation Trust

Scrutiny Briefing January 2024

1.0 Introduction: Daryl Lutchmaya, Chief Governance Officer

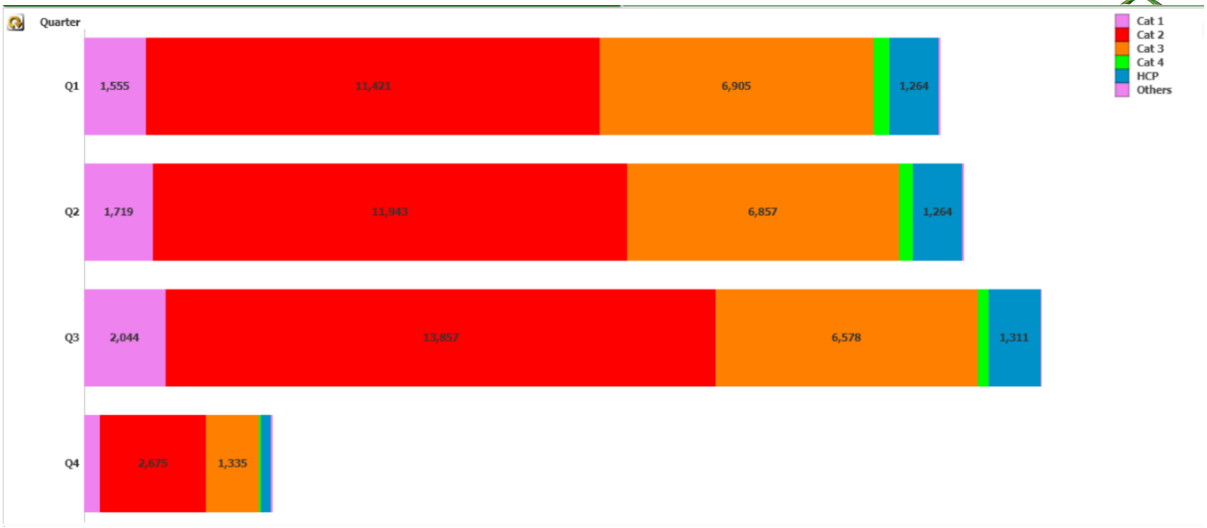
This paper provides an update from South Central Ambulance Service (SCAS).

2.0 Performance Report: Kirsten Willis-Drewett, Head of Operations Berkshire West and Oxford

2.1 Below is a breakdown at Oxfordshire level for the latest published data, for the year to date from Jan Dec 2023, and against our whole SCAS operating area.

	SCAS - Oxfordshire		SCAS	
Times show hrs:mins:secs	Mean average	90th centile	Mean average	90th centile
Category 1	9:46	18:18	8:53	16:07
Category 2	28:17	55:12	34:10	1:08:33
Category 3	1:41:55	3:53:32	2:13:54	5:06:46
Category 4	2:07:46	4:48:22	2:44:08	6:23:42

Category 1 calls have seen a significant increase across the year, which indicates the acuity of the patients presenting to the ambulance service. From Q1 to Q3 there was an increase of 489 Cat 1 calls, those with an immediate life threat, and an even greater increase in Category 2 calls which has a very high conversion rate to conveyance to hospital of 2436.



2.2 Our Resource Escalation Action Plan (REAP) level is at 4; defined as *Severe Pressure* as we navigate the significant pressures on our service, which is recognised both locally and nationally as an issue.

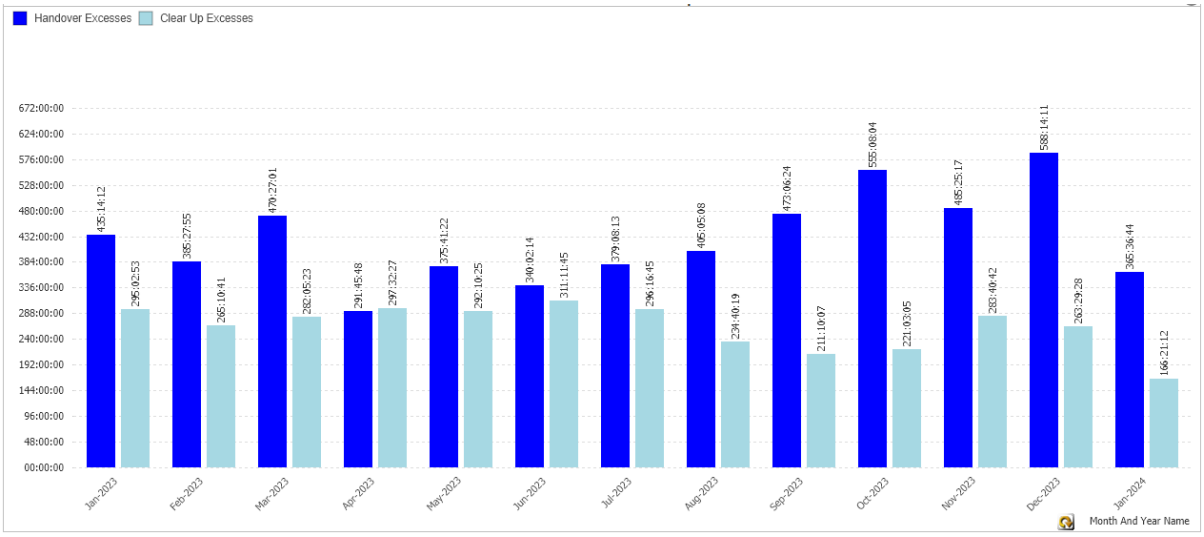
In order to balance this high demand for patients who are critically and acutely unwell, the use of our enhanced patient safety plan (EPSP) has increased. This seeks to direct care to those most in need via pathways within the control room, redirecting lower category calls and keeping available resource for the category 1 and 2 calls.

2.3 December 2023 National data shows that while nationally all ambulance services were under extreme pressure, SCAS' performance for category 2 was second in the Country.

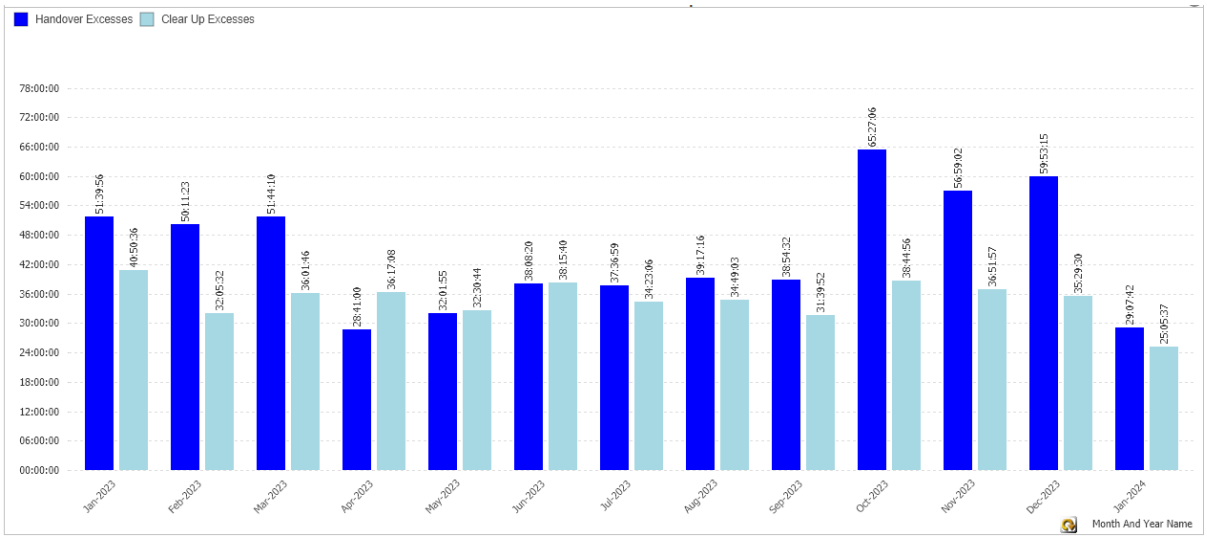
Trust	Cat 1 Mean	Rank	Cat 1 90th %ile	Rank	Cat 2 Mean	Rank	Cat 2 90th %ile	Rank
EMAS	9:23	9	16:33	8	56:09	10	2:01:29	10
EoE	9:16	8	17:18	9	50:57	7	1:51:43	8
LAS	8:00	2	13:28	2	52:06	9	1:58:07	9
NEAS	7:18	1	12:46	1	42:29	4	1:25:12	3
NWAS	8:17	3	13:57	3	38:33	3	1:27:49	4
SCAS	8:53	7	15:56	7	38:09	2	1:17:59	2
SECAMB	8:40	5	15:38	6	32:20	1	1:07:42	1
SWAS	10:44	10	18:39	10	51:24	8	1:50:06	7
WMAS	8:22	4	14:39	4	46:24	6	1:45:32	6
YAS	8:46	6	15:19	5	45:56	5	1:44:33	5
England	**8:44**		**15:26**		**45:57**		**1:40:58**	

2.4 Hospital handover delays

John Radcliffe Hospital handover delays, shows a deteriorating picture across the year (note Jan 2024 is part month data)



Horton shows a similar deterioration, but at approx. 10% of the activity that is seen through the John Radcliffe Hospital (Jan 2024 part month data).



As a comparison to other acute trusts in the SCAS operating area however, the Oxfordshire system and in particular the John Radcliffe hospital, have a far superior number of clinical pathways available. In October 2023 SCAS referred 257 referrals to the UCR single point of access, and increase from 180 in September 2023, so on average SCAS crew refer 8 patients a day away from the ED.

As an average SCAS refer 50.5% of patients via the ED, as opposed to 40.8% at the John Radcliffe hospital, and should be considered a good news story and one of teamwork and collaborative working within the system.

In mitigation, we have expanded our recruitment to include qualified paramedic recruitment from overseas, including Australia, New Zealand, and South Africa. This continues in 2024 and has seen some excellent engagement and support from our

international recruitment team and in support of the staff who are relocating's wellbeing.

3.0 Staffing and resources: Kirsten Willis-Drewett, Head of Operations Berkshire West and Oxford

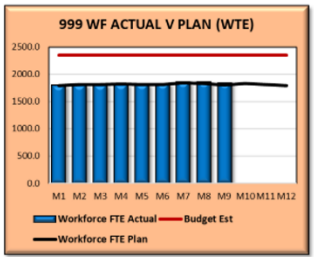
3.1 Workforce

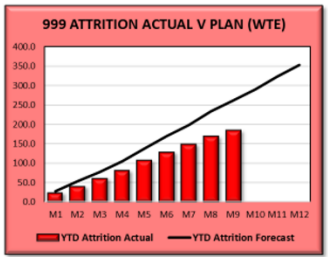
We are at 95% shift cover; the 5% deficit is as a result of private provider partners being able to resource to the increased levels of demand that we are experiencing.

Data below shows the whole SCAS picture for the financial year 2023-24 so far.

999 Front Line Overview – M9

WORKFORCE FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Budget Est	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8
Workforce FTE Plan	1790.0	1808.0	1810.0	1818.0	1810.5	1814.5	1839.5	1828.5	1800.5	1829.5	1806.5	1791.5
Workforce FTE Actual	1789.9	1803.3	1799.2	1809.5	1811.5	1824.0	1849.0	1846.1	1832.8			
Workforce FTE Variance (P vA)	-0.1	-4.7	-10.8	-8.5	1.0	9.5	9.5	17.6	32.3			
RECRUITMENT FTE	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M6**	**M8**	**M9**	**M10**	**M11**	**M11**
YTD Recruitment Plan	29.0	73.0	99.0	134.0	160.0	195.0	250.0	274.0	274.0	332.0	342.0	356.0
YTD Recruitment Actual	25.0	57.7	76.5	102.3	128.0	161.7	208.5	226.0	226.0			
YTD Recruitment Variance	-4.0	-15.3	-22.5	-31.7	-32.0	-33.3	-41.5	-48.0	-48.0			
ATTRITION FTE	**M1**	**M2**	**M3**	**M4**	**M5**	**M6**	**M6**	**M8**	**M9**	**M10**	**M11**	**M11**
YTD Attrition Forecast	27.0	53.0	77.0	104.0	137.5	168.5	198.5	233.5	261.5	290.5	323.5	352.5
YTD Attrition Actual	24.2	39.9	61.2	81.7	107.9	129.0	149.0	169.9	185.2			
YTD Attrition Variance	-2.8	-13.1	-15.8	-22.2	-29.6	-39.5	-49.5	-63.6	-76.3			
23/24 12 Month Rolling T/O Rate	12.2%	12.4%	12.4%	12%	12%	11%	11%	11%	10%			
23/24 Stability Index	86.8%	86.6%	86.9%	87%	86%	86%	86%	86%	89%			





3.2 Recruitment and Retention

The HR team has been involved in working around transforming the way we do things and in how we respond to our people and employee relations cases in line with a Just and Learning culture. This in turn has a positive impact on staff retention and well-being. This is Trust wide initiative.

We have had over 600 managers attend Essential Skills for People Managers now which is a virtual, two-day development programme designed to provide the tools and support people managers in compassionately handling employee relation issues; in accordance with employment legislation and in a way that our staff always feel safe, well supported and cared for. It introduces leaders to a Just and Learning Culture and the importance of managing in accordance with these principles. 145 are booked and due to attend.

- Feedback is consistently positive and since 2019, 61% reduction in number of staff entering formal disciplinary process

- Introduction of Collation of Facts – 241 leaders have attended to date, 205 booked to attend
- Introduction of Wellbeing conversations – 228 attended, 214 booked to attend
- Rewrite of all HR policies in line with Just and Learning Culture principles
- Introduction of J&L culture interactive guidance for employees

All areas also now have retention / engagement plans which is linked to the Trust's retention plan which they consistently review and take action on to improve the staff experience and in turn reduce attrition.

3.3 Staffing resources

The extent to which staffing, and resources are able to meet the demand experienced by the service.

Our staff requirements are based on a modelling system that accounts for our 999 response demand, the volume of the patients who require transportation, and the length of time each incident takes us (task time). Our annual plan for the staffing requirements and the volume of operational hours required to meet demand is set at the start of the year based on previous year trends. We then adjust this weekly taking into account any changes in demand or task time. We are able to move our ambulances around the trust to ensure we meet any increased demand on the day, however sudden increases in demand, or increases in hospital handover times, will impact on our ability to respond to patients.

Supporting information: HR Workforce Scorecard

3.4 Staff Wellbeing

South Central Ambulance Service NHS Foundation Trust has created a Health and Wellbeing Portal to provide colleagues working for SCAS with Health and Wellbeing services, information and advice to proactively look after your own wellbeing.

SCAS strives to create a workplace where we are all more aware of our health and wellbeing needs; whether this is mental, physical, financial, emotional or all of the above.

The Health and Wellbeing team are continually working to improve what is offered to all SCAS colleagues through research, local and national support, further engagement and communication with everyone and in line with the SCAS People Strategy with a SCAS Staff Wellbeing Portal available on the internal HUB. A support booklet has been developed.

Supporting information: Wellbeing Offerings booklet

3.5 We can obtain data from the portal as to how many views each page has had and what pages are most popular, so we are more aware of where to target our initiatives and campaigns.

All webinars and events are added to the portal with a calendar on the home page. We have run webinars on Managing Periods at Work, Diabetes Type 1 & 2, how to manage IBS, expectant parent and emotional eating. Affinity Connect Webinars re: retirement / financial wellbeing and their new pension tax allowance course. In conjunction with Optima Health, we also run a monthly hot topic menopause session and café.

We promote local and national campaigns, support available for staff, we link closely with our ICBs across our footprint to ensure we are remaining current and in line with any Best Practice. For example, in May staff had the opportunity to attend Overcoming Overwhelm workshops which were run by South East ICB, and BOB ICB shared with us there Financial wellbeing guide that we adapted and have shared to all staff, hard copies and online. Guide available in supporting information.

Supporting Information: Financial Wellbeing Guide

3.6 We developed a Move to Improve initiative for our control room staff, which was a 12 week incentive to get SCAS colleagues to "TAKE A STAND" to improve their health. With the evidence suggesting that changing positions and standing through the working day improves all health and wellbeing markers. The S.T.A.N.D principle encourages colleagues to follow a quick series of five movements once and hour, every hour for the entirety of their working shift.

In conjunction with our Occupational health provider, Optima Health we have run a series of 30 minute Health MOT Checks for staff. Throughout March and April we ran 4 sessions and July and August we ran 10 sessions, all with good participation from staff. HWBE Team check in after 3 months with those who had an appointment to ensure personalised plans have been received and 8 week follow up appointments carried out.

We plan to make health checks more regular (every 6 months), with locations on rotation. A further 8 dates across 4 locations have been arranged for January 2024.

3.7 SCAS is committed to minimising the risk from work-related stress through raising awareness, carrying out individual stress risk assessments, adopting good management practice and the provision of support to all staff; and, where necessary, carrying out stress audits in accordance with the Health and Safety Executive's Stress Management Standards.

Under the Health and Safety at Work Act 1974, the Trust has a duty, so far as is reasonably practicable, to protect all of its employees from work-related risks, including work-related stress. Likewise, the Trust has a duty under the Management of Health & Safety at Work Regulations 1999 to assess the risk of stress-related ill health arising from work activities and take measures to eliminate or control these risks.

SCAS currently have approx. 190 stress risk assessors trained to support staff. Stress Risk Assessments and Maternity Risk Assessments are undertaken, data recorded and reported to the Health, Safety and Risk Committee every 6 weeks, to update the group and reassure of compliance and general wellbeing of staff.

3.8 The Trust's occupational health provider, offer an on-line stress risk assessment that can be done on receipt of a line manager receiving a report with a

recommendation to undertake this. Once the individual has completed the online portal assessment their manager will be notified, discussions can take place in terms of support required and a follow up meeting with a SCAS trained Stress Risk Assessor will be arranged.

Collaborative working with their Occupational Health provider has made SCAS the first ambulance service nationally to create and successfully implement a Long Covid Programme which has resulted in decreased absence levels and retention of staff.

3.9 With commitment from the Executive Board and our Wellbeing Guardian being our Chairman, within SCAS we have been able to deliver creative initiatives making a genuine difference to our colleagues which in turn makes a difference to the excellent patient care we continue to deliver and has a strong link to our mission 'we deliver the right care, first time, every time'.

3.10 Like most NHS organisations, SCAS has been hugely impacted by the Covid pandemic. This impact takes many forms and has had a far-reaching consequence across our service and our workforce.

The Covid rehabilitation programme was an important intervention to ensure our staff can all get back to full health, full strength and receive the support and attention they need to enable that to happen. Over 700 staff at SCAS have been off work with COVID during the pandemic. This represents 16% of our total workforce. Long Covid has impacted a number of staff who are now currently on long term absence with ongoing symptoms. This long-term condition is new and there are many variations in the symptoms each person experiences. As a result, the treatment and support available to staff in the community is variable.

3.11 The Covid Rehabilitation Programme was six-week duration, staff would attend for two hours each week, including an education component involving evidence based CBT based psycho-education delivered by a Psychological Wellbeing Practitioner and Chartered Physiotherapist. This session also included understanding Covid 19 and the psychological implications of Covid-19, such as low mood, fear and anxiety.

In addition to the education component the programme covered:

- A functional and pulmonary rehabilitation exercise class delivered by a Chartered Physiotherapist
- Mindfulness based relaxation
- Weekly resources to encourage adherence to the programme such as information sheets, podcasts, webinars, mood and exercise diaries as well as a bespoke home exercise programme
- Participants also received a weekly 1:1 consultation with one of the Occupational Health clinicians to discuss any concerns, monitor progress and encourage motivation and adherence to the programme.

A base line analysis was taken of each member of staff at the outset of the programme and each participant was monitored and outcome measures attained in week 1 and week 6 to evaluate mental and physical improvement. Participant feedback was very positive.

3.12 SCAS currently still has staff who have returned to work but still have residual symptoms. We are now providing these staff with an opportunity to attend a long term rehabilitation programme, that Optima Health are delivering. A multi-disciplined education and rehabilitation programme will help staff with long term conditions including:

• Mental Health (stress, anxiety and depression)

• Musculoskeletal Health (chronic pain, joint and back pain)

• Post Covid Syndrome (fatigue and mental health)

• Common Long-Term Conditions (diabetes, obesity, fibromyalgia, hypertension, cardiovascularor respiratory diseases)

3.13 The programme will be delivered by a multidisciplined team of chartered physiotherapists, mental health practitioners and health trainers that have all undergone specialist training in occupational health and assessment of fitness to work.

The programme will run for a full day once per week for 12 weeks and this will involve a mixture of health education and psycho-education in the form of presentations. It will also involve individual and group rehabilitation classes and activities such as 1:1 therapy and mindfulness-based relaxation.

Each participant will be medically screened and assessed by a clinician to ensure they are

appropriate and safe to participate in the programme. This will also involve a number of functional tests and outcome measures so that progress can be monitored throughout the programme.

3.14 The aim of the programme is to help and support with recovery and rehabilitation.

The programme may not be able to cure conditions, but it should help to understand individual conditions and help manage more effectively in the long term so that individuals can live a healthier and more fulfilling life.

Staff have access to occupational health services, they are there to support staff and advise the Trust on how best to support individuals physical and mental wellbeing at work. This can include reasonable adjustments to working conditions, rehabilitation or redeployment. Managers can refer staff via a portal. SCAS has 2 onsite physios throughout occupational health provider, who are at 2 SCAS locations.

3.15 EAP (Health Assured) are available to support individuals with personal problems and help them to work towards realistic, achievable solutions. This can include assessment, short-term counselling and referral services for individuals and their immediate family. The 24/7 365 service is free, confidential and accessible online, by telephone or via the app. Your manger can also refer directly to EAP using a referral form available on the portal.

Our Occupational Health provider and EAP provider produce monthly management information reports for us to analyse the data and look for trends/patterns so that we can seek to make any improvements to reduce any negative impacts of the working environment. Cruse bereavement training

3.16 Menopause Café **-** Let's Talk Menopause café with the first half hour on a Hot Topic, followed by 30 minutes open discussion/café, we also have a dedicated Menopause page on Portal. The SCAS Menopause policy was released in September to support colleagues and managers.

Mens Health – we have just launched a Mens Health page on the portal to provide support to this group of our staff.

Our Occupational Health provider have provided us with a Flu voucher scheme this year that we have paid for our staff to be issued with a voucher so that they can obtain their vaccine at a place and time convenient to them.

We have provided Cruse Bereavement sessions through the year for staff to attend, Cruse are the UK's leading bereavement charity reaching over 100,000 people across the UK each year. They help people through one of the most painful times in life – with bereavement support, information and campaigning.

3.17 Following the results of our HWB annual survey which was open for 6 weeks through October/beginning of November, the HWBE Team will continue to work on providing the support staff have asked for into 2024. This will include running a Wellbeing Week event in March for the first time which we will focus on one of our pillars per day.

3.18 Wellbeing Support

SCAS have various support services for staff affected by stress, abuse, harassment etc.

We have a Wellbeing Champions established network with a diverse mix of champions, approximately 50 wellbeing champions across the Trust, A Health and Wellbeing Champion plays a key role in supporting and developing a culture that contributes not only to improve the physical and mental health and wellbeing of their colleagues but also themselves. The role is to -
Promote and support our approach to health and wellbeing within SCAS
Encourage and signpost colleagues to access relevant health and wellbeing information, opportunities and support
Raise awareness of wellbeing activities by supporting at least 4 events per year; promote healthy lifestyles and positive mental health
We hold monthly Champions chats where we discuss various topics for the champions to promote and its an opportunity to learn from each other

We have approximately 60 Mental Health First Aiders across SCAS, who have all attended the MHFA England course to achieve certification, to equip them with the knowledge and skills required to undertake this role.

We promote The Ambulance Service Crisis Line and work with TASC reviewing reports of usage anonymised data. Caring For Those Who Care For Us | TASC (theasc.org.uk)

All managers and leaders undertake a Wellbeing conversations programme and this equips them to ensure they feel confident to undertake wellbeing conversations within their teams in line with our Just and Learning Culture.

We have just launched Maximus – a cost free mental health support mechanism / coincided with stress awareness day early November.

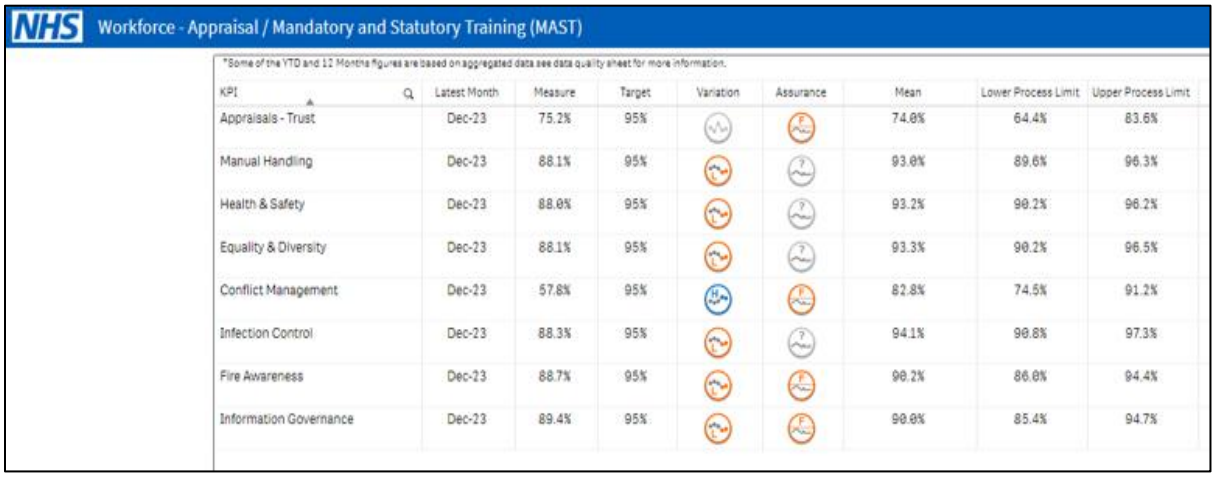
Launch of Sustaining Resilience at Work (StRaW) at the end of November 2023. Additional details available in supporting information.

We also have Occupational Health and EAP services available for staff.

Supporting Information: Sustaining Resilience at Work

3.19 Appraisals and Mandatory Training

Formal appraisals are taking place for all staff and all staff are completing statutory and mandatory training.


NHS Workforce - Appraisal / Mandatory and Statutory Training (MAST)

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

KPI	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Appraisals - Trust	Dec-23	75.2%	95%			74.0%	64.4%	83.6%
Manual Handling	Dec-23	88.1%	95%			93.0%	89.6%	96.3%
Health & Safety	Dec-23	88.0%	95%			93.2%	90.2%	96.2%
Equality & Diversity	Dec-23	88.1%	95%			93.3%	90.2%	96.5%
Conflict Management	Dec-23	57.8%	95%			82.8%	74.5%	91.2%
Infection Control	Dec-23	88.3%	95%			94.1%	90.8%	97.3%
Fire Awareness	Dec-23	88.7%	95%			90.2%	86.0%	94.4%
Information Governance	Dec-23	89.4%	95%			90.0%	85.4%	94.7%

4. Health & Safety

4.1 Infection Prevention and Control: Dai Tamplin, Senior Transformation Programme Manager

At SCAS we are committed to the prevention and control of infection, thus minimising the risks and impact of healthcare associated infections for our patients, staff and the organisation overall. The Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections states 'Good Infection Prevention is essential to ensure people who use Health and Social Care Services receive Safe and Effective Care. Within SCAS the Prevention and Control of Infection are part of everyday practice and applied consistently by all.

4.2 The buildings and vehicle audits continue to be challenging in times of high demand on our services, but we are seeing improvements in most areas and services. Partly due to the IPC awareness training and partly due to the changes we have made

to the way we make the live location of vehicles available to the cleaning and Make Ready crews. We have also revised and updated the Make Ready and Building Cleaning contracts and improved the contract performance oversight and management processes. Our new Head of IPC joined us in December, and we are reviewing the IPC resource available to the Trust in the budget review process. We saw the onboarding of the Oxford University Hospitals (OUH) Microbiology team to support SCAS in its IPC services during 2023, which is a welcome addition as the contract with previous provider came to an end.

4.3 SCAS have a robust governance and Patient Safety Structure that Infection Prevention Control sits within. IPC is delegated through the Board to the Director of Patient Care and given the role of Director on Infection Prevention and Control (DIPC) The DIPC is the further supported by the Lead, who is responsible to embed IPC Practices Trust Wide.

The above is met through the following:

- IPC Committee Meetings held Quarterly and the use of a National Board Assurance Framework that is completed and presented to the Board. Attendance at committee involves the wider teams in relation to IPC and all reports are present to the committee.
- Following National Reporting Systems and Processes in line with UKSHA providing transparency and assurance against National Assurance.
- Having a national Infection Prevention Control Policy. In addition to the policy there is Standard Infection Prevention and Control Precautions SOP and an A-Z of Infectious Diseases Clinical Guidelines, these all adhere to the requirements and performance outlined below:
    - CQC, Fundamental Standards
    - The National Infection Prevention and Control Manual for England
    - National Cleaning Standards for Healthcare (2021)
    - Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 (updated 2022)
    - Health and Safety Executive advisory committee on dangerous pathogens
    - NICE Guidelines
    - EPIC 3 - National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England
    - Standard infection control precautions: national hand hygiene and personal protective equipment policy (2019)
    - Working Safely during COVID-19 in Ambulance Services non-clinical areas; AACE (withdrawn May 2022)

- Has a robust IPC Annual Work Programme which has been run alongside a Care Quality Commission (CQC) improvement workstream.
- Receiving microbiology support as required by the Health & Social Care Act from Oxford University Hospitals, attending IPC Committee and team meetings, and working collaboratively on improvement work streams.
- SCAS is regulated by Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) and collaboratively works with the wider IPC network. This involves

attendance at HIOW and Berkshire, Oxfordshire and Buckinghamshire (BOB) ICBs. Also following robust reporting for Healthcare Associated Infections (HCAI) and system-wide learning.

- Close networking and engaged working with Association of Ambulance Chief Executives (AACE). This provides the service with a central organisation that supports coordinates and implements national agreed policy in relation to Infection Prevention & Control.
- Assurance and compliance are monitored through a live online Audit System. This system focuses on Staff compliance, vehicle readiness and IPC compliance, along with buildings and the make ready/running stores. Cleanliness standards are monitored against National Cleaning Standards and monitored through the Trust's IPC Committee. This will align with the National Standards of Healthcare Cleanliness – Ambulance Sector when this is published in the coming weeks.
- Monitoring of Hand Hygiene Audits.
- Infection Prevention Control Training. Close monitoring of Education Compliance with IPC Level 1 & Level 2. IPC now to provide further training in collaboration with the Education Team and utilise clinical scenario-based education.
- Active participation in National Campaigns in partnership with the Trust Communication Team to raise awareness, provide knowledge and updates. IPC campaign, World Hand Hygiene Day, International Infection Prevention Week promoted. Extended to utilise Trust Intranet Page to contain weekly engagement events such as quizzes.
- Open culture Incident Reporting and use of the Datix System. Reporting any issue that gives cause for concern. Reports Health Care Associated Infections. Frameworks to learn from Incidents, staff and patient safety and to share the learning and carry out improvements as required.
- Oversight of Contractual obligations in relation to Private Providers, Make Ready Contracts and Cleaning Programmes and Schedules.
- Joint working with the Estates and Facilities team in order to maintain and improve the overall estate in relation to IPC systems, processes and compliance frameworks.
- Staff Health includes adverse incidents with potential to affect staff health. These are categorised exposure to body fluids/infectious disease and Needle Stick and Sharps Injuries. TP Health provide Occupational Health coverage. All needle stick and sharps incidents are investigated under the European Union (EU) regulations (2010/32/EU).
- Following of Health and Safety regulations. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) incidents and Serious Incidents. The Trust is moving towards Patient Safety Incident Response Framework (PSIRF) and has a forum for Learning from Patient Safety Events (LFPSE).

4.4 Health and Safety update: John Dunn, Head of Risk and Security

4.5 How are health and safety at work requirements being met at SCAS.

The Trust has a number of proactive and reactive measures in place to ensure that health and safety at work requirements are being met which is overseen by the Health, Safety and Risk Group and overseen by the Executive Management Committee.

4.6 Health and safety training for the Board and Senior Managers

Around 50% of the Board have attended the IOSH Leading Safely course. The Board members who have not received this training have recently joined the Trust. It is intended to provide this training to them.

It is also intended to provide the three day IOSH Managing Safely course to senior managers.

4.7 Forums for ensuring that health and safety at work requirements are being met.

The Trust has a number of forums where health and safety is discussed, the key forum is the Health, Safety and Risk Group. The HSRG meets bi-monthly and consists of management and Staff Side representatives. This group receives assurance reports about health and safety issues within the Trust, it also received reports about:

- non-clinical/non-patient safety incidents
- violence and aggression incidents
- incidents reported to the HSE as per RIDDOR 2013

The reports also include the actions being taken/lessons learned to address the matters that have been reported.

There is also the:

- Violence, Prevention Reduction Group
- The Patient Safety Experience Group
- The Medical Equipment Group
- The Medicines Management Group
- The Health and Wellbeing Group
- The Operations Partnership Meeting.

4.8 Policies (to ensure health and safety at work requirements are being met)

The Trust has 19 health and safety policies:

- Alcohol, Drugs and Work Policy
- Bariatric Policy
- Closed Circuit Television Policy

- Control of Substances Hazardous to Health
- Display Screen Equipment Policy
- Employment of Young Persons at Work Policy
- First Aid at Work Policy
- Health and Safety Policy and Procedure
- Home Working/Hybrid Working Policy
- Incident Reporting Policy
- Lone Working Policy
- Management of Violence and Aggression Policy
- Minimal Lifting Policy
- New or Expectant Mother's Policy
- Personal Protective Equipment Policy
- Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy
- Security Policy
- Slips, Trips and Falls Policy
- Smoke Free Policy.

4.9 Health and Safety Training

The Trust provides the following health and safety training to staff, some of this training forms part of the statutory and mandatory training that staff have to complete:

- Health and safety training at Induction for all new staff
- Fire safety training on Induction for all new staff
- Incident reporting training on Induction for all new staff
- Dynamic risk assessment training on Induction for all new staff
- Conflict resolution training for frontline Operational and Patient Transport Service (PTS) staff
- Manual handling training for frontline Operational and PTS staff
- Body worn camera training for frontline 999 Operational staff
- Various E-learning refresher training courses as required – for statutory and mandatory training
- Risk assessment training (delivered by the Head of Risk and Security), consisting of:
  - How to carry out a task based risk assessment
  - How to carry out a stress risk assessment
  - How to carry out a display screen equipment risk assessment.

4.10 Incident Reporting System, Datix

As part of its risk management arrangements, the Trust has an electronic incident reporting system, Datix for the reporting of all incidents, near misses and issues of concern. The Trust has an open reporting culture and staff are encouraged to report any issue/incident/near miss which gives cause for concern. As stated above, an Incident reporting training session is provided to staff at Induction.

4.11 Carrying out of risk assessments

To ensure that health and safety at work requirements are met, there are a number of different types of risk assessments carried out within the Trust, these are as follows:

- Task based risk assessments (carried out by the Head of Risk and Security working with Operations and PTS)*
- Manual handling risk assessments (carried out by the Head of Risk and Security working with Operations and PTS)
- Display screen equipment (DSE) risk assessments (carried out by trained DSE risk assessors – and also by staff working at home)*
- Stress risk assessments (carried out by Managers and Team Leaders)*
- New or expectant mother risk assessments (carried out by Managers and Team Leaders)*
- Control of substances hazardous to health risk assessments (carried out by the Risk Team)
- Personal protective equipment risk assessments (carried out by the Risk Team)
- Crime reduction surveys/security risk assessments (carried out by the Head of Risk and Security)
- Premises risk assessments (carried out by the Risk Team)
- Events risk assessments (carried out by Managers and Team Leaders with assistance from the Risk Team).*

The Head of Risk and Security has provided risk assessment training to Managers and Team Leaders within the Trust so that they able to complete the risk assessments above which are marked with an asterisk. Please note each area is responsible for carrying out each of these type of risk assessments marked with an asterisk.

The Estates Department also arrange for the carrying out of the following risk assessments:

- Fire safety risk assessments
- Legionella risk assessments
- Asbestos risk assessments.

The Estates Department are also liaising with Managers and Team Leaders to carry out risk assessments on the car parks within the Trust.

4.12 Suitable and sufficient risk assessments

To ensure that the ‘task’ based and manual handling risk assessments meet the legal criteria of being suitable and sufficient (i.e. they have identified all of the foreseeable hazards and are therefore thorough) the Head of Risk and Security worked with staff in Operations and PTS to complete these risk assessments. This work initially started in 2016/2017 and the risk assessments completed in Operations were subject to a periodic review by the Head of Risk and Security and a member of Operations staff on alternative duties.

Moreover, the reason why we carry out 'task' based risk assessments, besides other risk assessments, is because the Health and Safety Executive (HSE) recommend that 'task' based risk assessments are carried out so as to avoid duplication.

4.13 Health, Safety and Risk Group's (HSRG) Risk register

The HSRG has a risk register which is reviewed and discussed at each HSRG meeting; the register is also reviewed bi-monthly.

4.14 Health and Safety Action Plan

Every year the Head of Risk and Security devises an annual Health and Safety Action plan which is approved by the Health, Safety and Risk group. This action plan is reviewed and discussed at each Health, Safety and Risk Group meeting.

4.15 Body Worn Cameras

To assist frontline 999 Operational staff in staying safe whilst they are on scene the Trust is taking part in a three year pilot which involves providing body worn cameras to all frontline Operational staff. The Trust has a total of 931 body worn cameras in place, with cameras in each of the Trust's Resource Centres.

The Body Worn Camera pilot is in its final year and concludes in July 2024. NHS England have engaged a company called RAND to evaluate the pilot and a report on the pilot is expected later this year.

4.16 Joint Health and Safety Inspections

The Trust has arrangements in place to carry out joint health and safety inspections with the Trade Union Colleagues from the three main Trade Unions, Unison, Unite and GMB. Currently there is a plan and programme in place for the carrying out of these joint health and safety inspections.

4.17 Security Alerts

The Head of Risk and Security attends regional Multi Agency Public Protection Arrangements (MAPPA) meetings. Representatives from the Police, Probation Services and Prisons attend these meetings which are to discuss the pending release of individuals from Prison who could pose a risk of injury to SCAS frontline operational staff. Following these meetings, the Head of Risk and Security will devise a security alert, it will be approved by an Executive Director and then sent out to all relevant staff. Where known, a special situation feature will also be placed onto the address of the individual.

4.18 Standard Operating Procedures (SOPs)

The Trust has a number of standard operating procedures (SOPs) in place designed to keep staff safe whilst they are at work and assist the Trust in meeting its health and safety at work requirements.

4.19 Special Situation Features/Alerts on addresses

Following the reporting of a violence and aggression incident a special situation feature will be placed onto the address of the perpetrator.

4.20 Reporting incidents to the HSE under RIDDOR 2013

The Trust has arrangements in place to ensure that all notifiable incidents, diseases and dangerous occurrences are reported to the Health and Safety Executive (HSE) so that the Trust fulfils its legal requirements under RIDDOR 2013. The Health, Safety and Risk Group receives a bi-monthly report on the RIDDOR incidents reported to the HSE. All RIDDOR incidents are investigated and a report on the investigation is produced.

4.21 Mental Capacity Act (MCA): Dai Tamplin, Senior Transformation Programme Manager

Work continues to train our staff in MCA and raise awareness. The Safeguarding (SG) team has been expanded to include an MCA lead and we have designed and rolled out improved MCA training. We are in the process of auditing the success of this, but the audits have been slightly delayed due to the extreme pressure of demand on SCAS currently and the subsequent demands on the SG team. We will complete the audit imminently (by Q4-end).

There are several MCA agenda improvements in place since the CQC Inspection report of August 2022. These include:

- New MCA Policy approved in November 2022
- Full-time MCA Lead started on 31 May 2023 (previously covered by Trust Mental Health (MH) Lead
- New MCA Training package commenced May and September 2023
- Supervision Sessions commenced July 2023 encompassing MCA and Safeguarding facilitated by the MCA Lead and Safeguarding Specialist
- Volunteers (incl. Community First Responders (CFRs) etc.) now receive Safeguarding and MCA training with strong emphasis on MCA – 10 sessions conducted since September 2023
- New MCA advice phoneline for staff directly to the MCA Lead
- MCA Lead has stronger links with Patient Safety investigations as an additional voice

4.22 Next Steps

The MCA Audit has been delayed due to the prioritisation regarding the ICT Safeguarding System.

An MCA Audit to test ability of staff to embed MCA Practice in practice is due to be completed by 15 March 2024. This will involve a review of 25 records to test the understanding of the 5 key principles of the MCA, the 2-stage test (weighing up and retaining) and how staff have documented their assessment.

The current Trust MCA Training Compliance as of 3/1/24 is:

	Nov 23	Dec 23	Jan 24
Mental Capacity Level 1	76%	81%	84%
Mental Capacity Level 2a	82%	84%	85%
Mental Capacity Level 2b	83%	85%	87%

5.0 Improvement Programme

5.1 Improvement Programme Update: Dai Tamplin, Senior Transformation Programme Manager

The **SCAS Improvement Programme** is broken down in to four functional workstreams, each with an accountable Executive:

1. **Governance & Well Led** (Daryl Lutchmaya, Chief Governance Officer)
2. **Culture & Staff Wellbeing** (Melanie Saunders, Chief People Officer)
3. **Performance Improvement** (Mark Ainsworth, Executive Director of Operations)
4. **Patient Safety** (Helen Young, Chief Nurse)

Programme governance follows a monthly reporting cycle of internal and external reporting, led by the Chief Executive Officer (CEO), David Eltringham, with oversight provided by the Executive Management Committee (EMC) and the Trust Board.

Performance governance is managed through Performance Information Insights Group chaired by the ICB which feeds into TPAM where the Trust is held to account for all performance improvement.

5.2 Improvement Programme delivery and governance is led by the Chief Strategy Officer, Mike Murphy. The following key meetings, provide escalating levels of assurance:

- **Workstream Delivery Groups**. Chaired by the accountable Executive, with workstream delivery leads under the direction of a Senior Responsible Officer (SRO), supported by a Programme Manager
- **Improvement Programme Oversight Board (IPOB)**. Chaired by the CEO with full SCAS Executive membership with representation from the NHS England Recovery Support Programme (RSP) and lead Integrated Care Board (ICB), HIOW ICB
- **Tripartite Provider Assurance Meeting (TPAM)**. Chaired by HIOW ICB with wide representation from NHS England (National/Regional/RSP), ICBs (BOB/HIOW) and the Care Quality Commission (CQC)

5.3 The attached report pack is representative of Improvement Programme reporting to IPOB and TPAM. This report covers progress to Dec 2023 and includes:

- Progress tracking of key deliverables, measured against Must and Should Do actions from the August 2022 CQC Well Led Inspection Report and agreed Exit Criteria measures, to meet the requirements for exiting the NHS Oversight Framework, segment 4 (NOF4) by 30 Sep 2024
- Workstream highlight reporting, including reporting of progress against key metrics in the workstream scorecards
- Plans on a Page, providing context, aims, measures and milestones by Improvement Programme workstream
- Reporting is transparent with a focus on delivery of key actions and the embedding of those measures, underpinned by empirical data.

Supporting Information:
ICS Quality Assurance Visit Report HIOW_December 2022
SCAS Safeguarding Improvement Progress Report_February 2023
SCAS Safeguarding Peer Review_November 2022
HOSC Improvement Programme Update_08.02.2024

5.4 Post CQC - Assurance Visit Update: Dai Tamplin, Senior Transformation Programme Manager

This section outlines the findings of quality assurance visits and interviews that took place in December 2022. A quality assurance visit to Otterbourne House and supplemental quality assurance discussions via TEAMS/phone were undertaken by representatives of Hampshire and Isle of Wight ICB, Buckinghamshire, Oxfordshire and Berkshire West ICB and Frimley Health and Care ICS.

The focus of the visit and discussions was to gain assurance on the 'well-led' aspects of the Section 29a notice and how this was reflected in the delivered foundation improvement actions for:

- Governance – medical devices
- Safeguarding
- Patient Safety
- Culture – Freedom to Speak Up

The workstream leads for these areas gave a short update and then answered questions. Separately the Non-Executive Director (NED) with a responsibility for quality, safeguarding adult lead, clinical governance leads, patient safety managers and the patient safety specialist were interviewed to ascertain their understanding of the recent changes and ongoing improvement plans.

Infection Prevention and Control (IPC) - A focussed visit was also undertaken at North Harbour make-ready station by HIOW ICB IPC staff to review ongoing management of the pigeon infestation identified in the CQC report.

5.5 Context

Following the CQC Inspection 6/7 April 2022 and 10/11 May 2022, the Trust were issued with a Section 29a Warning notice on the 24th of May. An Executive level working group including representatives from SCAS, the ICBs and regional team was immediately established to oversee the response to this warning notice. The subsequent inspection report published in August 2022 has assessed the Trust overall as inadequate.

The SCAS oversight framework segmentation rating has been reviewed in discussion with the NHSE regional team, with the rating moving from 2 to 4, which means the Trust entered the Recovery Support Programme (old Special Measures). This recommendation was finalised through NHSE governance and communicated to the Trust 5th October 22.

Areas of quality focus

5.6 Governance – Medical Devices

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the Medical Device lead and colleague were interviewed. They gave an outline of the revised processes for logging and monitoring medical devices using a cloud-based system to track maintenance schedules and equipment locations. This system was demonstrated in real-time to highlight that devices were flagged as requiring maintenance 'soon' so they could be safely removed from service in a controlled manner. All key assets were logged ahead of schedule. There is a current business case for RFID monitoring of all medical devices which will significantly enhance this process.

They highlighted that they are still developing business as usual processes and are sighted on the ongoing challenges they are facing (culture/staff behaviors regarding medical devices). They described the revised governance processes with a dedicated medical device meeting and an identified lead for medical device education. They are looking are developing their team with asset management qualifications. They are actively monitoring SLAs with equipment providers which was not occurring before. They noted an increase in reporting regarding devices which was seen as a positive sign of increased awareness.

5.7 Safeguarding

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the recently appointed associate director (AD) for safeguarding was interviewed. She described how they were currently building the team and only 2 administration staff and 1 business manager remained from previous set up. Staff were being given portfolios to manage. The safeguarding adults lead has been in post for 2 weeks with a safeguarding adults practitioner due to start in February. The safeguarding childrens lead had been appointed and was due to start in the new year with the safeguarding childrens practitioner post was currently out to advert. There were proposals to recruit to the posts of liberty protection standards lead and a learning disabilities lead. There are good working relationships with the ICB

safeguarding teams.

They described the 3 levels of priority for actions they have identified and gave their rationale for these.
Priority 1:

- Safeguarding referral system – referral issues remain, the SOP needs input and this is viewed as the main priority. They described the 'traffic light system' that is now in place to aid prioritisation and to mitigate previous risks. They are receiving approximately 150 referrals a day, a 30% increase from 12 months ago. IT outages remain an ongoing risk/challenge.
- Safeguarding training for all levels. This will progress at a greater pace when new staff are onboard. They are working with SCAS communication team to raise awareness of the team and training offer.
- Level 3 training has a clear trajectory and delivery plan which is on track. Child Protection - Information Sharing service (CP-IS).

Priority 2:

- Fire risk referrals
- Capturing and embedding learning from Serious Case Review (SCR)/Safeguarding Adults Reviews (SARs)
- Audit plan for 23/24
- Strengthening relationships with Independent Safeguarding Boards – currently working with 24 boards across multiple counties. Prioritising key ones.

Priority 3:

- Safeguarding Supervision
- Peer Review

The AD Safeguarding has taken on the role of allegation management lead. Allegation management was previously poorly understood. Training has been provided to HR and the Freedom to Speak Up Guardian. Twelve cases were referred in November.

Non-Executive Director (NED) support – the safeguarding AD had identified that the NEDs needed safeguarding support and training. Training using a scenario-based approach was being provided to the board later that week. Chief Nurse in addition has asked the newly appointed AD for SG to come back to Board with additional SG training as recommended by our external SG Strategic Review.

5.8 Patient Safety and incident management

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the Patient Safety Lead and AD were interviewed. They outlined the revised processes that have been implemented including the disbanding of the

Patient Safety Incident Group and the setting up of the new and current Incident Review Process (IRP). It was acknowledged that the IRP process continues to be refined with the sign off of completed investigations potentially being moved to a stand-alone meeting to keep the correct level of focus. A review of Serious Incident (SI) and 'detailed clinical investigation reports' (formerly referred to as 'major investigations') has been completed with ICB input. There has also been a review of policies including the SI and adverse events policies.
Another area of focus has been on ensuring the duty of candour is meeting the statutory requirements.

They highlighted that they have increased operational line involvement with SI reports with draft reports going to service level Clinical Governance Meetings to enable better ownership and involvement in action plans. This was noted to be quite a culture shift and would take time to fully embed.

The commitment to a just and learning culture was emphasised with a focus on compassionate leadership. This was being reflected in the training offer to line managers across the organisation. In order to measure the effectiveness of this approach a safety culture survey is planned in the spring to get a baseline, with a follow up survey to be planned later in the year.

5.9 Culture – Freedom to Speak Up

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the FTSU Guardian and senior member of the Organisational Development (OD) were interviewed. The team recognised that the CQC report was incredibly difficult for the organisation but provided an opportunity to improve. The planned recruitment of further FTSU guardians meant that there would be more planning around the role. A FTSU champion role was being implemented and the Health Education England FTSU e-learning package was being utilised.

There was felt to be a good/open relationship with the Executive/Senior Leadership Team with discussions about 'listening up'. There are regular calls with the Chief Executive and the Chair of the Board.

SCAS has moved the 'hosting' of the FTSU role to within the Organisational Development function. This is a novel approach that we have not seen elsewhere and feels like a progressive approach.

The FTSU guardian is keen to forge a closer working relationship with the patient safety team on, particularly on strategy work around safety culture. He described a building connection that was not in place previously.

They described how the FTSU feedback was included in the People Voice Portfolio. There is triangulation of information from diverse sources including:

- Human Resources – including exit interviews
- Student feedback
- Complaints/plaudits
- Patient Safety events
- Other incidents

- Friends and Family responses

They were innovating by utilising Natural Language Processing through one of their Business Intelligence team. This approach will ensure all themes including qualitative are being captured.

The Guardian outlined the approach taken during the recent national FTSU month. Given the large geographical spread, and the mobile nature of the workforce, additional sessions were undertaken with a dedicated vehicle visiting crews in-situ, mainly outside Emergency Departments at the acute providers. This 'roadshow' approach included a range of accessible resources for staff and importantly also provided a private confidential space if needed. This flexible approach is very welcome as it would have reached staff who would not have been reached if static resource were used at stations.

5.10 NED discussion

The NED had been in post for approximately 12 months and had been involved in the task and finish group set up in response to the last CQC safeguarding inspection to look at the resource and skills to manage the safeguarding agenda within SCAS. She tries as able to attend all safeguarding meetings and associated calls. She reflected that there had been a real investment in safeguarding and can definitely see the steps taken so far to improve the organisation and culture.

They were aware that the safeguarding lead had reviewed and updated all relevant policies but was not aware of the process of external validation involving the regular meetings with the ICBs.

The need for specific board training was noted with the acknowledgement that there was some focused safeguarding training happening later that week. It was felt that there should be dedicated training for board members in areas such as patient safety culture which there needed to be board oversight on.

The NED also talked about whether NEDs should be involved in incident review panels. They explained the Board often gets numbers of incidents but nothing about learning outcomes or how this is embedded in the organisation. They expressed a need to change the board report on patient safety so that it is more meaningful, providing a greater level of assurance.

5.11 Director of Patient Care/Chief Nurse

The Director of Patient Care had a detailed understanding of the focus of the improvement programmes and where each one was against its delivery plan. She reflected that there still needed to be better triangulation of information. The Board had recognised that it needed to move from reassurance to assurance. This echoed the view of the NED that the format of Patient Safety and Quality reports to the board needed to be refined. The Director of Patient Care felt that the Board now had a better understanding of the challenges across all the CQC Improvement portfolios, not just their specific portfolios.

5.12 Individual discussions with Patient Safety Specialist, Patient Safety Managers and Divisional Clinical Governance Managers.

All staff were able to give a clear account of what changes have been made and the rationale for these changes, even if they were not involved in the decisions at the time.

It was recognised by the majority of staff spoken to that whilst the CQC inspection, and its findings, were an incredibly difficult period of time to work through, it had provided an opportunity to drive improvement and had resulted in increased investment and resources.

Staff reflected on the scale and pace of changes that had been made. Some felt that they were not allowed 'to be involved'; their knowledge and experience was not taken into account, and they were not involved and that decisions that were made at a higher level during the initial response to the CQC report. For some staff this was a very difficult process although the majority reflected that changes needed to be made to enable SCAS to become a learning organisation. All felt that they were now able to influence the changes that needed to be made.

All staff reflected the impact of the current operational and staffing challenges and the effect this had on their workloads through increased incidents.

All staff spoken to felt well supported by their line managers, had regular touch-ins and were able to approach them with concerns.

Staff had noticed a positive change in approach with the sharing of information and staff engagement with OD with listening events and the use of webinars for topics like patient safety.

Staff reflected that there remains a divide between corporate areas such as governance and operational Divisions and teams. There has been a shift in culture but there is still work needed, particularly in some localities, but this was a known issue. It was felt this could impact the implementation and sustainability of action plans following patient safety incidents.

5.13 IPC focused visit to North Harbour Ambulance Station – pigeon infestation

The ICB IPC lead and a colleague visited North Harbour Ambulance station and spoke with the Director of Operations, Estates and IPC team members. Findings are below:

- The pigeon problem is now fully resolved with no pigeons in the vicinity and no evidence of droppings.
- The trust were aware of the impact the pigeon infestation had on staff and had been taking action to resolve the issue.
- Since the CQC report the trust has taken a more permanent solution for all effected stations by removing the resident pigeons in May/June 2022 rather than relying on deterrents.
- Feedback during our visit suggests that the staff seen wearing PPE and respirators while pressure washing an item by CQC were not

the Make Ready Team, but in fact the HART staff who were cleaning some equipment prior to removing it from the station.

- The wearing of respirators while pressure washing could be appropriate following a risk assessment of the individual circumstances.
- There was no evidence that staff members were routinely wearing respirators where inappropriate to do so.
- All staff report incidents via Datix and directly via phone/email to relevant teams (including IPC and estates). There is also a manager on site 24/7 who can respond to any incidents/issues identified.
- Feedback/risks/concerns are communicated to teams through a variety of methods (team meetings, newsletters, Intranet, Yammer, Pod casts, Terrafix, Hot News)
- Cleaning processes were in place and are as per the Cleaning Standards 2021.
- Audits are undertaken by the contractor who provide the make ready service and the staff side cleaning.
- Currently there is no process for assurance audit, however this is being reviewed.
- The cleaning staff have an induction and there are policies in place with regards to cleaning processes.
- Regular updates for staff are being reviewed.

5.14 The visit to Otterbourne House, North Harbour Ambulance Station and the individual discussions with the NED, Patient Safety and Clinical Governance Managers has provided additional assurance to that already presented in formal meetings that SCAS have delivered in full the foundation improvements in the quality areas identified within the Section 29a notice.

These improvements, and the rationale for them were understood by staff involved in implementing them within the organisation.

These improvements will take time to fully embed within the organisation and staff spoken to were aware of the challenges in implementing these and now felt able to own the majority of changes needed.

Ongoing assurance for these improvements can be best monitored through routine quality assurance by the System Quality Group.

As a result of the significant amount of evidence presented at the two Oversight Groups and the testing of this evidence during the quality visit in December 2022, that the current arrangements are reviewed and reduced.

It is recommended that the Safeguarding Oversight Group reduces its frequency from fortnightly to monthly. There is still a significant work programme to deliver in 2023, active recruitment still underway and multi-agencies to assure on progress.

It is recommended that the S29A Oversight Group is stood down from January 2023

as all the foundation actions in the improvement plan have been delivered, evidence and tested.

It is recommended that HIOW System Quality Group review and reduce SCAS Oversight arrangements and for monthly TPAM to become the single oversight arrangement.

It is recommended that operational pressures and performance are monitored separately from CQC Improvement progress.

5.15 The ICB recommends that SCAS consider the following:

- Review training given to Board members on key areas such as safeguarding and patient safety culture.
- Review the format of patient safety and quality reporting to Board and sub-Board committees. Consider best practice approaches taken in other providers.
- Improve Board reporting granularity using best practice examples from other Providers.
- Consider focussing IRP on new incidents only and hold separate investigation report sign-off meeting.
- Continue to strengthen the relationship between the FTSU Guardian and the Patient Safety Team – moving from a 'push' to 'pull' approach around ''including the voice of people' in every patient safety conversation.
- Continue to embed ownership of incident management and action plans with operational teams in partnership with corporate teams.
- Consider the strengthening of patient safety function with regards to organisational learning and continue to develop the safety culture approach to improvement/action plans.
- Establish formal links with regular meetings between leads for safeguarding, patient safety, medical devices and FTSU.
- Consider approaches to facilitate easier timely reporting of incidents by front-line crews.
- Consider the development of IPC assurance audits and programme.

6.0 Conclusion: Daryl Lutchmaya, Chief Governance Officer

Closing note.

07.0 Supporting Information

Staffing and Resources:

3.3 HR Workforce Scorecard M8 2023
3.4 Wellbeing offerings booklet
3.5 Financial Wellbeing Guide

3.18 Sustaining Resilience at Work

Improvement Programme:

5.3a ICS Quality Assurance Visit Report HIOW_December 2022
5.3b SCAS Safeguarding Improvement Progress Report_February 2023
5.3c SCAS Safeguarding Peer Review_November 2022
5.3d HOSC Improvement Programme Update_08.02.2024

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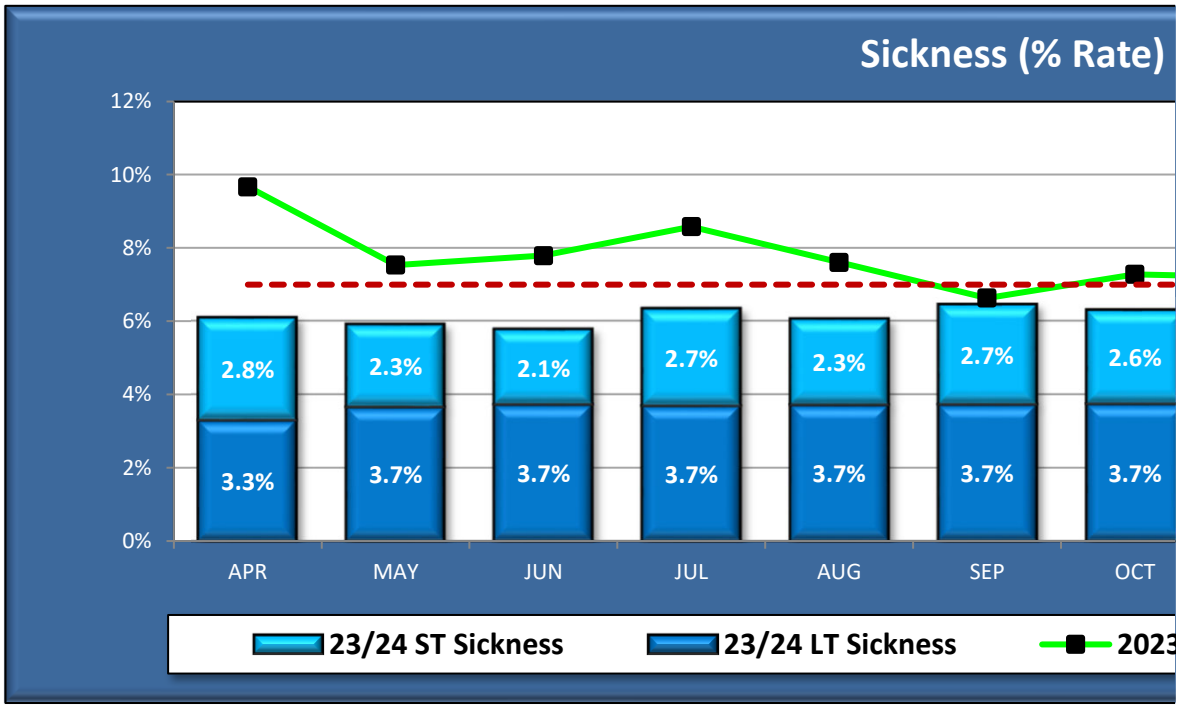
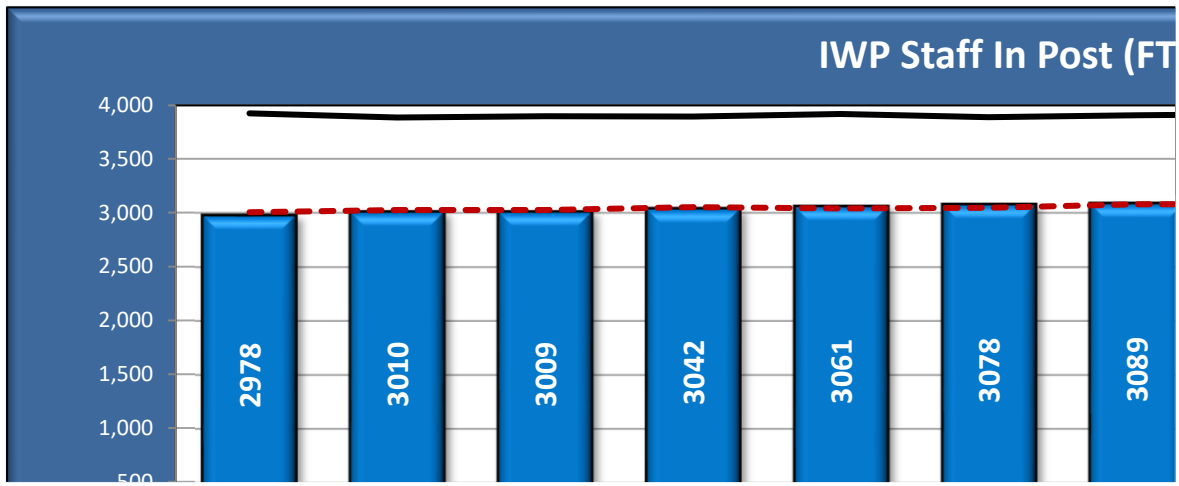
SICKNESS % RATE

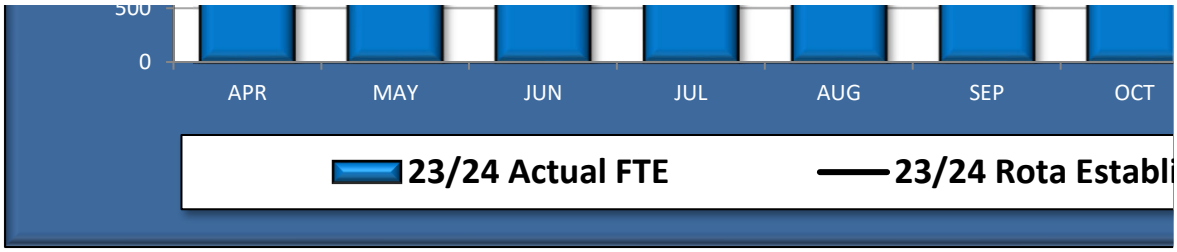
SICKNESS ABSENCE % RATE	APR	MAY	JUN	JUL	AUG
2023-24 Forecast	**7.0%**	**7.0%**	7.0%	7.0%	7.0%
2023-24 Sickness Absence %	9.7%	7.5%	7.8%	8.6%	7.6%
2023-24 Sickness Absence Long Term %	3.3%	3.7%	3.7%	3.7%	3.7%
2023-24 Sickness Absence Short Term %	2.8%	2.3%	2.1%	2.7%	2.3%



IWP WORKFORCE

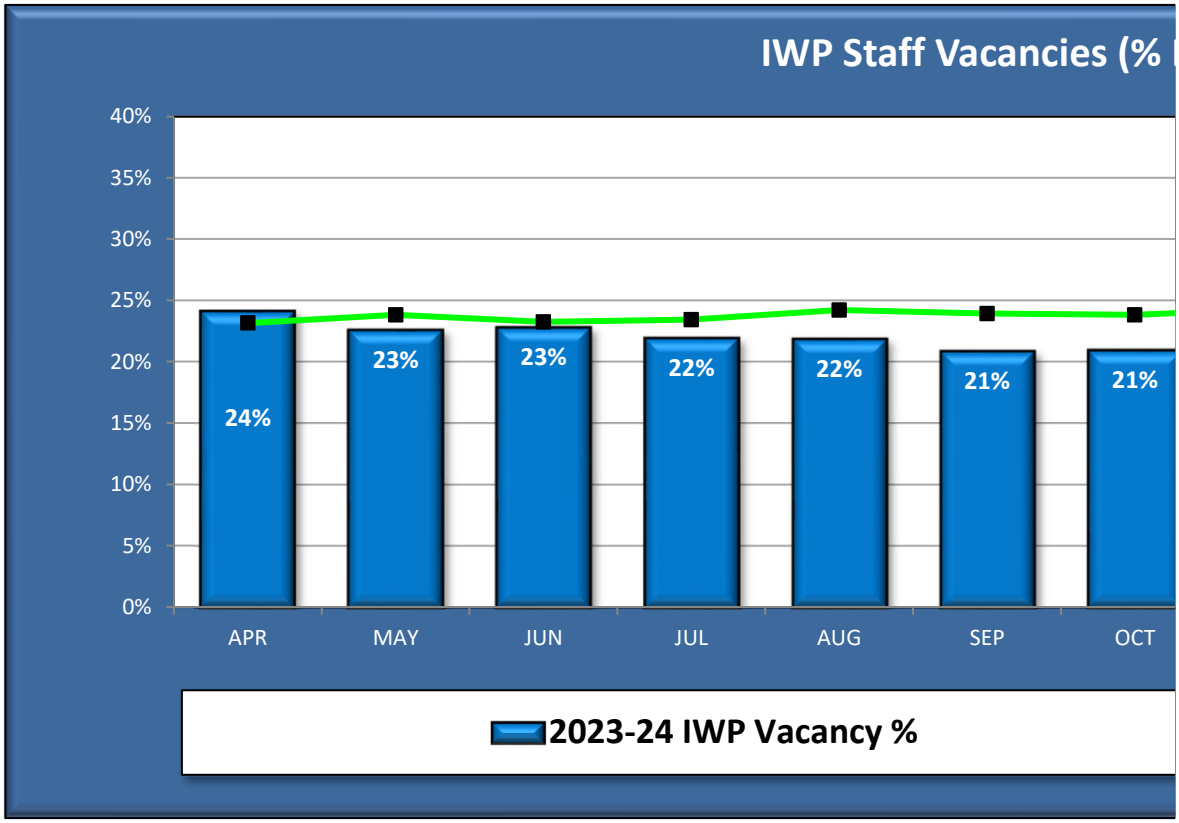
IWP WORKFORCE FTE	APR	MAY	JUN	JUL	AUG
2023-24 IWP WF - Rota Establishment	3923.69	3886.83	3897.48	3894.97	3916.59
2023-24 IWP WF - Funded Plan	3004.50	3025.00	3026.50	3051.00	3039.99
2023-24 IWP WF - Actual	2977.75	3009.96	3009.24	3041.53	3061.37
2023-24 IWP WF - Actual as % of n	99%	100%	99%	100%	101%





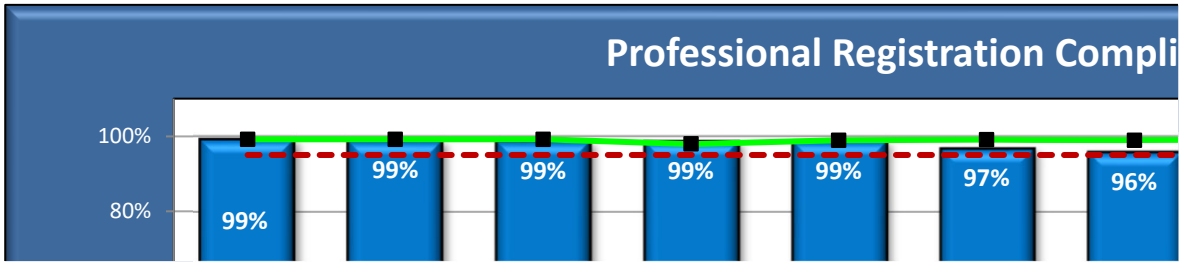
STAFF VACANCIES (% RA

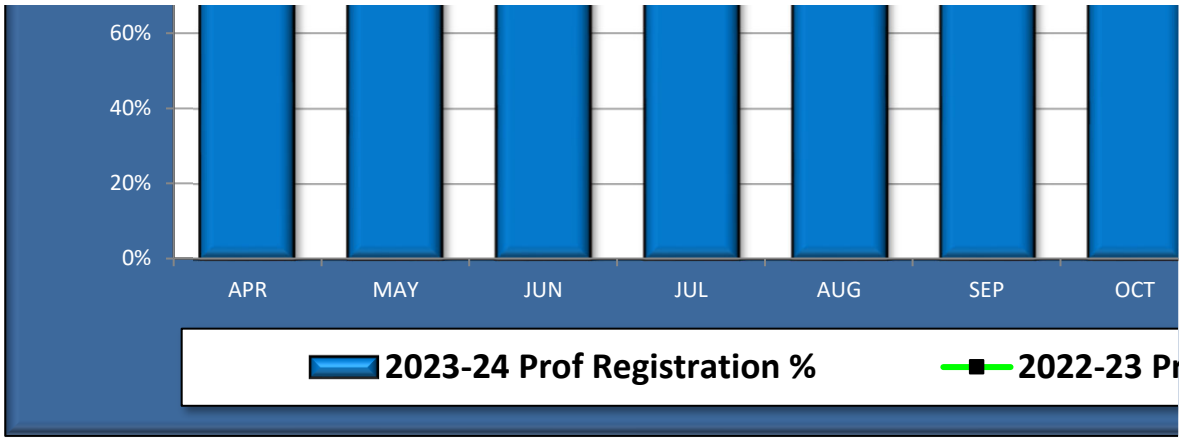
IWP VACANCY RATES	APR	MAY	JUN	JUL	AUG
2022-23 IWP Vacancy %	23.2%	23.8%	23.2%	23.4%	24.2%
2023-24 IWP Vacancy %	24.1%	22.6%	22.8%	21.9%	21.8%



PROFESSIONAL REGISTRATION

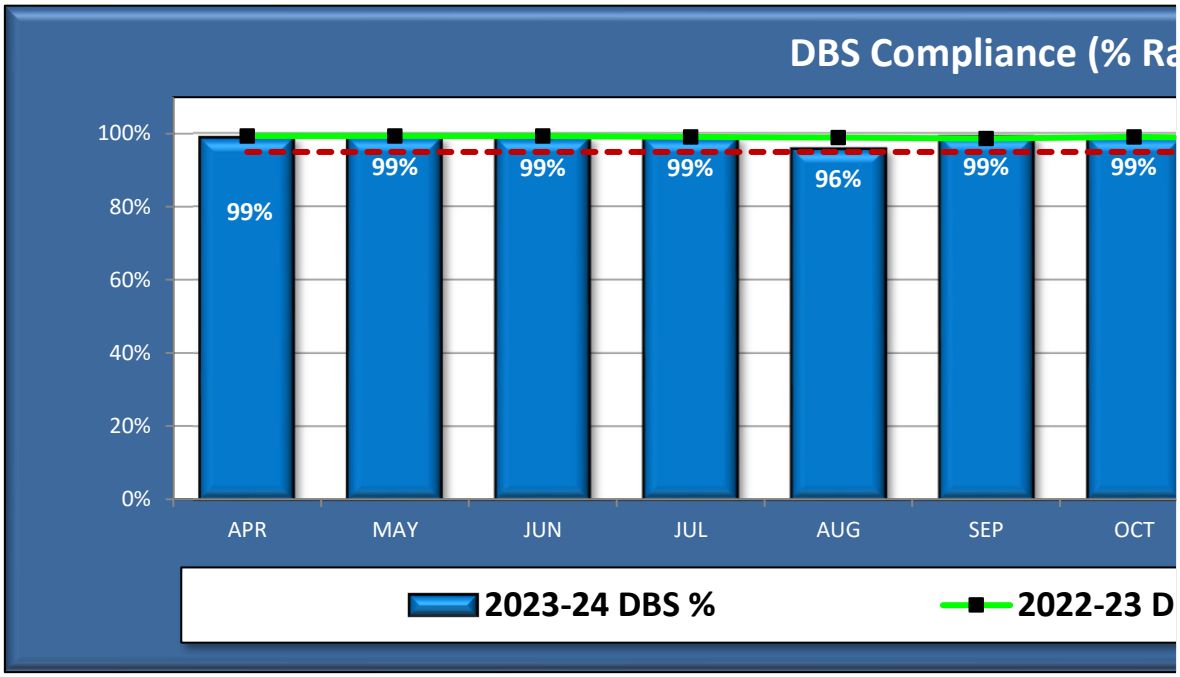
PROFESSIONAL REG COMPLIANCE	APR	MAY	JUN	JUL	AUG
Compliance	95.0%	95.0%	95.0%	95.0%	95.0%
2022-23 Prof Registration %	99.2%	99.2%	99.2%	97.9%	98.9%
2023-24 Prof Registration %	99.1%	98.7%	98.7%	98.6%	98.7%





DBS COMPLIANCE (% RA

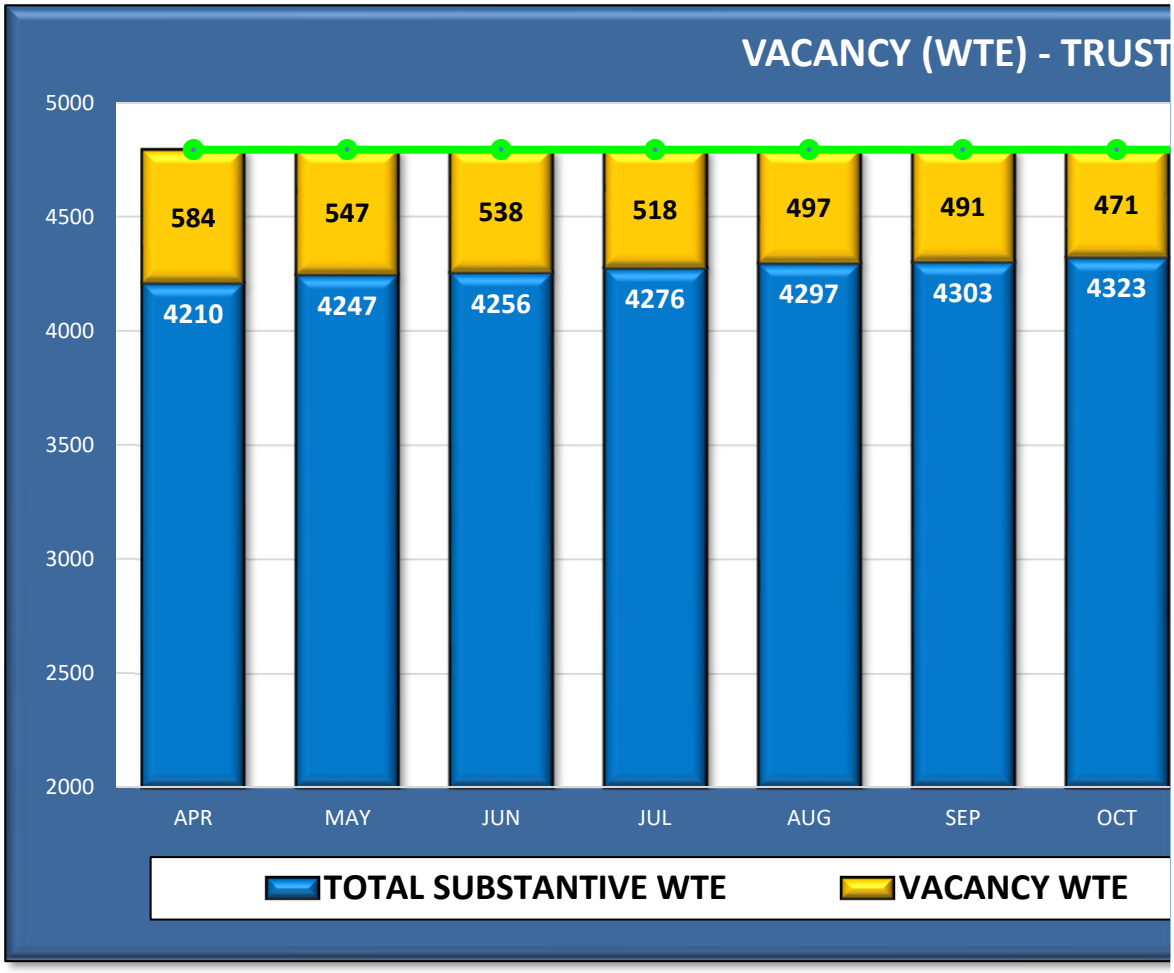
DBS COMPLIANCE	APR	MAY	JUN	JUL	AUG
Compliance	**95.0%**	**95.0%**	95.0%	95.0%	95.0%
2022-23 DBS %	99.4%	99.4%	99.4%	99.1%	98.9%
2023-24 DBS %	98.7%	98.8%	98.7%	98.6%	95.7%



TRUST-WIDE VACANC

TRUST WORKFORCE TOTAL	APR	MAY	JUN	JUL	AUG
HIOW ICB FUNDED ESTABLISHMENT	4794	4794	4794	4794	4794
TOTAL SUBSTANTIVE WTE	**4210**	**4247**	**4256**	4276	4297
Of which, IWP	2978	3010	3009	3042	3061
Of which, Corporate / Support	1232	1237	1247	1234	1235
VACANCY WTE	584	547	538	518	497
VACANCY % RATE	12.2%	11.4%	11.2%	10.8%	10.4%

Vacancy rate uses the Frozen Establishment number agreed with HIOW ICB



STAFF TURNOVER - TRUST	APR	MAY	JUN	JUL	AUG
2021-22 IWP 12 Month Staff Turnover	18.3%	19.3%	19.7%	20.4%	21.2%
2022-23 IWP 12 Month Staff Turnover	20.6%	19.7%	19.5%	18.0%	18.7%

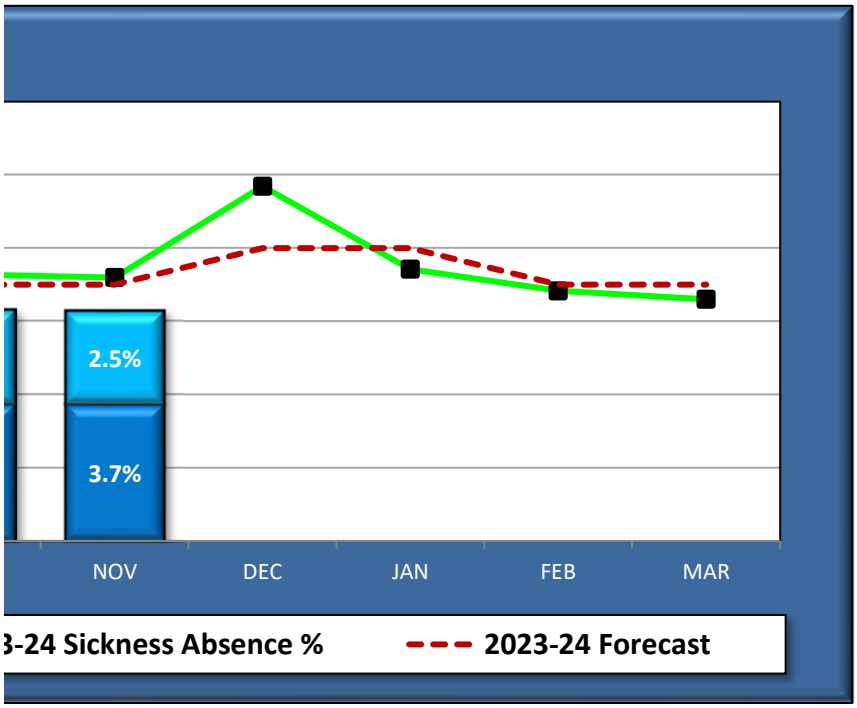
STAFF TURNOVER - 999 TOTAL	APR	MAY	JUN	JUL	AUG
2021-22 IWP 12 Month Staff Turnover	9.9%	10.8%	10.9%	11.5%	12.1%
2022-23 IWP 12 Month Staff Turnover	12.2%	12.4%	12.4%	12.1%	11.6%

STAFF TURNOVER - EOC TOTAL	APR	MAY	JUN	JUL	AUG
2021-22 IWP 12 Month Staff Turnover	28.3%	29.1%	29.0%	29.9%	33.8%
2022-23 IWP 12 Month Staff Turnover	33.6%	34.1%	31.9%	31.3%	29.1%

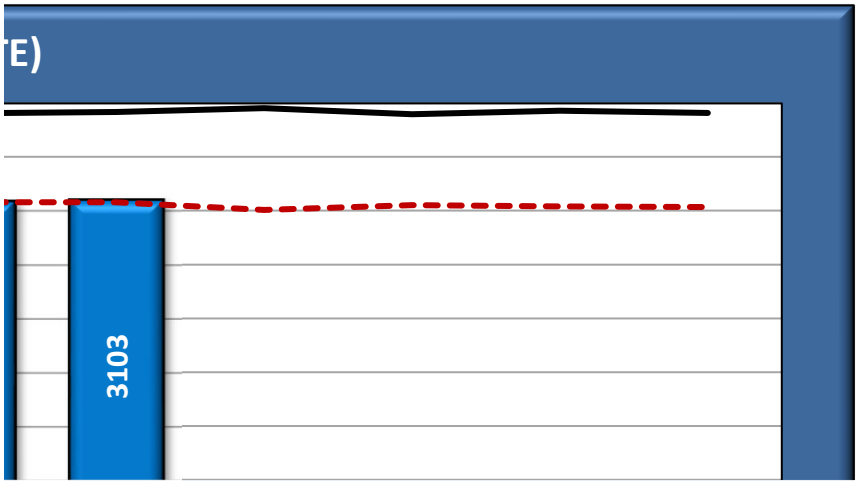
STAFF TURNOVER - 111 TOTAL	APR	MAY	JUN	JUL	AUG
2021-22 IWP 12 Month Staff Turnover	42.6%	45.8%	45.0%	47.2%	49.0%
2022-23 IWP 12 Month Staff Turnover	43.3%	41.5%	42.5%	42.8%	42.3%

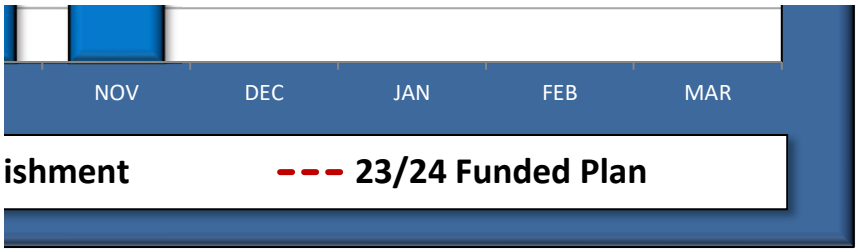
STAFF TURNOVER - PTS TOTAL	APR	MAY	JUN	JUL	AUG
2021-22 IWP 12 Month Staff Turnover	15.3%	14.9%	14.9%	15.7%	17.4%
2022-23 IWP 12 Month Staff Turnover	17.4%	16.8%	17.0%	18.4%	17.6%

SEP	OCT	NOV	DEC	JAN	FEB	MAR
7.0%	7.0%	7.0%	8.0%	8.0%	7.0%	7.0%
6.6%	7.3%	7.2%	9.7%	7.4%	6.8%	6.6%
3.7%	3.7%	3.7%				
2.7%	2.6%	2.5%				



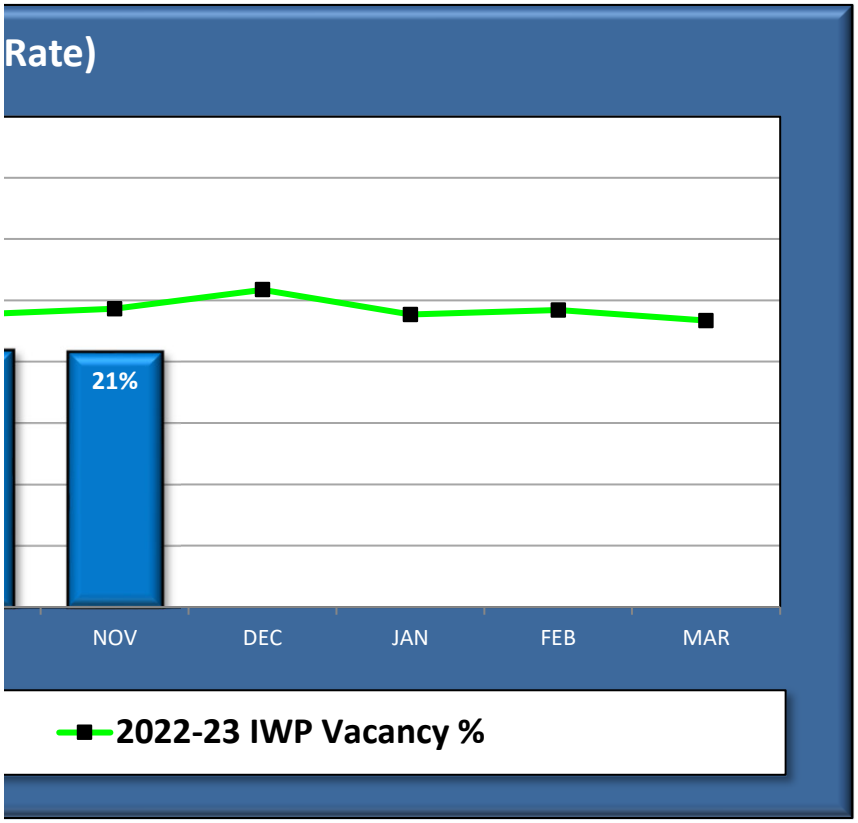
SEP	OCT	NOV	DEC	JAN	FEB	MAR
3888.43	3906.04	3917.37	3956.12	3897.09	3928.86	3908.31
3044.89	3080.39	3077.89	3006.89	3051.89	3040.39	3033.39
3077.51	3088.70	3102.59				
101%	100%	101%				





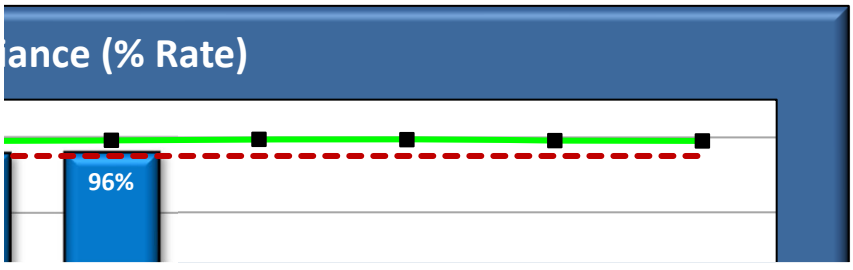
TE)

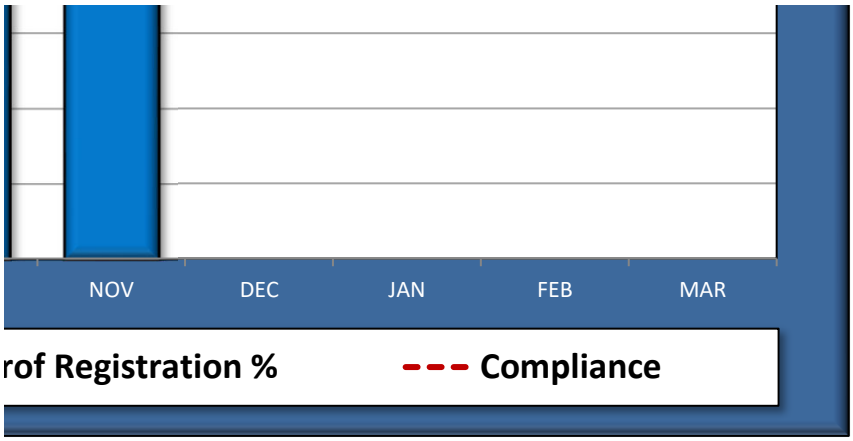
SEP	OCT	NOV	DEC	JAN	FEB	MAR
23.9%	23.8%	24.3%	25.9%	23.8%	24.2%	23.4%
20.9%	20.9%	20.8%				



(% RATE)

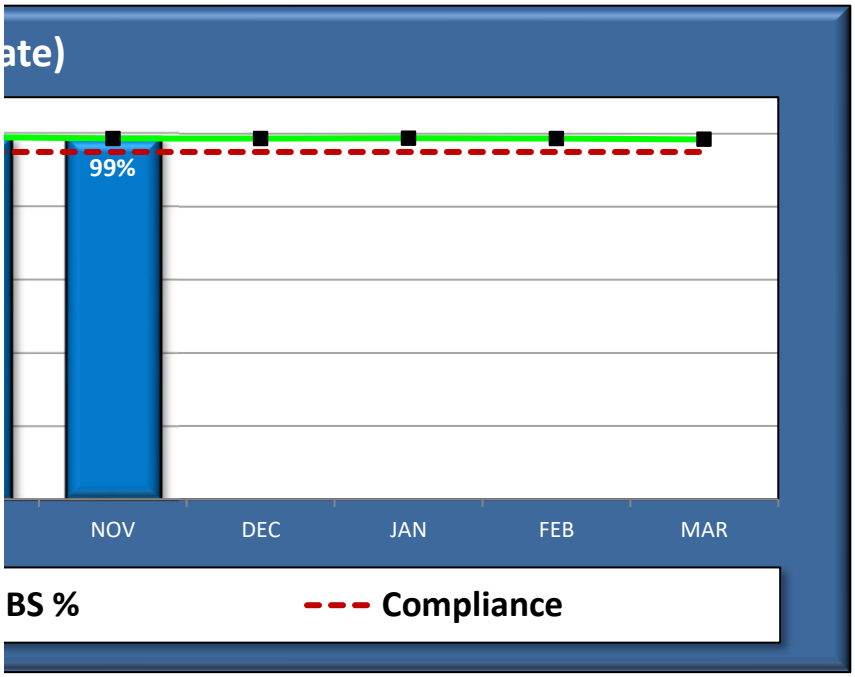
SEP	OCT	NOV	DEC	JAN	FEB	MAR
95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
99.1%	98.9%	99.1%	99.4%	99.4%	99.0%	99.0%
96.6%	95.6%	95.9%				





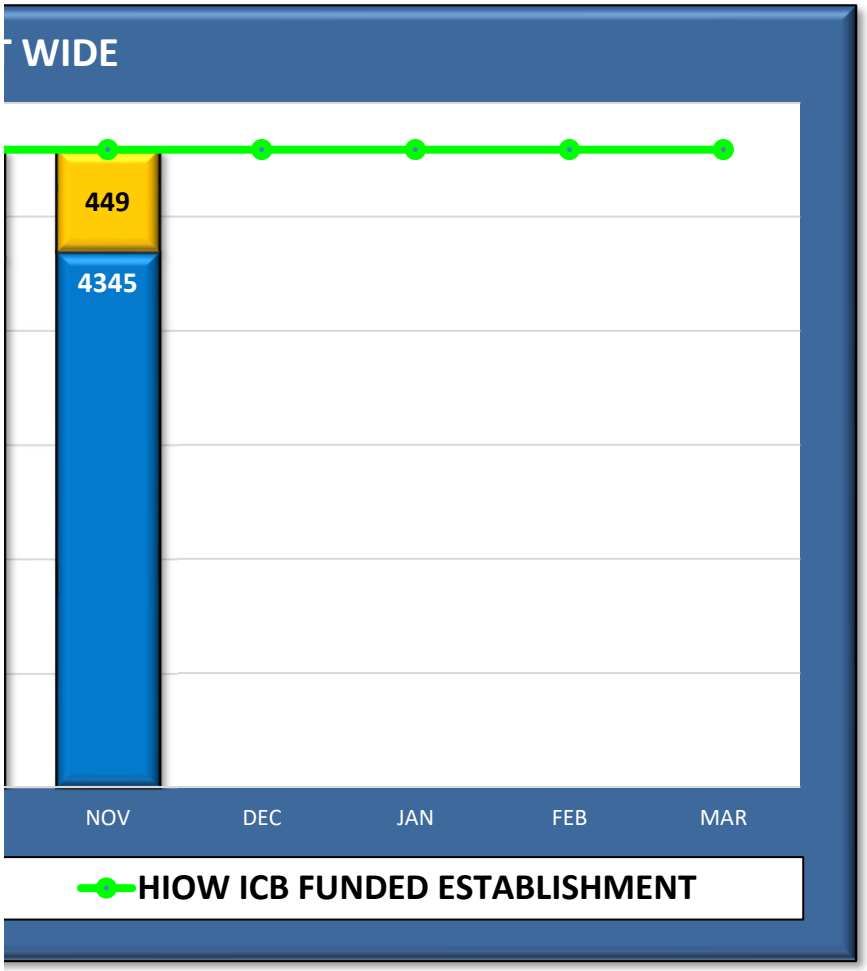
TE)

SEP	OCT	NOV	DEC	JAN	FEB	MAR
95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
98.7%	99.1%	98.7%	98.7%	98.7%	98.7%	98.5%
99.0%	98.8%	98.7%				



Y

SEP	OCT	NOV	DEC	JAN	FEB	MAR
4794	4794	4794	4794	4794	4794	4794
4303	4323	4345				
3078	3089	3103				
1225	1234	1242				
491	471	449				
10.3%	9.8%	9.4%				



SEP	OCT	NOV	DEC	JAN	FEB	MAR
21.3%	21.4%	21.2%	21.4%	21.5%	21.5%	21.3%
18.2%	18.3%	18.1%	0.0%	0.0%	0.0%	0.0%

SEP	OCT	NOV	DEC	JAN	FEB	MAR
12.6%	12.8%	12.7%	13.2%	13.6%	13.5%	12.9%
11.0%	10.7%	10.7%	0.0%	0.0%	0.0%	0.0%

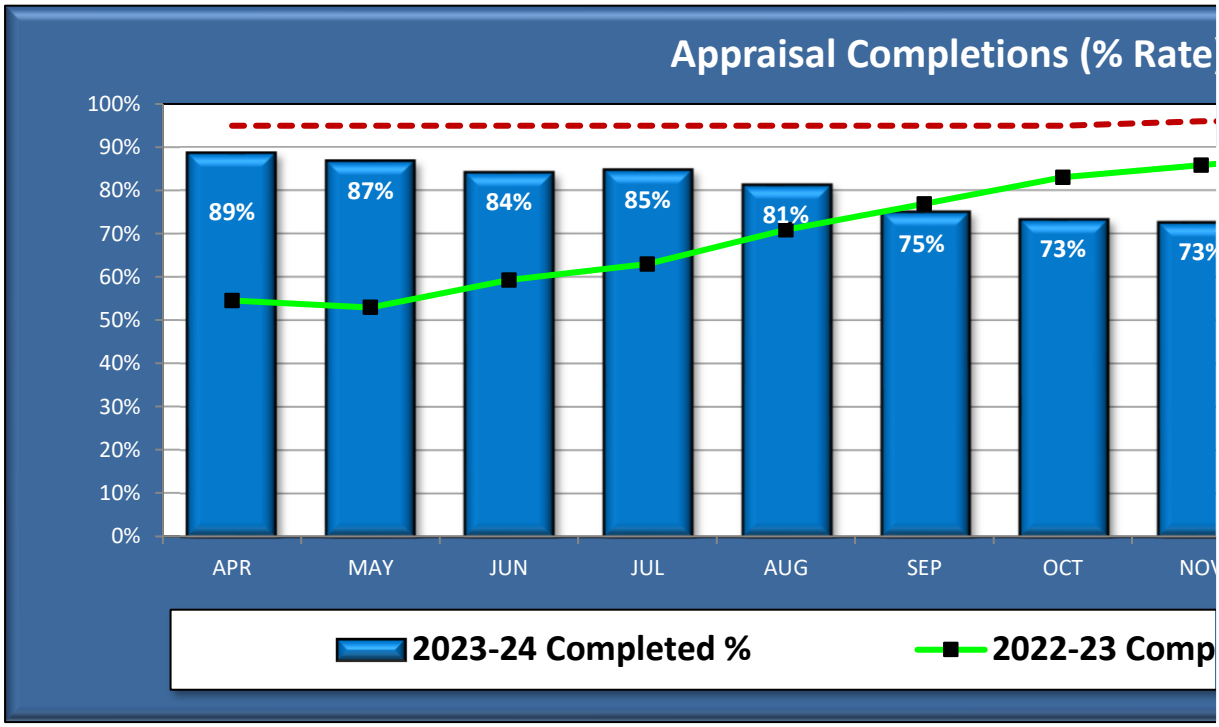
SEP	OCT	NOV	DEC	JAN	FEB	MAR
32.4%	33.0%	33.0%	33.8%	34.4%	35.2%	34.8%
27.9%	28.3%	26.1%	0.0%	0.0%	0.0%	0.0%

SEP	OCT	NOV	DEC	JAN	FEB	MAR
49.1%	51.1%	50.5%	51.3%	50.2%	49.2%	43.5%
43.0%	45.7%	42.9%	0.0%	0.0%	0.0%	0.0%

SEP	OCT	NOV	DEC	JAN	FEB	MAR
17.2%	17.2%	16.1%	16.2%	16.8%	16.9%	16.9%
18.0%	18.7%	19.4%	0.0%	0.0%	0.0%	0.0%

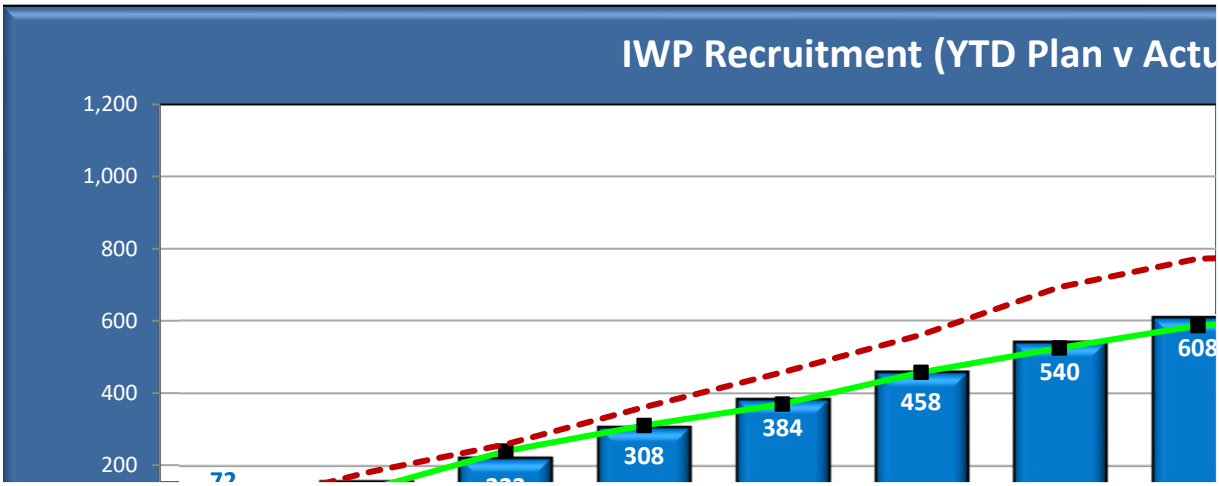
APPRAISALS % COMPLIANCE

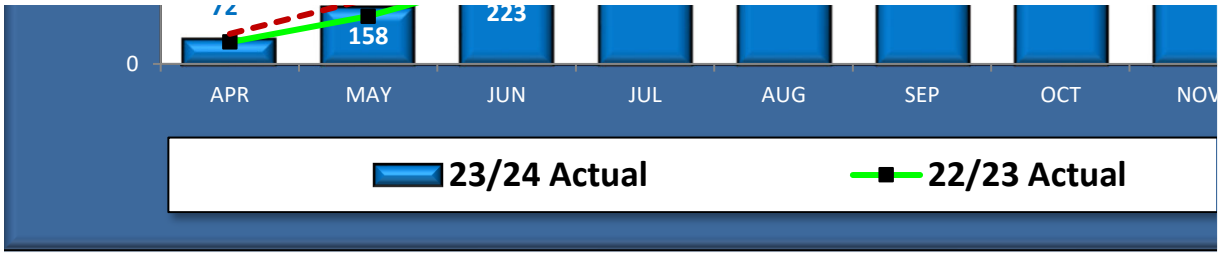
APPRAISALS	APR	MAY	JUN	JUL	AUG	SEP
Compliance	**95.0%**	**95.0%**	95.0%	95.0%	95.0%	95.0%
2022-23 Completed %	54.5%	53.0%	59.2%	62.9%	70.9%	76.9%
2023-24 Completed %	88.6%	86.8%	84.1%	84.6%	81.2%	74.9%



RECRUITMENT (WTE RATE)

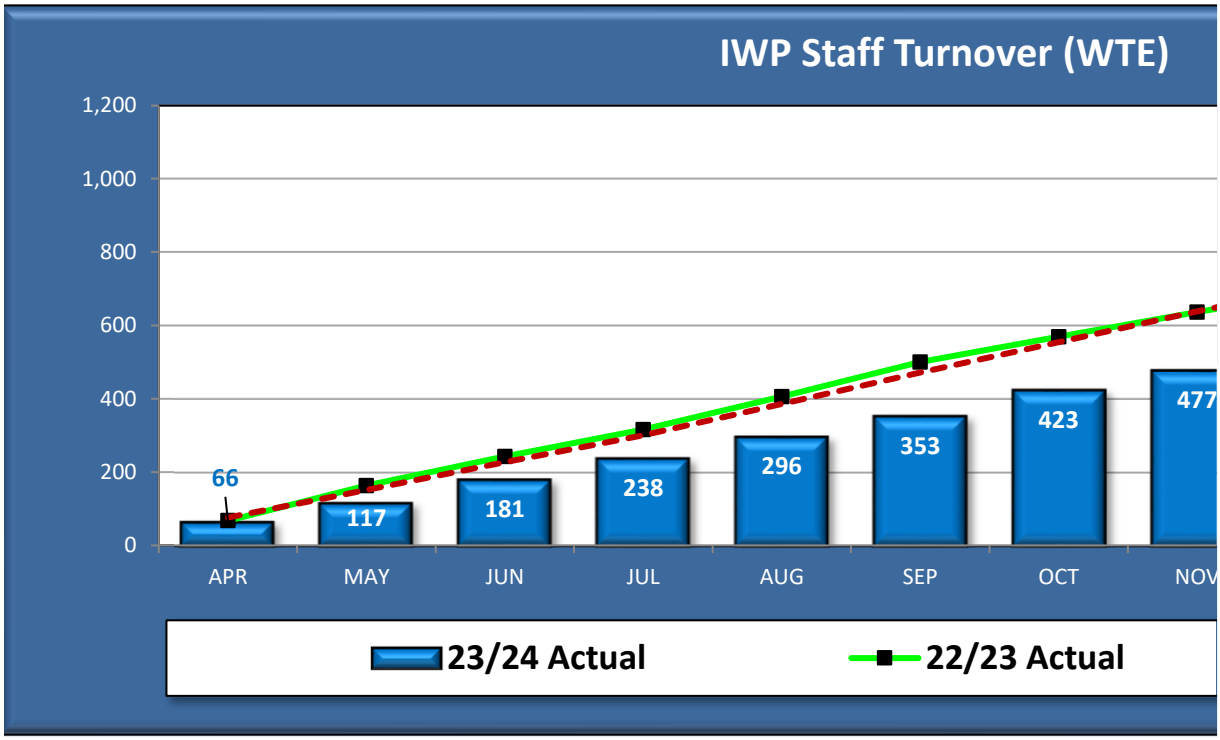
RECRUITMENT YTD	APR	MAY	JUN	JUL	AUG	SEP
2022-23 IWP Recruitment - Actual	60.72	132.21	239.48	310.55	369.64	457.24
2023-24 IWP Recruitment - Plan	84.00	180.00	258.00	361.00	457.00	561.00
2023-24 IWP Recruitment - Actual	71.51	158.23	223.07	307.84	383.73	458.08
2023-24 IWP Recruitment - Actual as % of Plan	85%	88%	86%	85%	84%	82%





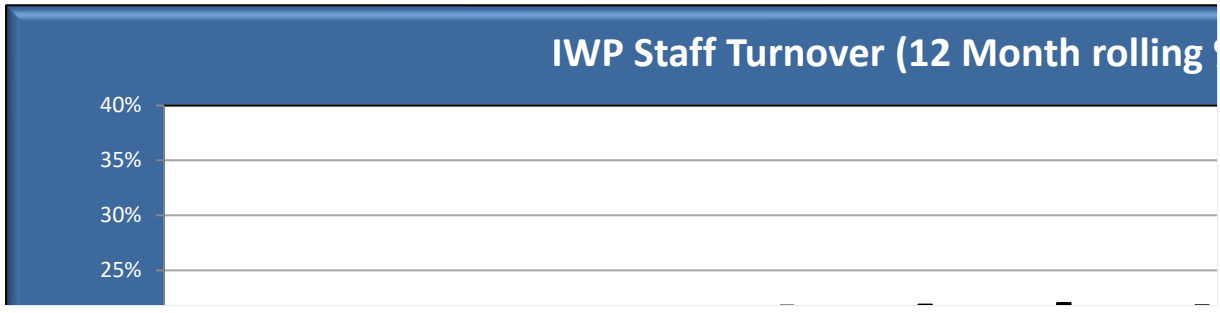
STAFF TURNOVER (WTE RATE)

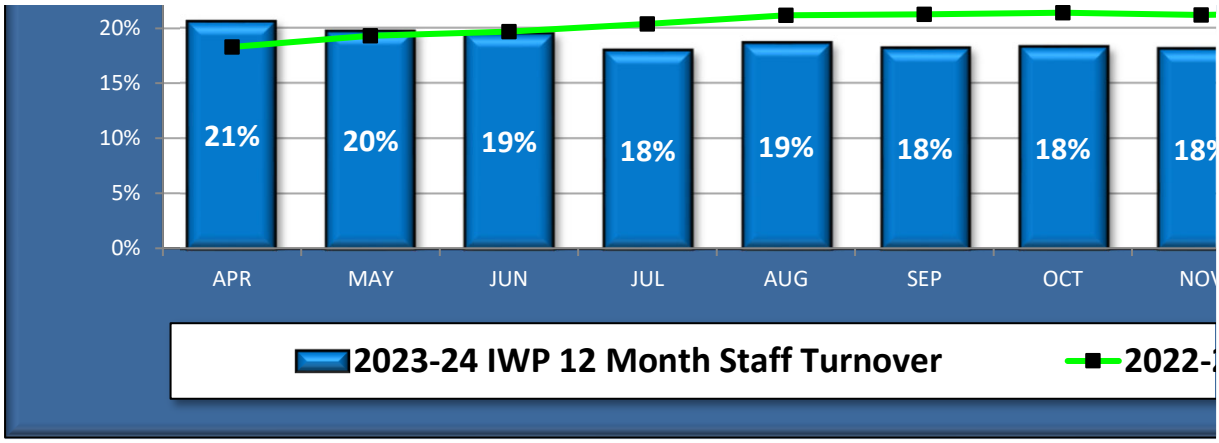
ATTRITION YTD	APR	MAY	JUN	JUL	AUG	SEP
2022-23 IWP Attrition - Actual	67.76	163.15	242.96	316.00	405.37	499.89
2023-24 IWP Attrition - Plan	76.50	151.00	226.50	300.00	386.00	471.10
2023-24 IWP Attrition - Actual	65.56	116.52	180.54	238.00	296.45	352.56
2023-24 IWP Attrition - Actual as % of Forecast	86%	77%	80%	79%	77%	75%



STAFF TURNOVER (WTE RATE)

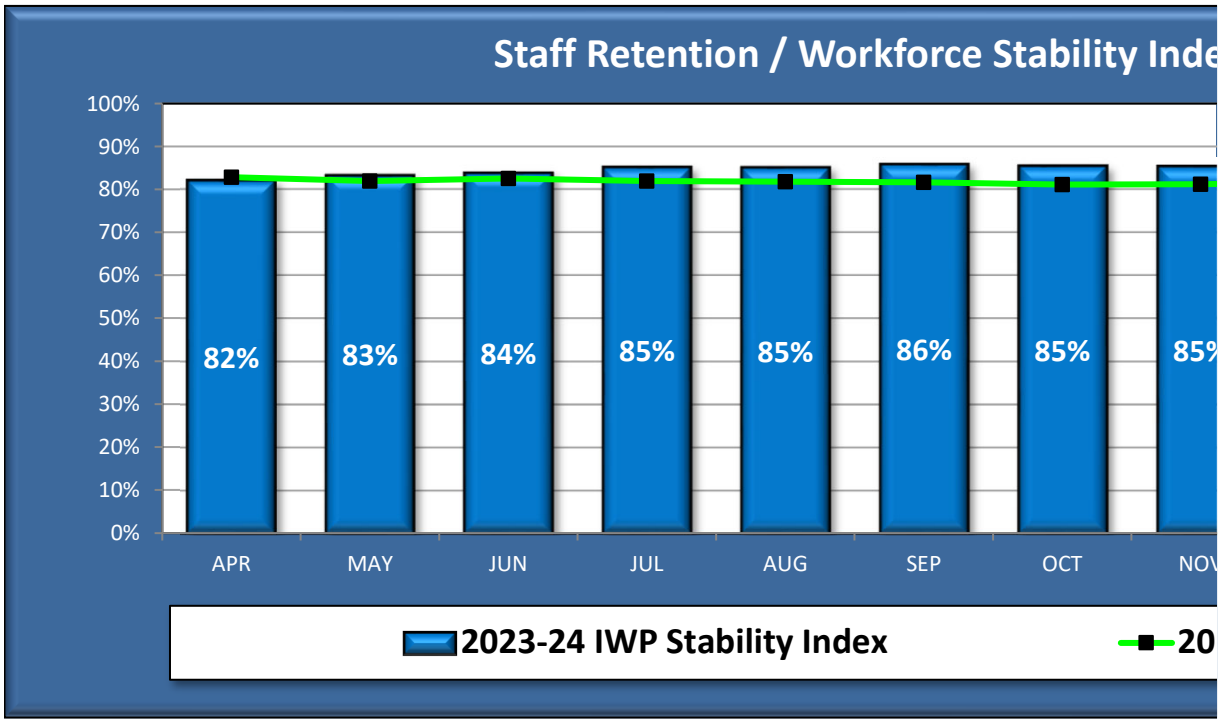
STAFF TURNOVER (12month)	APR	MAY	JUN	JUL	AUG	SEP
2022-23 IWP 12 Month Staff Turnover	18.3%	19.3%	19.7%	20.4%	21.2%	21.3%
2023-24 IWP 12 Month Staff Turnover	20.6%	19.7%	19.5%	18.0%	18.7%	18.2%





STAFF RETENTION / STABILITY INDEX (%

STAFF RETENTION RATE	APR	MAY	JUN	JUL	AUG	SEP
2022-23 IWP Stability Index	82.8%	81.9%	82.5%	82.0%	81.8%	81.6%
2023-24 IWP Stability Index	82.0%	83.1%	83.8%	85.1%	85.0%	85.7%



STABILITY INDEX - TRUST	APR	MAY	JUN	JUL	AUG	SEP
2021-22 IWP 12 Month Stability Index	82.8%	81.9%	82.5%	82.0%	81.8%	81.6%
2022-23 IWP 12 Month Stability Index	82.0%	83.1%	83.8%	85.1%	85.0%	85.7%

STABILITY INDEX - 999 TOTAL	APR	MAY	JUN	JUL	AUG	SEP
2021-22 IWP 12 Month Stability Index	84.3%	83.5%	83.5%	83.1%	83.1%	82.5%
2022-23 IWP 12 Month Stability Index	86.8%	86.6%	86.9%	87.0%	88.0%	88.6%

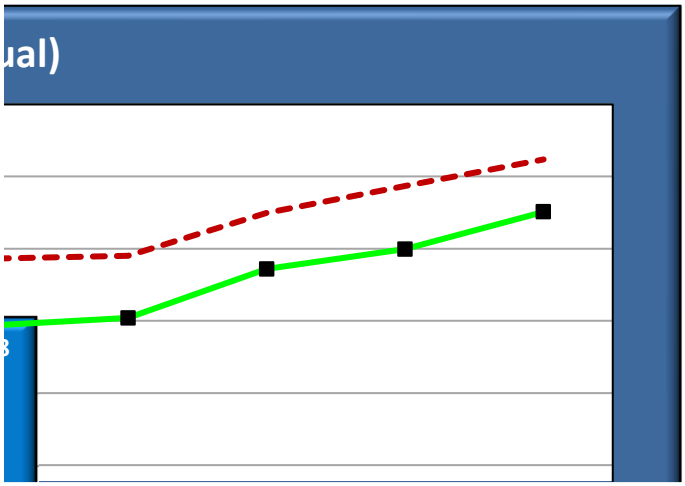
STABILITY INDEX - EOC TOTAL	APR	MAY	JUN	JUL	AUG	SEP
2021-22 IWP 12 Month Stability Index	69.1%	67.7%	68.6%	67.3%	64.2%	66.0%
2022-23 IWP 12 Month Stability Index	64.9%	64.7%	65.7%	67.3%	70.9%	72.4%

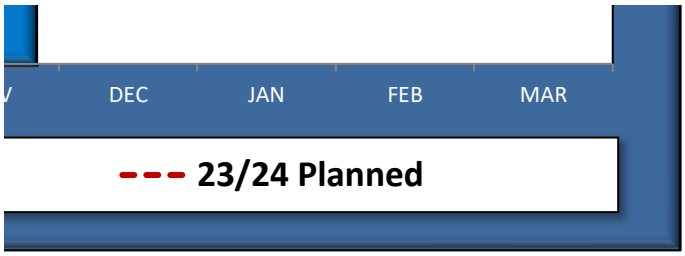
STABILITY INDEX - 111 TOTAL	APR	MAY	JUN	JUL	AUG	SEP
2021-22 IWP 12 Month Stability Index	59.4%	59.4%	59.4%	58.4%	59.6%	60.5%
2022-23 IWP 12 Month Stability Index	61.2%	63.4%	63.9%	66.2%	68.5%	70.5%

STABILITY INDEX - PTS TOTAL	APR	MAY	JUN	JUL	AUG	SEP
2021-22 IWP 12 Month Stability Index	77.6%	78.5%	78.5%	77.1%	76.6%	77.6%
2022-23 IWP 12 Month Stability Index	78.4%	79.6%	79.9%	79.4%	79.8%	80.8%

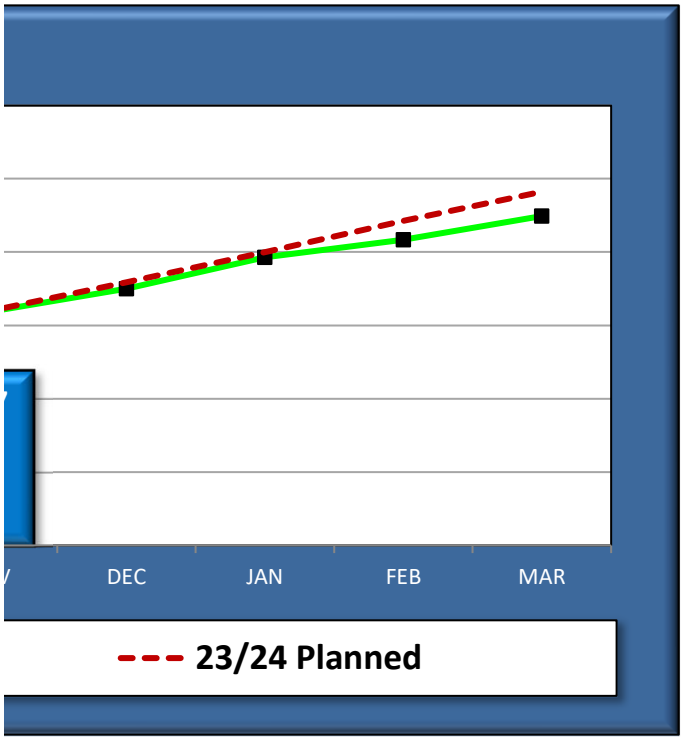
OCT	NOV	DEC	JAN	FEB	MAR
95.0%	96.0%	96.0%	96.0%	96.0%	96.0%
83.0%	85.9%	88.4%	89.3%	88.4%	89.4%
73.2%	72.5%				

OCT	NOV	DEC	JAN	FEB	MAR
524.42	586.56	607.89	743.79	798.56	902.30
693.00	772.00	780.00	899.00	973.00	1047.00
540.17	607.96				
78%	79%				

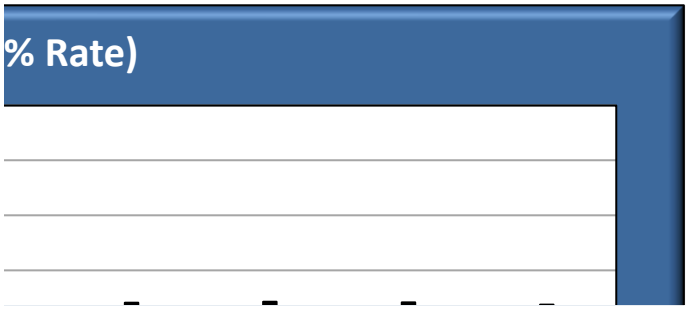


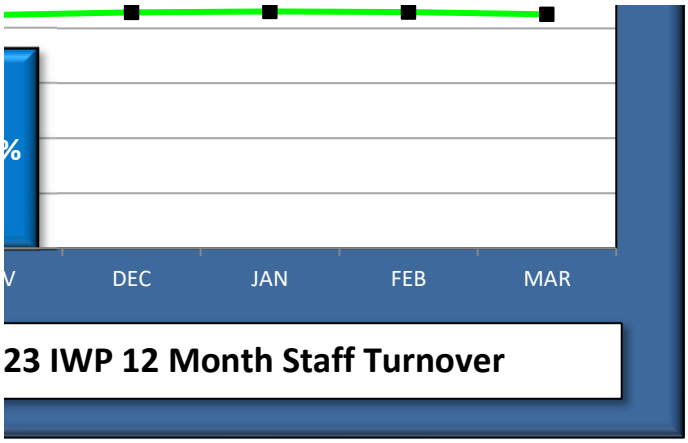


OCT	NOV	DEC	JAN	FEB	MAR
568.71	636.62	699.66	785.56	833.92	898.17
554.60	638.10	717.10	799.10	884.60	964.60
423.04	476.50				
76%	75%				



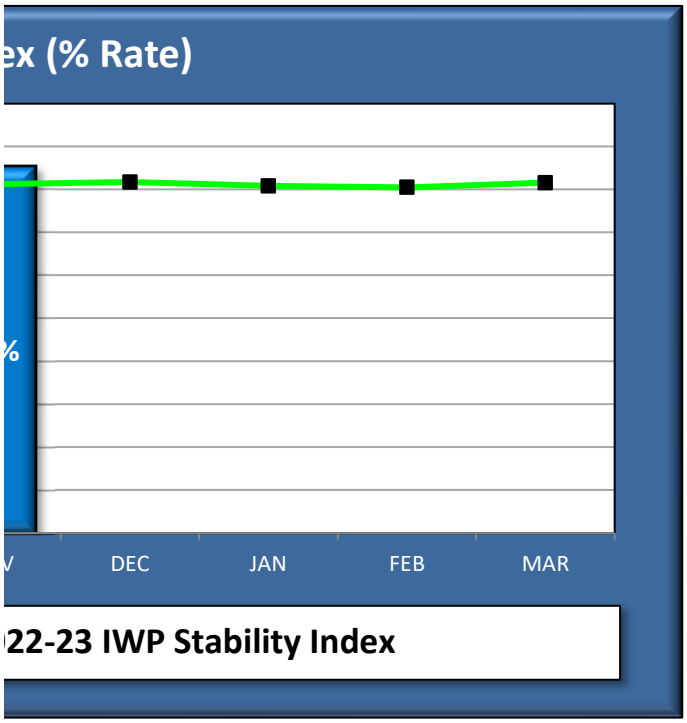
OCT	NOV	DEC	JAN	FEB	MAR
21.4%	21.2%	21.4%	21.5%	21.5%	21.3%
18.3%	18.1%				





RATE)

OCT	NOV	DEC	JAN	FEB	MAR
81.1%	81.2%	81.7%	80.9%	80.5%	81.6%
85.4%	85.3%				



OCT	NOV	DEC	JAN	FEB	MAR
81.1%	81.2%	81.7%	80.9%	80.5%	81.6%
85.4%	85.3%	0.0%	0.0%	0.0%	0.0%

OCT	NOV	DEC	JAN	FEB	MAR
82.9%	83.9%	83.9%	84.2%	85.3%	85.8%
88.4%	88.3%	0.0%	0.0%	0.0%	0.0%

OCT	NOV	DEC	JAN	FEB	MAR
64.6%	63.3%	63.1%	62.9%	62.9%	64.1%
74.0%	75.7%	0.0%	0.0%	0.0%	0.0%

OCT	NOV	DEC	JAN	FEB	MAR
60.0%	58.9%	61.0%	58.9%	58.4%	59.7%
71.0%	71.0%	0.0%	0.0%	0.0%	0.0%

OCT	NOV	DEC	JAN	FEB	MAR
77.0%	77.2%	77.6%	78.8%	78.1%	79.1%
80.4%	78.8%	0.0%	0.0%	0.0%	0.0%

999 FRONT LINE	APR	MAY	JUN	JUL
2022/23 Staff In Post WTE	1719.80	1725.43	1745.81	1756.46
23/24 Rota Establishment	2353.75	2353.75	2353.75	2353.75
23/24 Workforce Plan	1790.00	1808.00	1810.00	1818.00
23/24 Workforce Actual	1789.85	1803.27	1799.23	1809.47
23/24 Vacancy WTE	563.90	550.48	554.52	544.28
23/24 Vacancy % Actual	24.0%	23.4%	23.6%	23.1%
23/24 Work Effective Actual	1657.47	1671.82	1665.71	1669.63
23/24 Work Effective Vacancy WTE	696.28	681.93	688.04	684.12
23/24 Work Effective Vacancy % Actual	29.6%	29.0%	29.2%	29.1%
2022/23 Recruitment WTE	7.00	36.00	42.76	34.00
23/24 Recruitment Plan	29.00	44.00	26.00	26.00
23/24 Recruitment Actual	25.00	32.69	18.77	25.83
23/24 Recruitment Performance	86.2%	74.3%	72.2%	99.3%
2022/23 Attrition WTE	23.93	32.79	20.99	26.31
23/24 Attrition Plan	27.00	26.00	24.00	24.00
23/24 Attrition Actual	24.19	15.72	21.27	20.57
23/24 Attrition Performance	90%	60%	89%	86%
Staff Turnover 12m % Rate	12.2%	12.4%	12.4%	12.1%
Staff Stability Index % Rate	86.8%	86.6%	86.9%	87.0%
2022/23 Sickness % Rate	11.5%	8.4%	8.4%	8.9%
23/24 Sickness % Rate	7.1%	6.4%	6.3%	7.2%
23/24 Sickness LT % Rate	3.7%	3.8%	3.9%	4.0%
23/24 Sickness ST % Rate	3.4%	2.6%	2.3%	3.1%
2022/23 Appraisal % Completed	27%	27%	41%	50%
23/24 Appraisal % Completed	94%	91%	86%	87%
23/24 DBS % Completed	99%	99%	99%	99%
23/24 Prof Reg % Completed	100%	99%	99%	99%

EMERGENCY OPERATIONS CENTRE	APR	MAY	JUN	JUL
2022/23 Staff In Post WTE	249.94	249.50	259.76	265.76
23/24 Rota Establishment	303.45	303.45	303.45	303.45
23/24 Workforce Plan	294.09	293.09	293.09	298.09
23/24 Workforce Actual	275.48	275.10	282.29	291.14
23/24 Vacancy WTE	27.97	28.35	21.16	12.31
23/24 Vacancy % Actual	9.2%	9.3%	7.0%	4.1%
23/24 Work Effective Actual	230.27	233.14	239.76	241.88
23/24 Work Effective Vacancy WTE	73.18	70.31	63.69	61.57
23/24 Work Effective Vacancy % Actual	24.1%	23.2%	21.0%	20.3%
2022/23 Recruitment WTE	12.60	10.00	27.72	19.51
23/24 Recruitment Plan	20.00	13.00	16.00	16.00
23/24 Recruitment Actual	15.20	10.40	15.11	22.00
23/24 Recruitment Performance	76.0%	80.0%	94.4%	137.5%
2022/23 Attrition WTE	11.95	10.44	17.46	13.51

23/24 Attrition Plan	14.00	13.00	16.00	16.00
23/24 Attrition Actual	10.07	10.78	7.92	13.15
23/24 Attrition Performance	72%	83%	50%	82%
Staff Turnover 12m % Rate	33.6%	34.1%	31.9%	31.3%
Staff Stability Index % Rate	64.9%	64.7%	65.7%	67.3%
2022/23 Sickness % Rate	10.4%	7.2%	7.9%	9.1%
23/24 Sickness % Rate	5.6%	5.5%	5.5%	6.2%
23/24 Sickness LT % Rate	2.7%	3.3%	3.3%	3.1%
23/24 Sickness ST % Rate	2.9%	2.2%	2.2%	3.2%
2022/23 Appraisal % Completed	88%	82%	74%	72%
23/24 Appraisal % Completed	98%	96%	94%	90%
23/24 DBS % Completed	97%	97%	96%	95%
23/24 Prof Reg % Completed	100%	100%	99%	97%

NHS 111 SERVICE	APR	MAY	JUN	JUL
2022/23 Staff In Post WTE	223.21	210.74	210.84	198.57
23/24 Rota Establishment	450.39	413.53	424.18	421.67
23/24 Workforce Plan	284.96	285.46	284.96	286.46
23/24 Workforce Actual	284.91	288.92	282.94	284.70
23/24 Vacancy WTE	165.49	124.62	141.24	136.97
23/24 Vacancy % Actual	36.7%	30.1%	33.3%	32.5%
23/24 Work Effective Actual	216.85	238.46	245.33	240.58
23/24 Work Effective Vacancy WTE	233.55	175.08	178.85	181.09
23/24 Work Effective Vacancy % Actual	51.9%	42.3%	42.2%	42.9%
2022/23 Recruitment WTE	25.12	14.49	15.79	11.96
23/24 Recruitment Plan	20.00	19.00	19.00	19.00
23/24 Recruitment Actual	19.86	19.52	16.02	13.94
23/24 Recruitment Performance	99.3%	102.7%	84.3%	73.4%
2022/23 Attrition WTE	24.13	27.68	20.52	21.62
23/24 Attrition Plan	20.50	18.50	19.50	19.50
23/24 Attrition Actual	15.09	15.51	22.00	12.18
23/24 Attrition Performance	74%	84%	113%	62%
Staff Turnover 12m % Rate	43.3%	41.5%	42.5%	42.8%
Staff Stability Index % Rate	61.2%	63.4%	63.9%	66.2%
2022/23 Sickness % Rate	13.5%	11.2%	12.2%	12.7%
23/24 Sickness % Rate	4.7%	6.4%	7.5%	7.2%
23/24 Sickness LT % Rate	1.5%	3.2%	4.1%	3.5%
23/24 Sickness ST % Rate	3.2%	3.2%	3.4%	3.7%
2022/23 Appraisal % Completed	63%	61%	63%	61%
23/24 Appraisal % Completed	87%	87%	85%	85%
23/24 DBS % Completed	96%	96%	96%	97%
23/24 Prof Reg % Completed	92%	94%	10%	98%

PATIENT TRANSPORT SERVICE	APR	MAY	JUN	JUL
2022/23 Staff In Post WTE	673.29	659.81	659.96	653.96

23/24 Rota Establishment	816.10	816.10	816.10	816.10
23/24 Workforce Plan	635.45	638.45	638.45	648.45
23/24 Workforce Actual	627.51	642.67	644.78	656.22
23/24 Vacancy WTE	188.59	173.43	171.32	159.88
23/24 Vacancy % Actual	23.1%	21.3%	21.0%	19.6%
23/24 Work Effective Actual	617.51	631.22	620.67	641.28
23/24 Work Effective Vacancy WTE	198.59	184.88	195.43	174.82
23/24 Work Effective Vacancy % Actual	24.3%	22.7%	23.9%	21.4%
2022/23 Recruitment WTE	16.00	11.00	21.00	5.60
23/24 Recruitment Plan	15.00	20.00	16.00	16.00
23/24 Recruitment Actual	11.45	24.11	14.94	23.00
23/24 Recruitment Performance	76.3%	120.6%	93.4%	143.8%
2022/23 Attrition WTE	7.75	24.48	20.84	11.60
23/24 Attrition Plan	15.00	17.00	16.00	16.00
23/24 Attrition Actual	16.21	8.95	12.83	11.56
23/24 Attrition Performance	108%	53%	80%	72%
Staff Turnover 12m % Rate	17.4%	16.8%	17.0%	18.4%
Staff Stability Index % Rate	78.4%	79.6%	79.9%	79.4%
2022/23 Sickness % Rate	10.1%	8.5%	8.1%	9.9%
23/24 Sickness % Rate	8.1%	7.2%	6.7%	6.3%
23/24 Sickness LT % Rate	5.3%	5.2%	4.8%	4.1%
23/24 Sickness ST % Rate	2.9%	2.0%	1.9%	2.2%
2022/23 Appraisal % Completed	89%	86%	86%	85%
23/24 Appraisal % Completed	86%	86%	85%	87%
23/24 DBS % Completed	99%	99%	99%	99%
23/24 Prof Reg % Completed	100%	100%	100%	100%

CE OVERVIEW 2023/24

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
1746.30	1758.28	1770.18	1764.28	1739.69	1770.58	1776.06	1795.00
2353.75	2353.75	2353.75	2353.75	2353.75	2353.75	2353.75	2353.75
1810.49	1814.49	1839.49	1828.49	1800.49	1829.49	1806.49	1791.49
1811.45	1824.00	1849.04	1846.07				
542.30	529.75	504.71	507.68				
23.0%	22.5%	21.4%	21.6%				
1707.32	1701.89	1703.20	1711.94				
646.43	651.86	650.55	641.81				
27.5%	27.7%	27.6%	27.3%				
34.00	34.00	34.00	34.00	0.00	66.83	17.00	31.82
26.00	26.00	26.00	26.00	0.00	58.00	10.00	14.00
25.71	33.75	46.75	17.51				
98.9%	129.8%	179.8%	67.3%				
26.31	26.31	26.31	26.31	26.75	34.03	12.22	21.32
24.00	24.00	24.00	24.00	28.00	29.00	33.00	29.00
26.12	21.12	20.01	21.64				
109%	88%	83%	90%				
11.6%	11.0%	10.7%	10.7%				
88.0%	88.6%	88.4%	88.3%				
7.9%	6.9%	7.2%	7.4%	10.6%	7.4%	7.3%	7.1%
6.4%	7.2%	7.0%	6.9%				
3.5%	3.9%	4.2%	3.9%				
2.9%	3.3%	2.9%	3.0%				
65%	77%	85%	89%	93%	93%	92%	94%
81%	70%	68%	69%				
99%	99%	99%	99%				
96%	97%	96%	96%				

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
252.33	255.25	255.68	244.48	243.55	254.74	253.38	263.09
303.45	303.45	303.45	303.45	303.45	303.45	303.45	303.45
293.09	296.49	295.49	299.49	286.49	286.99	290.99	290.99
300.21	304.71	303.34	313.69				
3.24	-1.26	0.11	-10.24				
1.1%	-0.4%	0.0%	-3.4%				
243.55	244.07	248.29	260.41				
59.90	59.38	55.16	43.04				
19.7%	19.6%	18%	14%				
19.51	19.51	19.51	10.20	3.00	27.07	7.01	19.50
16.00	16.00	16.00	19.00	0.00	16.00	18.00	16.00
16.26	11.51	5.40	19.84				
101.6%	71.9%	33.8%	104.4%				
13.51	13.51	13.51	21.40	7.73	15.47	9.97	10.39

16.00	16.00	16.00	14.00	13.00	15.50	14.00	15.00
7.20	7.01	6.77	7.89				
45%	44%	42%	56%				
29.1%	27.9%	28.3%	26.1%				
70.9%	72.4%	74.0%	75.7%				
7.8%	6.5%	8.0%	7.7%	10.1%	8.5%	6.3%	5.4%
6.2%	6.5%	6.5%	6.4%				
3.7%	3.8%	3.9%	3.8%				
2.4%	2.7%	2.6%	2.6%				
71%	79%	90%	94%	95%	92%	92%	98%
90%	74%	66%	68%				
96%	97%	98%	97%				
97%	97%	98%	98%				

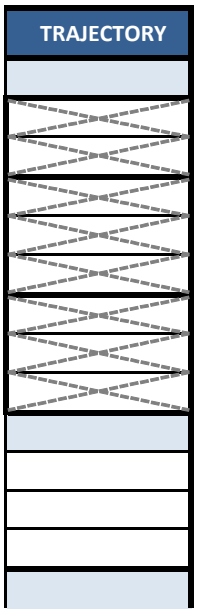
AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
194.68	192.21	184.61	181.06	176.90	185.90	177.40	179.53
443.29	415.13	432.74	444.07	482.82	423.79	455.56	435.01
286.96	292.46	298.96	303.46	283.46	293.96	303.46	311.46
291.58	294.77	287.59	295.75				
151.71	120.36	145.15	148.32				
34.2%	29.0%	33.5%	33.4%				
249.66	247.70	243.56	250.11				
193.63	167.43	189.18	193.96				
43.7%	40.3%	43.7%	43.7%				
11.96	11.96	11.96	20.36	6.33	27.00	12.76	31.42
19.00	19.00	19.00	20.00	0.00	29.00	28.00	28.00
21.92	18.08	13.14	15.44				
115.4%	95.2%	69%	77%				
21.62	21.62	21.62	15.17	13.36	17.00	11.14	12.76
19.50	19.50	19.50	18.50	20.00	18.50	18.50	20.00
15.04	14.89	20.32	7.28				
77%	76%	104%	39%				
42.3%	43.0%	45.7%	42.9%				
68.5%	70.5%	71.0%	71.0%				
10.8%	8.9%	10.4%	10.7%	12.7%	10.6%	7.8%	6.3%
6.9%	7.8%	7.8%	7.5%				
3.7%	4.5%	4.1%	4.1%				
3.2%	3.2%	3.7%	3.4%				
62%	67%	76%	79%	83%	89%	90%	88%
85%	84%	80%	74%				
97%	97%	97%	97%				
98%	97%	97%	96%				

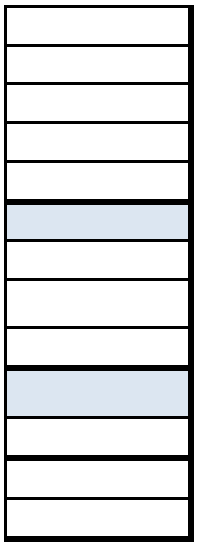
AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
653.53	636.86	628.86	636.82	634.62	630.87	633.84	631.45

816.10	816.10	816.10	816.10	816.10	816.10	816.10	816.10
649.45	641.45	646.45	646.45	636.45	641.45	639.45	639.45
658.13	654.03	648.74	647.08				
157.97	162.07	167.36	169.02				
19.4%	19.9%	20.5%	20.7%				
635.13	642.03	637.74	630.28				
180.97	174.07	178.36	185.82				
22.2%	21.3%	21.9%	22.8%				
5.60	5.60	5.60	17.96	12.00	15.00	18.00	16.00
16.00	16.00	16.00	16.00	8.00	24.00	18.00	16.00
12.00	11.00	16.80	15.00				
75.0%	68.8%	105%	94%				
11.60	11.60	11.60	10.00	14.20	18.40	15.03	18.78
16.00	16.00	16.00	16.00	18.00	19.00	20.00	16.00
10.09	13.10	23.38	16.66				
63%	81.9%	146%	104%				
17.6%	18.0%	18.7%	19.4%				
79.8%	80.8%	80.4%	78.8%				
9.3%	8.7%	9.6%	9.0%	10.6%	9.7%	9.2%	9.2%
6.6%	6.7%	6.7%	6.6%				
4.6%	4.0%	4.0%	4.2%				
1.9%	2.7%	2.7%	2.4%				
87%	87%	90%	88%	90%	90%	88%	88%
84%	86%	86%	86%				
99%	99%	99%	99%				
100%	100%	100%	100%				

SERVICE LINE	MEASURE	APR	MAY
999 Front Line	Budget Establishment	2353.75	2353.75
999 Front Line	Contracted WTE	563.90	550.48
999 Front Line	Contracted % Rate	24.0%	23.4%
999 Front Line	Work Effective WTE	696.28	681.93
999 Front Line	Work Effective % Rate	29.6%	29.0%
EOC	Budget Establishment	303.45	303.45
EOC	Contracted WTE	27.97	28.35
EOC	Contracted % Rate	9.2%	9.3%
EOC	Work Effective WTE	73.18	70.31
EOC	Work Effective % Rate	24.1%	23.2%
NHS 111	Budget Establishment	450.39	413.53
NHS 111	Contracted WTE	165.49	124.62
NHS 111	Contracted % Rate	36.7%	30.1%
NHS 111	Work Effective WTE	233.55	175.08
NHS 111	Work Effective % Rate	51.9%	42.3%
PTS	Budget Establishment	816.10	816.10
PTS	Contracted WTE	165.49	124.62
PTS	Contracted % Rate	23.1%	21.3%
PTS	Work Effective WTE	198.59	184.88
PTS	Work Effective % Rate	24.3%	22.7%
CORP	Budget Establishment		
CORP	Contracted WTE		
CORP	Contracted % Rate		
CORP	Work Effective WTE		
CORP	Work Effective % Rate		

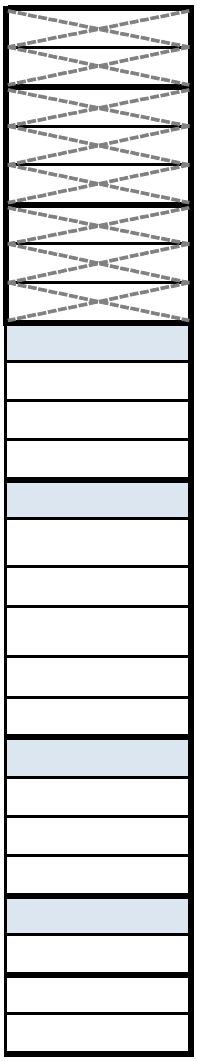
TOTAL	Budget Establishment	3923.69	3886.83
TOTAL	Contracted WTE	922.84	828.06
TOTAL	Contracted % Rate	23.5%	21.3%
TOTAL	Work Effective WTE	1201.60	1112.20
TOTAL	Work Effective % Rate	30.6%	28.6%





TRAJECTORY

TRAJECTORY



JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2353.75	2353.75	2353.75	2353.75	2353.75	2353.75				
554.52	544.28	542.30	529.75	504.71	507.68				
23.6%	23.1%	23.0%	22.5%	21.4%	21.6%				
688.04	684.12	646.43	651.86	650.55	641.81				
29.2%	29.1%	27.5%	27.7%	27.6%	27.3%				
303.45	303.45	303.45	303.45	303.45	303.45				
21.16	12.31	3.24	-1.26	0.11	-10.24				
7.0%	4.1%	1.1%	-0.4%	0.0%	-3.4%				
63.69	61.57	59.90	59.38	55.16	43.04				
21.0%	20.3%	19.7%	19.6%	18.2%	14.2%				
424.18	421.67	443.29	415.13	432.74	444.07				
141.24	136.97	151.71	120.36	145.15	148.32				
33.3%	32.5%	34.2%	29.0%	33.5%	33.4%				
178.85	181.09	193.63	167.43	189.18	193.96				
42.2%	42.9%	43.7%	40.3%	43.7%	43.7%				
816.10	816.10	816.10	816.10	816.10	816.10				
141.24	136.97	151.71	120.36	145.15	148.32				
21.0%	19.6%	19.4%	19.9%	20.5%	20.7%				
195.43	174.82	180.97	174.07	178.36	185.82				
23.9%	21.4%	22.2%	21.3%	21.9%	22.8%				

3897.48	3894.97	3916.59	3888.43	3906.04	3917.37
858.16	830.53	848.96	769.22	795.12	794.07
22.0%	21.3%	21.7%	19.8%	20.4%	20.3%
1126.02	1101.60	1080.93	1052.75	1073.25	1064.63
28.9%	28.3%	27.6%	27.1%	27.5%	27.2%

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NHS
South Central Ambulance Service
NHS Foundation Trust

HEALTH & WELLBEING

WELLBEING OFFERINGS FOR STAFF

Table of Contents

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2 Mission & Purpose

3 6 Pillars

4 Occupational Health

5 Employee Assistance Programme (EAP)

6 What we offer

7 Helplines and resources

8 NHS Staff Discounts

9 Contact us

Introduction

South Central Ambulance Service (SCAS) really value the health and wellbeing of our people and our success is based on their engagement, passion and commitment. SCAS aim to create a great place to work for our people, where they can develop their skills and expertise, where we support them with their health and wellbeing.

This guide has been created to provide information and raise awareness of the support SCAS offer and to equip you with some tips and tools to proactively look after your own wellbeing. SCAS strive to create a workplace where we are all more aware of our health and wellbeing needs; whether this be mental, physical, financial, emotional or all of the above. The Health and Wellbeing team are continually working to improve the offerings for all SCAS colleagues, through research, local and national offerings, further engagement and communication with everyone and in line with the SCAS People Strategy.

"I am privileged to be the SCAS Wellbeing Guardian in addition to my role as SCAS Chair. This role enables me to seek assurance that the health and wellbeing of the organisation is embedded throughout and that each board member is putting the health and wellbeing of the organisation and employee wellbeing at the heart of all that we do."

Professor Sir Keith Willett, SCAS Chair and Wellbeing Guardian

Mission & Purpose

Mission

In line with the NHS People Plan for 2022/2023 and beyond; we are committed to providing quality Health and Wellbeing support for everyone. Focusing on the actions we must all take to keep our people safe, healthy and well - both physically and mentally.

Purpose

Our priority is to put our people at the heart of what we do, with new and existing opportunities and offerings to empower you to be resilient, safe and thrive in work. Through our six pillars approach inspiring our people to be the best versions of themselves to be able to deliver the right care, first time, every time.

Our 6 Pillars

SCAS has developed six distinct pillars to align health and wellbeing for employees, as set out in the SCAS People Strategy. These take a holistic approach to supporting good health for all. These pillars, and the initiatives under them, are as follows:

Working Conditions

Championing JLC & SCAS Leader

Process Management –
- Sickness
- Maternity
- Stress Risk Assessment

Wellbeing Conversations

Supporting our People

Connecting with Networks

Connecting with Unions

Management & Team Leader advice

Emotional Health

Hub of Hope

Free access to Headspace

Free access to Unmind

EAP & O/H Referrals

General advice

Bereavement support

Financial Wellbeing

Financial Wellbeing Guide and Cost of Living Brochure

EAP – Financial Wellbeing support & advice

Pre-Retirement courses

Pension advice & Total Reward Statements

Money tools

Debt Advice support

Payroll Pay (salary sacrifice)

Mental Health

Occupational Health Referrals

EAP 24-7 Helpline

REACT Training

TRIM

Mental Health First Aiders (MHFA)

AACE & TASC Suicide Prevention Groups

Suicide Awareness Courses – Zero Suicide Alliance

Introduction to StRaW training

Physical Health

Onsite Physiotherapists

Move to Improve - Programme in EOC North

MOT Health Checks

Menopause support

Temporary Alternative Duties

Occupational Health

Links to Free Fitness sessions

DSE Eye Test claims

Benefits & Discounts

Access to discounts on Home Tech, Cycle to Work, Car Lease scheme

Access to discounts and benefits via the Vivup portal

Red Guava & Butlins discounts

Blue Light Card & many more!

Occupational Health

Optima Health

Optima Health offer practitioner appointments, counselling, physiotherapy, wellness webinars, MOT Health Checks and general wellness advice. They also advise the Trust on the best way to assist you during periods of illness. Speak to your manager for a referral in the first instance.

If you are a manager, and you require access to submit a referral, please email team3@optimahealth.co.uk to request an account.

http://

optimahealth.co.uk

01327 810 797

Employee Assistance Programme (EAP)

health assured

Here to assist you with personal problems that may adversely impact your health and wellbeing or work performance. This can include assessment, short-term counselling and referral services for you and your immediate family. The 24/7 365 service is free, confidential and accessible online via Healthassuredeap.co.uk, by telephone or via the My Healthy Advantage app.

Username: Wellbeing
Password: HostDivePoem

0800 028 0199
Free confidential helpline

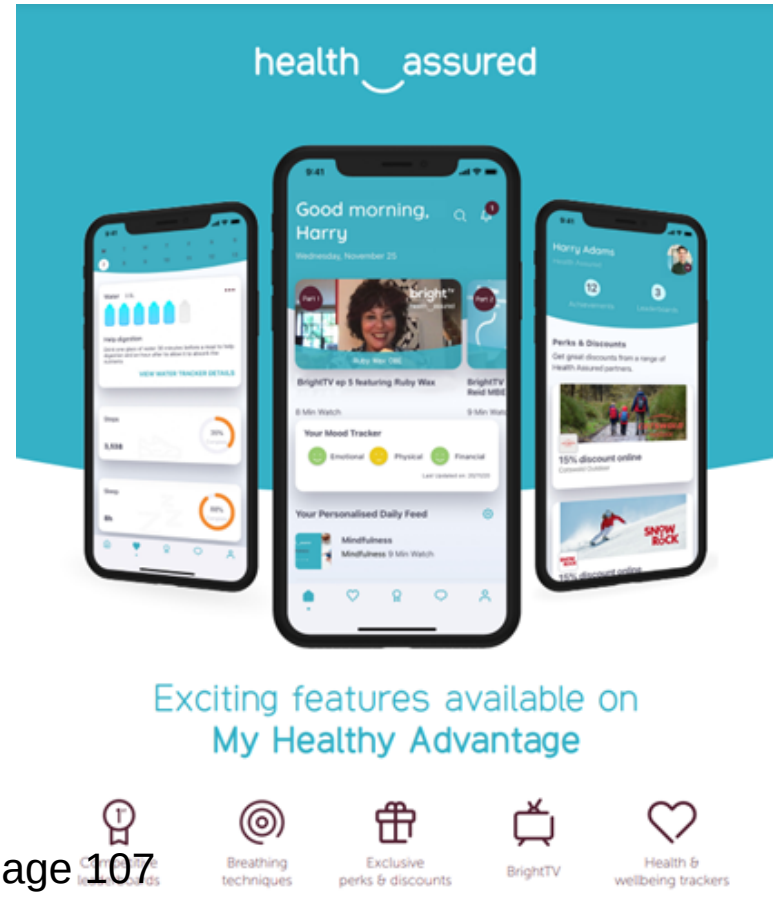
Code: MHA193841

Code: MHA193841

The My Healthy Advantage app is available to all colleagues. The app includes topical articles, wellbeing tools and engaging features designed to improve your mental and physical health and in-the-moment counselling support, all at your fingertips. My Healthy Advantage features include:

- Live chat and support
- Personalised news feed
- Weekly mood tracker
- Lifestyle change four-week plans
- Mini Health checks
- Achievements & recognition
- Perks & discounts

Colleagues can download the My Healthy Advantage app for iOS and Android devices, using the unique code above.



What
We Offer

affinity CONNECT
Financial courses & health checks

Wellbeing Webinars

NHS Fitness Studio

Cruse Bereavement Support

Money Helper
Financial support, advice & tools

Mental Health First Aider
MHFA England

The Will Guys
Will-writing service

Trauma Risk Management

Wellbeing Champions

Cycle To Work Scheme

For more information on any of the above, visit your Health & Wellbeing Portal via https://scasbenefits.co.uk/ or scan this QR code

Helplines and other **Resources**

There are a range of resources available outside of the organisation that can also help you if you are struggling, or experiencing an extreme or persistent low mood.

THE AMBULANCE STAFF CHARITY

The Ambulance Staff Charity (TASC) offer a range of services to support mental health, physical rehabilitation, and financial wellbeing to UK ambulance staff. theasc.org.uk **In crisis?** Call anytime 0300 373 0898 Available 24/7, 365 days a year.

SAMARITANS

Samaritans is a phone helpline offering support to people experiencing distress or suffering from mental illness or suicidal thoughts. Helpline number: 16 123 (Open 24 hours a day, 365 days a year)
www.samaritans.org

shout 85258

Shout is a text service, free on all major mobile networks, for anyone in crisis. It's a place to go if you're struggling to cope and you need immediate help.
Text number: 85258
(Available 24 hours a day, 365 days a year)
www.giveusashout.org

PAPYRUS PREVENTION OF YOUNG SUICIDE

If you're under 35 and struggling with suicidal feelings or you're concerned about a young person who might be struggling, you can call Papyrus HOPELINEUK.
Helpline number: 0800 068 4141
(Open 10am-10pm weekdays, 2pm-10pm weekends and 2pm–10pm bank holidays)
www.papyrus-uk.org

CAMPAIGN AGAINST LIVING MISERABLY

CALM is a helpline specifically for individuals who identify as male. It is designed for men who feel down or are experiencing mental illness or suicidal thoughts. Helpline number: 0800 58 58 58 (Open 7 days a week, from 5pm - midnight)
www.thecalmzone.net

Hub of Hope

Hub of Hope is a mental health database listing mental health services and organisations in your area. Using the location of your web browser or mobile device, the application allows anyone, anywhere, to find the nearest source of support for any mental health issue, from depression and anxiety to PTSD and suicidal thoughts.
hubofhope.co.uk

headspace

Headspace is a FREE app-based meditation subscription service for NHS staff. You can access a range of meditations that can help with stress, sleep, focus, anxiety and wellbeing.
www.headspace.com/nhs

unmind

Unmind is a FREE mental health platform for NHS staff. Get clinically-backed tools, resources and support for proactively nurturing your mental health.
https://resources.unmind.com/free-nhs-access

NHS
Staff Discounts

As an NHS worker, you are eligible for numerous discounts, some of which are listed below. For up to date information, please visit your dedicated Health and Wellbeing Portal https://scasbenefits.co.uk or scan the QR code below.

vivup

NHS STAFF BENEFITS

Red Guava

healthservicediscounts

CONCERTS FOR CARERS

Together with O2

TICKETS FOR GOOD

Scan me!

Contact Us

If you have any feedback, or would like to contact the Health & Wellbeing Team please use the details below:

HWBETeam@scas.nhs.uk

scasbenefits.co.uk/

For the latest news and course availability, join our Viva Engage Community!

Search Viva Engage for the **Health, Wellbeing & Engagement page**

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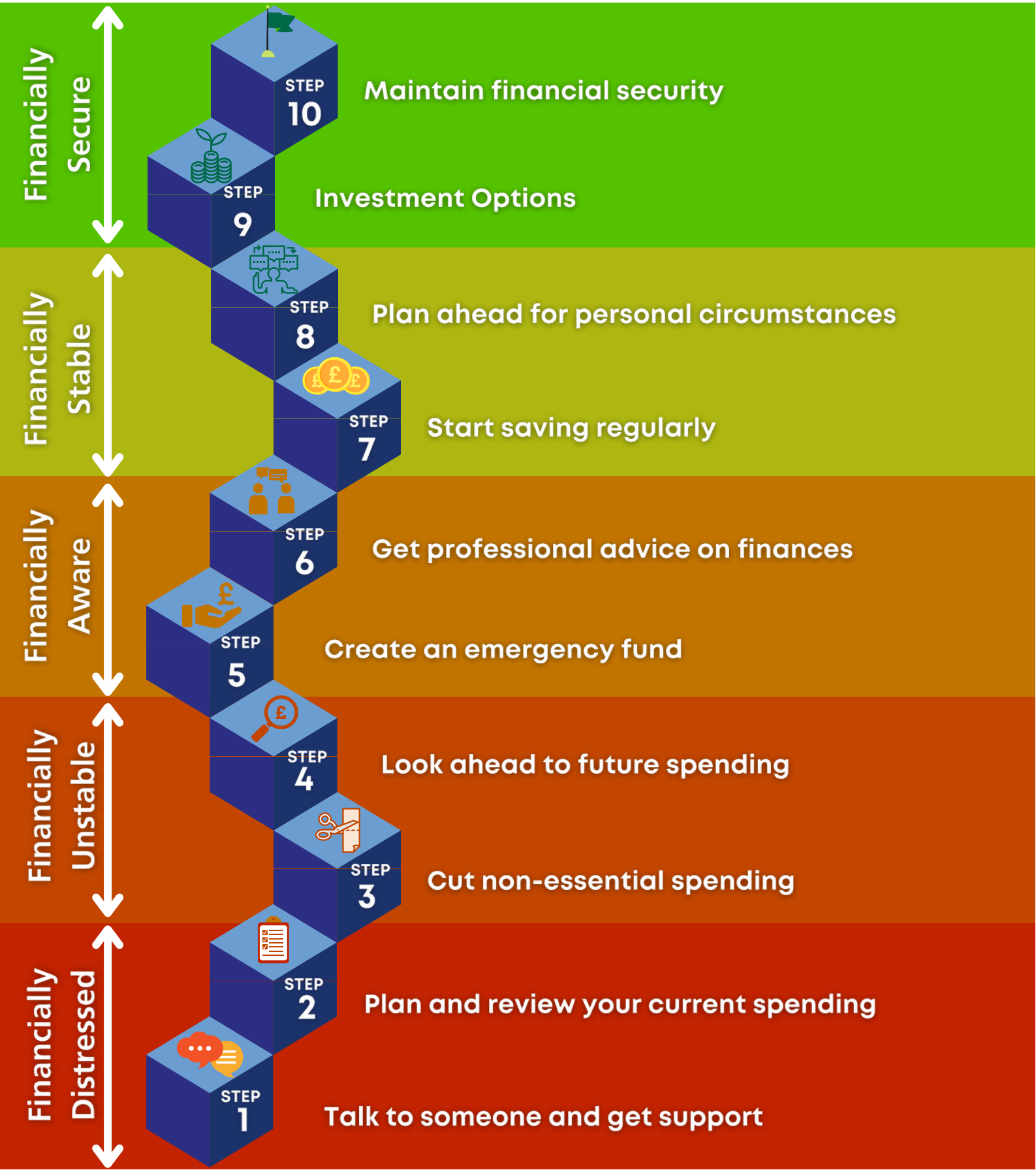
10 steps related to Financial Wellbeing

Click a step for more information



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Step 1
Talk to someone and get support

We all know the cost of living crisis is affecting our spending habits and financial wellbeing has never been so important. If you are in financial distress it is important that you talk to someone to get financial support. There is a range of free, confidential, no judgement help and support available, such as those listed on this page. If you need urgent support and someone to talk to, please call Samaritans for free on 116 123.

Help with paying bills

Ask bill for help - online free and impartial help to those who might need it - www.askbill.org.uk

Speak to someone

Money Helper's dedicated phone number for NHS staff. 0800 4480826 or WhatsApp +44 7701342744

Free guidance on managing debt

Free, confidential and no-obligation service. Start the process online or via phone call - www.payplan.com or 0800 280 2816

Help for missed mortgage payment(s)

No one ever plans to miss a payment, but what happens if you do? https://bit.ly/3UQxv7e

Money Navigator Tool

Looking for money guidance but don't know where to begin? You're not alone - https://bit.ly/3Fe7pqt

Money problems and mental wellbeing

Free, confidential support available 24/7, 365 via our Employee Assistance Programme. Call 0800 028 0199 or download the 'My Healthy Advantage' app and enter code MHA193841

Emergency Help with living

Here is a range of practical support for people who need financial help urgently - https://bit.ly/3FP3JvC

Debt advice foundation

A registered national debt advice and education charity offering free, confidential support & advice to anyone worried about loans, credit and debt - https://bit.ly/3L0BI7k

Out of control debt(s)

When our debts get out of control, it's important to remember there are options available to you and there are services out there who exist to help you - https://bit.ly/3FJPJTP

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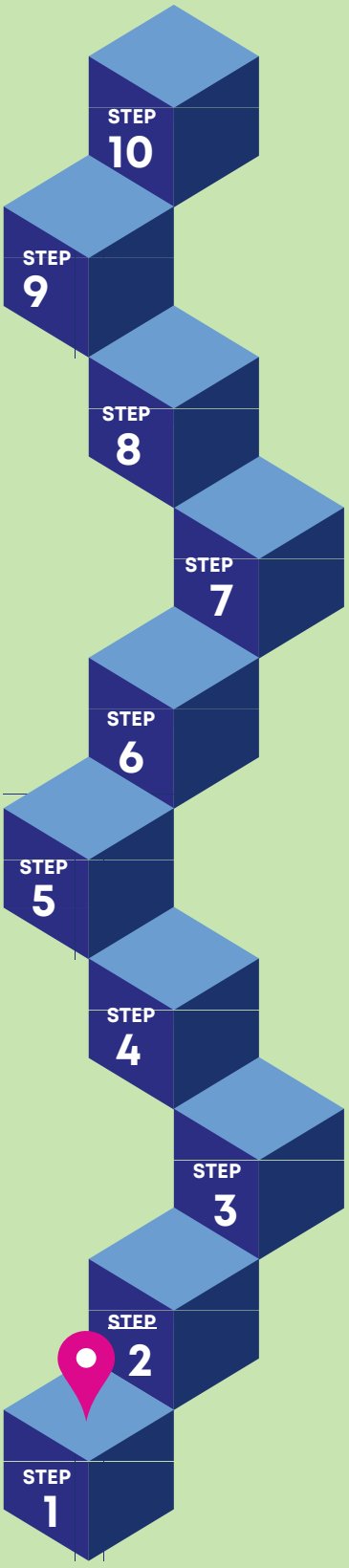

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Step 2
Plan and review your current spending

Now is a good time to start taking some control over your own finances. You can start this off by reviewing how much money you receive every month, and how much money you need to allocate to each of your responsibilities. Below are some resources to help you navigate, manage and budget your money effectively.

Budget Planner
Knowing where every pound is being spent is a great first step to starting your savings, getting out of debt or preparing for retirement - https://bit.ly/3GVpV8j

Beginner's guide to managing your money
Taking the time to manage your money better can really pay off. Here's a quick guide on budgeting, bills, loans and debts - https://bit.ly/3gP7NlI

How to navigate increasing costs of living
Top tips on what people can do to pro tect their finances and soften the blow of rising bills - https://bit.ly/3IqGFVC

Debt during the cost of living squeeze
If you find yourself about to fall into debt, here are five things you can do to help manage that debt through the cost of living crisis - https://bit.ly/3FeQ3s0

How to cope with inflation and rising costs
The best way to combat inflation is to get on the front foot and plan ahead by following a few simple steps - https://bit.ly/3FkK6d9

How to budget for an irregular income
Find out more about how you can effectively budget when you have different amounts coming in each month - https://bit.ly/3uGU5Vc

Managing money jointly or separately?
Managing your money together when you're in a serious relationship can be tricky – find out whether getting a joint account is the best choice for you - https://bit.ly/3FK10TX

Creating a realistic spending plan
Read this step-by-step guide below to help you get started so you can feel more in control and enjoy life more - https://bit.ly/3Waei1z

Living on a budget
Find out some of the best ways to make sure you're doing all you can to stay in control when you're on a tight budget - https://bit.ly/3UQVsva

Controlling spending without budgeting
If you feel you're not good at budgeting or the thought of budgeting makes you yawn or break out in a cold sweat this blog is for you - https://bit.ly/3uNEIdZ

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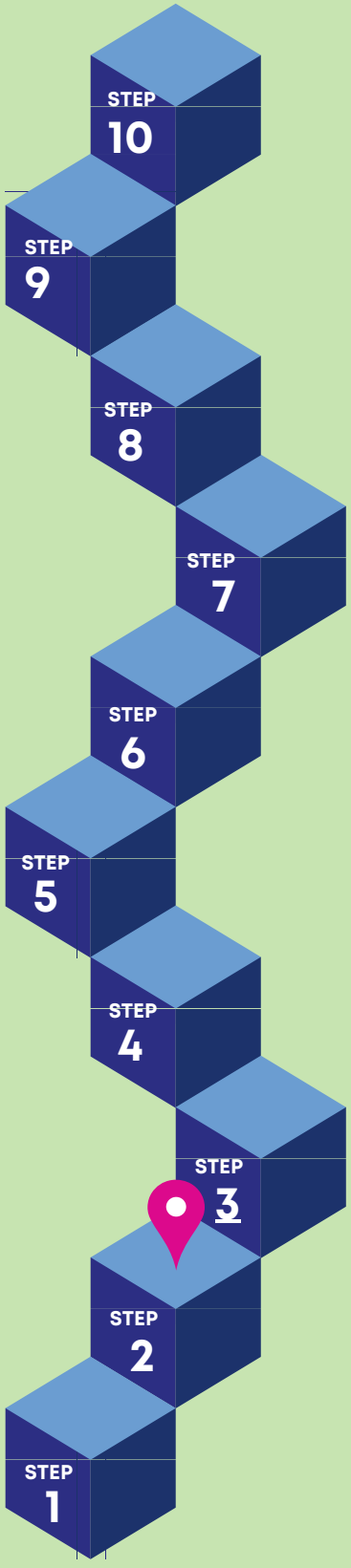

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Step 3
Cut non-essential spending

Spending is a fact of life and there are some costs we can't avoid. But are there any areas in your life where you might be overspending unnecessarily? Perhaps you buy things you don't actually need (for instance buying things in the sales is not saving money, it's still spending it), or maybe you're not spending efficiently. Being more mindful about your spending may leave more money for the things you actually need.

Tips to control day-to-day spending
A recording of a 30-minute webinar to help you control your spending and make money go further - https://bit.ly/3AWcReR

Transition from borrowing to a saving
A quick blog to help you form good habits - https://bit.ly/3H0vYIN

Are you an emotional spender?
Emotional spending is when the way we feel dictates our spending. This quick read provides some examples that you might recognise - https://bit.ly/3uJv0ZP

How to guard against lifestyle creep
Being aware of lifestyle creep and how it works, will help you avoid it having a negative impact on your finances - https://bit.ly/3FUb25j

How to control day-to-day spending
Learning to control your day-to-day spending is the essential foundation upon which your financial wellbeing is built - https://bit.ly/3hkiYDi

Trick your brain out of impulse spending
A few quick tips to help you reduce impulsive spending habits and save you money in the long run - https://bit.ly/3YgZakF

Contactless payments and spending habits
Are easy payments meaning that you're spending more than usual? Could this have unintended consequences on your spending and debt? - https://bit.ly/3BoUijB

Cut costs to make your money go further
Here are six things you can start doing now that could help you get more for your money for the long-run - https://bit.ly/3j192iB

Different ways of paying utility bills
This quick read has highlighted the key cash-saving opportunities and shared some guidance on how to stay on top of your payments - https://bit.ly/3hjP8ij

How to save the planet AND your cash
Now is the perfect time to think about how you can live a more eco-friendly life and save money at the same time. Here are four fun ways you can do that - https://bit.ly/3FN60aB

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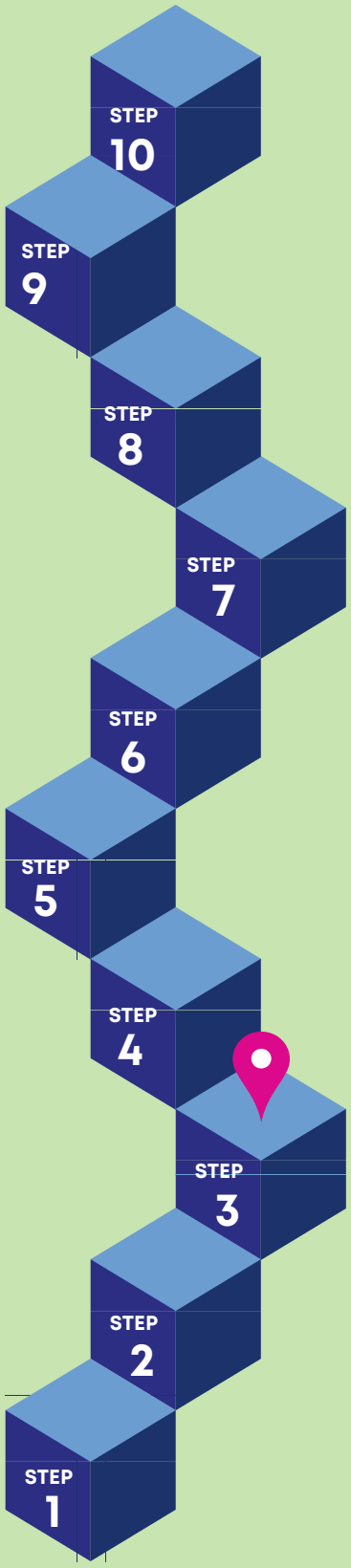

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Step 4
Look ahead to future spending

Rent, cars, Christmas and insurance are among several things things most of us will need to spend a fair amount of money on in our lives. Thinking in advance about these costs could help you spend your money more efficiently to save you money, and help you budget an appropriate amount of money throughout the year. The links below provide some useful information on each of these areas.

Save cash at the fuel pump and the home
Here are some top tips to save you money at the fuel pump and generally across all your bills amid the rising cost of living - https://bit.ly/3Ynk7uj

How much rent can you afford?
Renting is a significant financial responsibility, and it's important you understand this goes beyond just your rent payments - https://bit.ly/3WgPPrc

Car costs calculator
Here you can enter the registration number of a car you're thinking of buying to find out how much it is likely to cost you each year - https://bit.ly/3FrtIYj

Buying and running a car
After our homes, cars are one of the most expensive things we'll buy in our lives. Here's some guidance on ways to buy a car and car running costs - https://bit.ly/3uQIvXC

Christmas survival guide
Some simple tips so that you can enjoy the festive season without a financial hangover - https://bit.ly/3BvYwWM

How to avoid the festive money blues
Hints and tips for helping you to enjoy the festivities and be less worried about money in the New Year - https://bit.ly/3WfNDAk

10 Christmas budget essentials
Here are 10 things you're likely going to need this Christmas, alongside some tips to help you get them for less - https://bit.ly/3PoRxF5

How to avoid the Black Friday trap
Here's how you can come out of the last weekend of November financially intact every year, and not let the sales get to your head, or your wallet! - https://bit.ly/3FqneJg

Insurance
This is a great way to protect your financial future but it can be overlooked in financial plans. Here are some articles on different types of insurance - https://bit.ly/3PlaUif

Price comparison sites for insurance deals
You might make big savings on insurance by using price comparison websites, so it's worth putting in a bit of time to get the best out of them - https://bit.ly/3uJ8XT8

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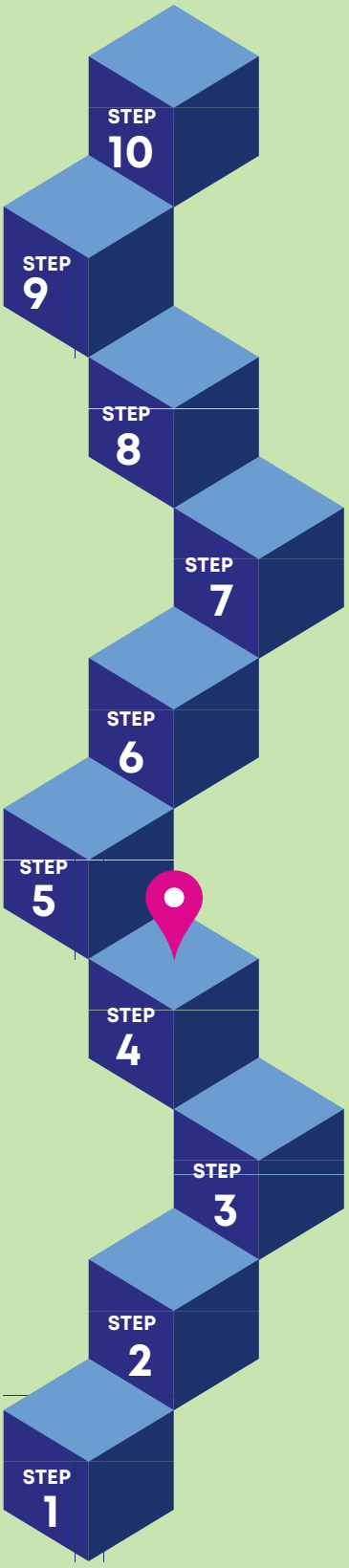

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Step 5
Create an emergency fund

Some costs in life are unexpected or are bigger than we had budgeted for, which can cause unwanted stress. You can reduce the impact on your day-to-day budget and avoid a financial crisis by setting up a separate pot of money called an emergency fund. Here is some information on the importance of emergency funds, how to build one, and also how to cover an unexpected expense if you have not yet built your emergency fund.

What is an emergency fund?
An emergency fund helps by giving a safety net to fall on when the unexpected happens, this article provides some key information - www.finder.com/uk/emergency-fund

The importance of emergency savings
Putting money aside for emergencies is often difficult, but if you're able to, building an emergency fund is a safety net for a financial crisis - https://bit.ly/3WchWI5

Easy Access Savings Accounts
These are especially useful if you'll need to dip in to them to meet the ongoing financial challenges. This site also explores other types of savings accounts - https://bit.ly/2EPTIxx

What is financial resilience?
Financial resilience is all about preparing for the worst-case scenario. You never know what's around the corner – and you need to be financially prepared - https://bit.ly/3FqPhZ4

HSBC emergency fund calculator
Any emergency fund is better than nothing, so don't be discouraged. Find out how quickly you could build up your emergency fund - https://bit.ly/3VTQHCB

8 ways to cover an unexpected expense
For those of us who don't have cash sitting around, here are 8 ways you can try to cover an unexpected expense without turning to high-cost debt - https://bit.ly/3PD5yz7

Common unexpected expenses
Here are some of the most frequently seen financial emergencies that you're likely to encounter - https://bit.ly/3PpHUpx

How to create an emergency fund, fast
Financial problems can happen at just the wrong time. With the rising cost of living it is really important to have a stash of cash you can easily access - https://bit.ly/3uNMuo2

Building your cash reserve
This video is about continuing to build your emergency fund, and how much you might like to build it up to before you consider other investments - https://bit.ly/3WgcR1u

Urgent money without an emergency fund
If you need money urgently but have not yet set up an emergency fund you can find help here. You may also want to explore the resources in step 1 - https://bit.ly/3hnDjHU

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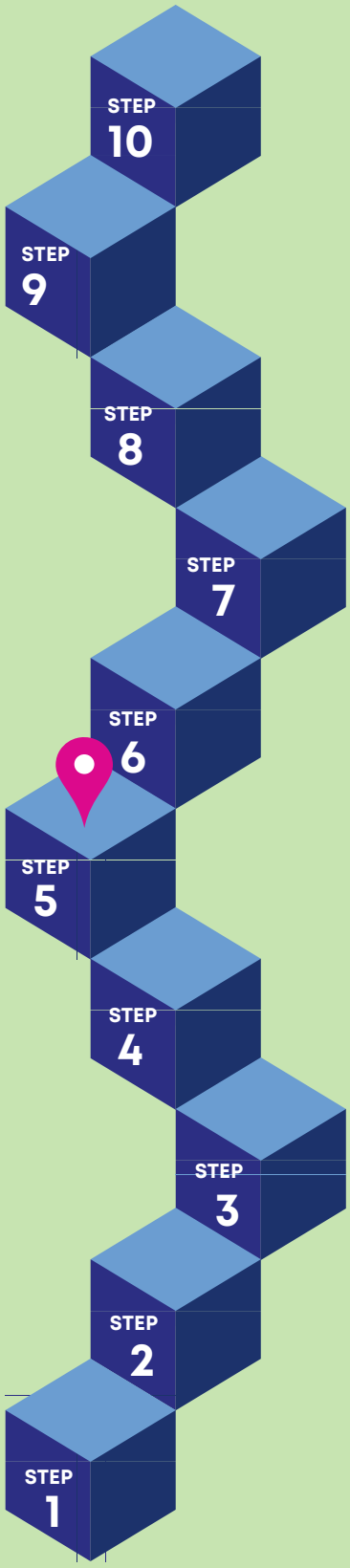

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Step 6
Get professional advice

If you're looking to invest, buy a financial product, manage your money more effectively or simply plan for the longer term, financial advice can be a good investment. Getting professional financial advice can increase and maintain your own financial awareness so here are some resources to help you understand how a financial adviser could help you and whether this is the right thing for you.

Do you need a financial adviser?
Whether you need financial advice will depend on a number of factors, but it can be a good investment for a number of situations. Explore more here - https://bit.ly/3j5bfcA

Choosing a financial adviser
This might seem daunting, but if you need help with a financial decision it's worth persevering. A good adviser can save you money and a lot of worry - https://bit.ly/3BA8TJg

Financial adviser fees
The amount you pay will depend on a number of things, including your specific needs, the type of advice you need and the firm you decide to hire - https://bit.ly/3UZOjsu

Key questions to ask your financial adviser
If you want to see a financial adviser, it's a good idea to speak to a few so you can find out if they're right for you. Here's a few questions to get you started - https://bit.ly/3Pp1a6x

Should you use a mortgage adviser?
Getting a mortgage is one of the biggest financial decisions you'll make, so it's important to get it right -https://bit.ly/3W0MxJ6

Why should I get advice for retirement?
When you're approaching retirement, you have lots of decisions to make. Find out why it's important to get help and where you can find it - https://bit.ly/3FT8Rin

Pension Wise
Pension Wise is a service from MoneyHelper, backed by government. We offer free, impartial guidance to over 50s - https://bit.ly/3Bz7O4t

Financial advice on separation
You might be able to sort everything out without using legal or financial advice, though exploring your options can still be useful - https://bit.ly/3FQAJDt

Financial advice on divorce or dissolution
How much legal or financial advice you'll need during your divorce or dissolution will depend on a number of factors, explore your options here - https://bit.ly/3VZnkPb

Funding your long-term care
Find out more about what an impartial care fees adviser can do for you, how they're paid and how to choose one that's right for you - https://bit.ly/3Wdpxa5

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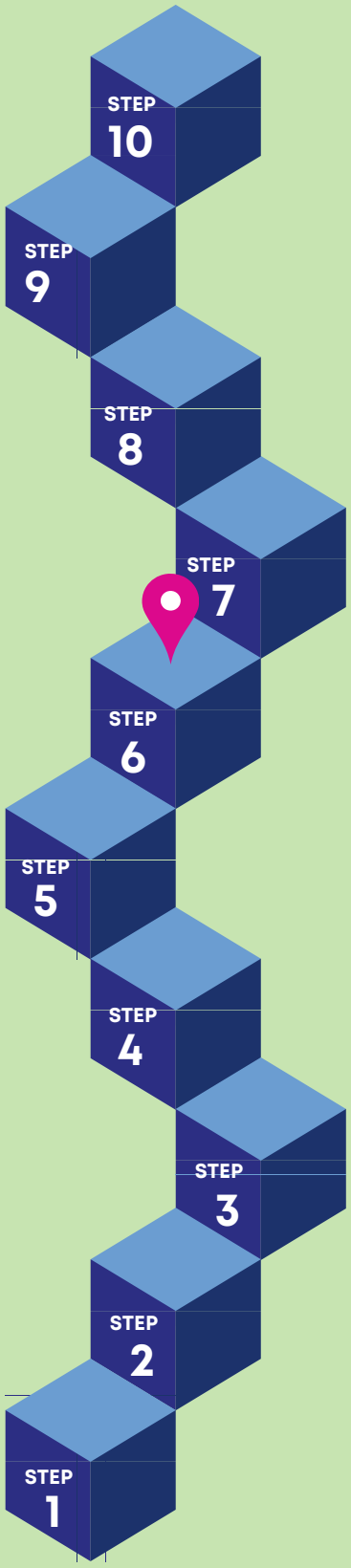

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Step 7
Start saving regularly

At this stage, you may begin to feel a bit more stable with your finances. You are likely able to cover your day-to-day living costs comfortably and may even have a bit of money left over at the end of the month. If this is the case, you may want to start saving. If you save regularly you might be able to make that big purchase or significant life change that you've been thinking of. Here are some helpful hints and tips on saving.

Saving for beginners
Follow this step-by-step guide below and enjoy seeing your savings pot grow - https://bit.ly/3VFnTNB

How to become a smarter saver
Here are some simple steps to help you start small and create a savings habit so you can build a meaningful pot of money - https://bit.ly/3OZnzaj

How to set a savings goal
Setting a savings goal is a great way to watch your savings grow. Find out where to start and what a suitable savings goal is for you - https://bit.ly/3VlYEjr

Choose between saving and borrowing
What should you consider when choosing which is best for you? This will show you what to look out for to make sure you get the right product for you - https://bit.ly/3UlxI1Z

Saving money to boost your budget
What often throws us off course is the unexpected, but regular saving can help - https://bit.ly/3Vfu62Z

Different types of savings accounts
Choosing a safe place to keep your money is easier than you might think. Here is a brief overview of some different types of savings accounts - https://bit.ly/3Fin1ZW

Saving money for a holiday
Here you can find a step-by-step guide on how you could save up for your next holiday so you come home feeling relaxed about your money - https://bit.ly/3VsoEd9

Saving for your children
Saving for a child today is a great gift for their future. Here are some of the savings options for children that can help you start - https://bit.ly/3H2Zfm8

What does inflation mean for savings?
To save and invest properly, you need to understand inflation and what it means for your financial planning - https://bit.ly/3UnNBoA

Savings Myth Busting
For many of us, saving can feel like a journey we're not ready to start but what if we're making excuses when we could already be on our way? - https://bit.ly/3ORsDxm

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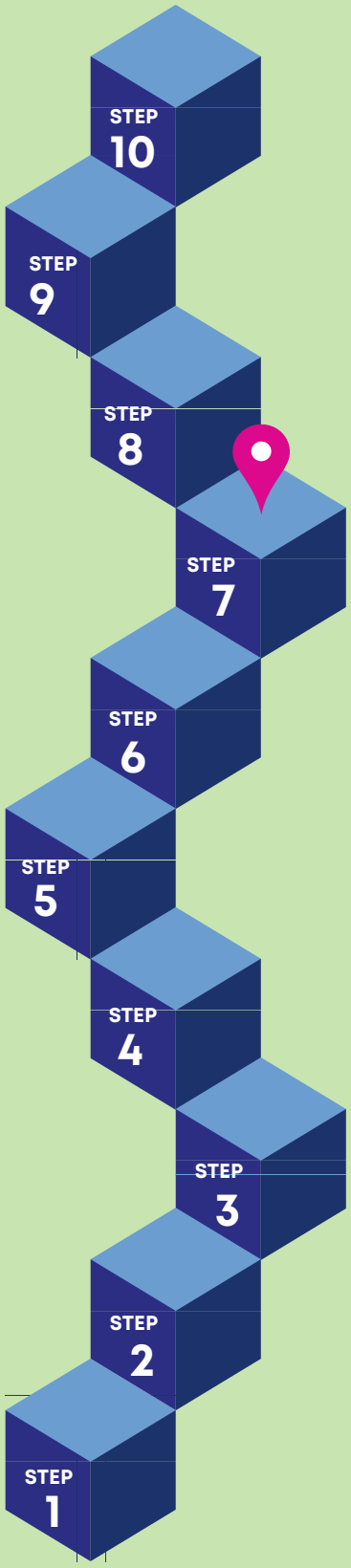

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Step 8
Plan ahead for personal circumstances

For some of us, when we have a major life change we may not anticipate the financial cost associated with it. Some of these changes are active decisions we make ourselves and some of these changes just happen to us, either way it is good to try and anticipate these and set some money aside. Here is some guidance from third parties on how to navigate some of these personal circumstances to help relieve part of the financial stress.

Guidance on buying a home
A series of 5 guides on the financial aspects of buying a home - https://bit.ly/3EWSQpY

Mortgage Affordability Calculator
This tool will help you estimate how much you can afford to borrow to buy a home. You can also find a mortgage calculator on this site - https://bit.ly/3ueTiee

Taking to your partner about money
Trust, openness and transparency are widely considered to be essential ingredients for a healthy relationship, the same applies to money - https://bit.ly/3UlKX2G

Managing your money with children
How you can reduce the stress of managing your money, allowing you more time to enjoy your time with your children - https://bit.ly/3VlVe0b

Guidance on death and bereavement
Money may not be the first thing on your mind if you've lost someone close to you – and that's OK. But when you're ready, there can be a lot to sort out - https://bit.ly/3FdEwdO

Returning to work after parental leave
Before you return to work after maternity leave, it's important to know your rights about your job, pay, holidays and flexible working - https://bit.ly/3XKZBU3

Baby money timeline
This baby money timeline lists all of the money-related dates to do with your pregnancy and new baby - https://bit.ly/3ucmC4R

Long-term care
Financial information/guidance on arranging long-term care for yourself or for a loved one - https://bit.ly/3ONXhYs

How does life insurance work?
A quick overview on life insurance, to discuss your options in full, seek independent financial advice - https://bit.ly/3AXRutK

Stamp Duty Calculator
This calculator will help you work out how much Stamp Duty Land Tax (SDLT) you must pay - https://bit.ly/3Hu6407

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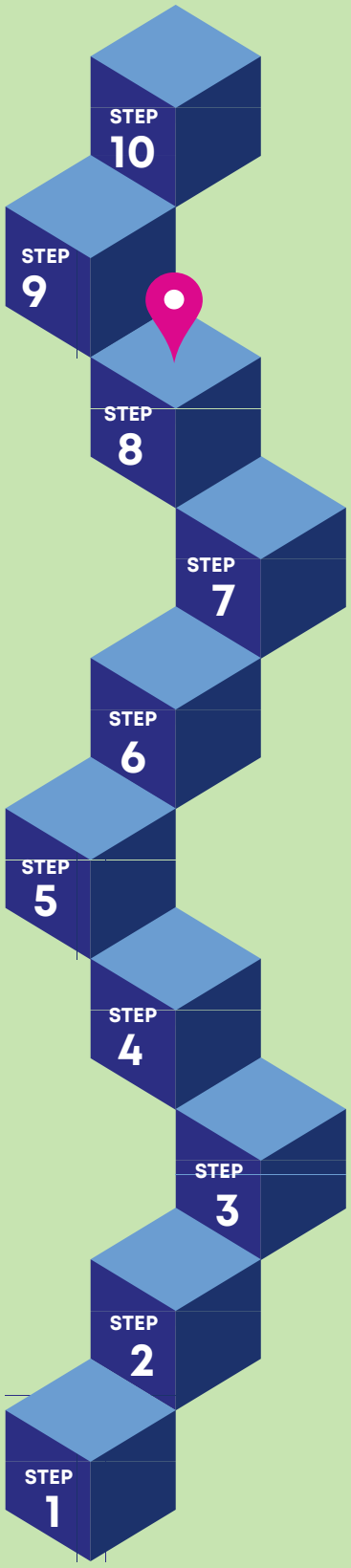

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Step 9
Investment options

If you are on Step 9 you are now financially secure - great news! Now that you are feeling secure and confident with your money, you may want to start exploring investment opportunities. Investing can be a good way to build upon your existing assets. Investing wisely can bring you additional benefits, though it's worth noting that there is an element of risk involved. Have a look at the resources below to see whether investing is right for you.

First-time investing
If you're thinking of investing some money into your future for the first time, you're probably wondering where to start - https://bit.ly/3FHDh74

Types of investment
Here we look at the main types of investments available and what to expect from them - https://bit.ly/3URDXuG

Understanding the risks of investing
Investing is not a way to get rich quick: you must be prepared to lose some or all your money. Find out more in this guide - https://bit.ly/3PlfRHz

Why do you want to save & invest?
This video explores two of the biggest reasons why you may want to save and invest in your future - https://bit.ly/3W09mwa

Different types of investments
Here you can learn about the level of returns and the risks you can expect from popular types of investment - https://bit.ly/3WeaSLn

How to spread your investments
Here are some of the most common types of investments to help you decide which are the most suitable for you and to spread the risk - https://bit.ly/3Yd99Yl

Choosing the right level of risk for you
This video explores the best way to decide on the right level of investment risk for you to take on each of your financial goals - https://bit.ly/3uKygV4

High risk investment products
Investments that promise to give you big returns tend to come with big risks too. This guide covers the main types of high-risk investments - https://bit.ly/3YacOX3

Key information and cooling off periods
Here's some quick information on your rights including access to Key Facts and Key Investor Information Documents, and your right to change your mind - https://bit.ly/3WrDKQr

To invest or pay down the mortgage?
This video explores a question often asked by homebuyers who are lucky enough to have some spare income or capital - https://bit.ly/3VP6FxT

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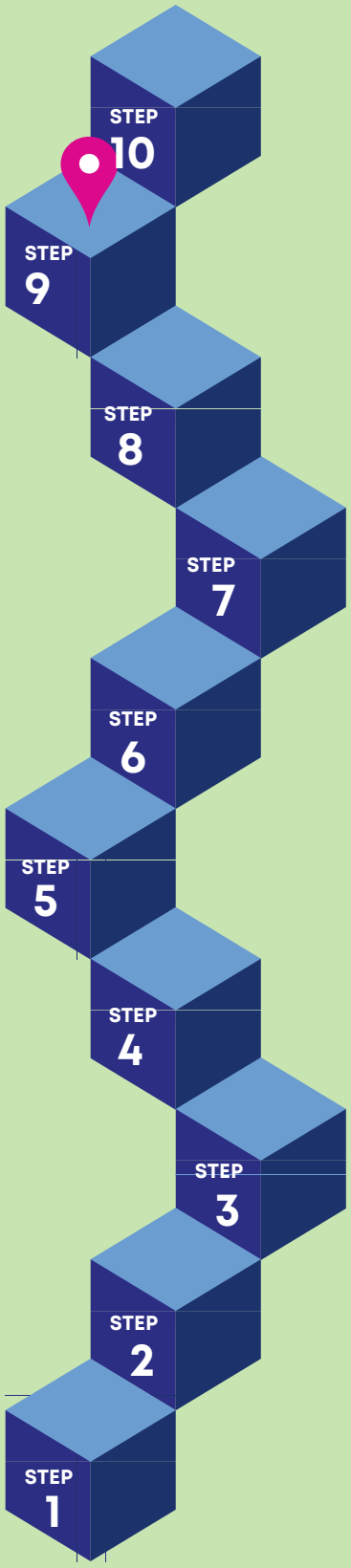

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Step 10
Maintaining financial security

Congratulations on achieving financial security! Managing your finances is a lifetime commitment so you need to actively make sure that you maintain your financial security. Below are some tips on financial security, though also make sure to apply some of the tips from the earlier steps in your day-to-day finances, particularly if your circumstances change at any point.

How to plan your financial freedom

This video will explore the meaning of financial freedom and will outline a powerful five-step process to help you map a path to yours - https://bit.ly/3PI7Ywf

What is financial security?

Most people think of financial security as having a large savings account, a healthy investment portfolio, and a comfortable retirement nest egg. However, financial security is about much more than just money. Find out more here - https://bit.ly/3Wn6t9q

10 Tips for Achieving Financial Security

This article reviews some helpful tips that should help you on your way to achieving financial security - https://bit.ly/3vbxtg1

Maintain financial security during the rising cost of living

3 top tips for how you can maintain financial security during the rising cost of living - https://bit.ly/3WEQyD7

Maintaining financial security during retirement

What are the things that could help you maintain financial security when you don't have a salary to rely on? - https://bit.ly/3WCTccy

Click a step below or View All

STEP 10
STEP 9
STEP 8
STEP 7
STEP 6
STEP 5
STEP 4
STEP 3
STEP 2
STEP 1

The Trust (and its employees) are not able to give financial advice. The purpose of this document is to provide access to various third party tools which provide information for you to consider.

Discounts

As an NHS worker, you are eligible for numerous discounts, some of which are listed below. For up to date information, please visit our dedicated Health and Wellbeing Portal

Blue Light Card	www.bluelightcard.co.uk
Vivup is free for all colleagues	www.vivupbenefits.co.uk
Healthcare Staff benefits is free for all NHS staff	www.healthcarestaffbenefits.org.uk
Health Service Discounts is free to join for all NHS staff	www.healthservicediscounts.com
The Money Saving Expert has this guide to discounts available to NHS colleagies	www.moneysavingexpert.com/deals/nhs-discounts-and-freebies

vivup

Members Discounts
HEALTHCARE STAFF BENEFITS

healthservice discounts

Sustaining Resilience at Work (StRaW)

Sustaining Resilience at Work (StRaW®) is a process which aims to support staff who have been exposed to occupational pressure and/or stress and may be experiencing a mental health impact as a result. It is not a medical initiative but a proactive approach.

HEALTH & WELLBEING

To self refer or for more information, visit the dedicated StRaW page of the HWBE portal

Mental Health

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SCAS Tripartite Provider Assurance Meeting

Title of paper	SCAS Section 29a quality assurance visit December '22		
Agenda item (Number)		**Date of meeting**	Click or tap to enter a date.
Executive lead	Sara Courtney	**Sponsor (GP Board member or Executive Director)**	Nicky Lucey
Author	Simon Freathy, Quality Improvement Programme Manager, HIOW ICB		

Purpose	For decision	☒
	To ratify	☐
	To discuss	☒
	To note	☐

Link to strategic objective	Refer to Appendix A

Executive Summary

Following the CQC Section 29a notice issued to SCAS in May 2022, the Organisation entered an enhanced Oversight process for the monitoring of the delivery and outcomes of their improvement programme. The Tri-partite Provider Assurance Meeting was increased from quarterly to monthly and two additional oversight meetings were established to specifically oversee the delivery of the Safeguarding Improvement Programme and the delivery of the Section 29a improvements.

A quality assurance visit to Otterbourne House and supplemental quality assurance interviews via TEAMS were undertaken during a week in December 2022. Representatives of Hampshire and Isle of Wight ICB, Buckinghamshire, Oxfordshire and Berkshire West ICB and Frimley Health and Care ICS. The focus of the visits and interviews was to test the assurance presented at the oversight meetings - in person, within the Organisation - on the improvement foundations delivered within SCAS since their CQC inspection report publication: The five domains tested were:-

- Safeguarding
- Patient Safety
- Governance – medical devices
- Culture – Freedom to Speak Up (FTSU)

The workstream leads for these areas gave a short update and then answered questions. Separately the Non-Executive Director with a responsibility for quality, the safeguarding adult lead, clinical governance leads, patient safety managers and the patient safety specialist were interviewed to ascertain their understanding and embeddedness of the recent changes and ongoing improvement plans.

- Infection Prevention and Control

A focussed visit was undertaken at North Harbour make-ready station to review ongoing management of the pigeon infestation and infection control and health and safety practices.

Assurance was gained that SCAS have made good progress within these foundation actions, improvements and workstreams, including some innovative approaches with FTSU and triangulation of feedback.

Are there any potential conflicts of interest that the committee needs to be aware of?

None

Recommendations	Consider stepping down current level of enhanced monitoring of SCAS 29a improvement plan.

	Consider reducing the frequency of the Safeguarding Oversight arrangements from fortnightly to monthly.
Publication	**Include on public website** ☐

CONTENT

1. **Summary**

1.1 This paper will outline the findings of quality assurance visits and interviews that took place in December 2022. A quality assurance visit to Otterbourne House and supplemental quality assurance discussions via TEAMS/phone were undertaken by representatives of Hampshire and Isle of Wight ICB, Buckinghamshire, Oxfordshire and Berkshire West ICB and Frimley Health and Care ICS.

1.2 The focus of the visit and discussions was to gain assurance on the 'well-led' aspects of the Section 29a notice and how this was reflected in the delivered foundation improvement actions for:

- Governance – medical devices
- Safeguarding
- Patient Safety
- Culture – Freedom to Speak Up

1.3 The workstream leads for these areas gave a short update and then answered questions. Separately the Non-Executive Director (NED) with a responsibility for quality, safeguarding adult lead, clinical governance leads, patient safety managers and the patient safety specialist were interviewed to ascertain their understanding of the recent changes and ongoing improvement plans.

1.4 Infection Prevention and Control (IPC) - A focussed visit was also undertaken at North Harbour make-ready station by HIOW ICB IPC staff to review ongoing management of the pigeon infestation identified in the CQC report.

2. Context

2.1 Following the CQC Inspection 6/7 April 2022 and 10/11 May 2022, the Trust were issued with a Section 29a Warning notice on the 24th of May. An Executive level working group including representatives from SCAS, the ICBs and regional team was immediately established to oversee the response to this warning notice. The subsequent inspection report published in August 2022 has assessed the Trust overall as inadequate.

2.2 The SCAS oversight framework segmentation rating has been reviewed in discussion with the NHSE regional team, with the rating moving from 2 to 4, which means the Trust entered the Recovery Support Programme (old Special Measures). This recommendation was finalised through NHSE governance and communicated to the Trust 5th October 22.

3. Areas of quality focus

3.1 Governance – Medical Devices

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the Medical Device lead and colleague were interviewed. They gave an outline of the revised processes for logging and monitoring medical devices using a cloud-based system to track maintenance schedules and equipment locations. This system was demonstrated in real-time to highlight that devices were flagged as requiring maintenance 'soon' so they could be safely removed from service in a controlled manner. All key assets were logged ahead of schedule. There is a current business case for RFID monitoring of all medical devices which will significantly enhance this process.

They highlighted that they are still developing business as usual processes and are sighted on the ongoing challenges they are facing (culture/staff behaviours regarding medical devices). They described the revised governance processes with a dedicated medical device meeting and an identified lead for medical device education. They are looking are developing their team with asset management qualifications. They are actively monitoring SLAs with equipment providers which was not occurring before. They noted an increase in reporting regarding devices which was seen as a positive sign of increased awareness.

3.2 Safeguarding

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the recently appointed associate director (AD) for safeguarding was interviewed. She described how they were currently building the team and only 2 administration staff and 1 business manager remained from previous set up. Staff were being given portfolios to manage. The safeguarding adults lead has been in post for 2 weeks with a safeguarding adults practitioner due to start in February. The safeguarding childrens lead had been appointed and was due to start in the new year with the safeguarding childrens practitioner post was currently out to advert. There were proposals to recruit to the posts of liberty protection standards lead and a learning disabilities lead. There are good working relationships with the ICB safeguarding teams.

They described the 3 levels of priority for actions they have identified and gave their rationale for these.

Priority 1:

- Safeguarding referral system – referral issues remain, the SOP needs input and this is viewed as the main priority. They described the 'traffic light system' that is now in place to aid prioritisation and to mitigate previous risks. They are receiving approximately 150 referrals a day, a 30% increase from 12 months ago. IT outages remain an ongoing risk/challenge.
- Safeguarding training for all levels. This will progress at a greater pace when new staff are onboard. They are working with SCAS communication team to raise awareness of the team and training offer. Level 3 training has a clear trajectory and delivery plan which is on track.
- Child Protection - Information Sharing service (CP-IS).

Priority 2:

- Fire risk referrals
- Capturing and embedding learning from Serious Case Review (SCR)/ Safeguarding Adults Reviews (SARs)
- Audit plan for 23/24
- Strengthening relationships with Independent Safeguarding Boards – currently working with 24 boards across multiple counties. Prioritising key ones.

Priority 3:

- Safeguarding Supervision
- Peer review

The AD Safeguarding has taken on the role of allegation management lead. Allegation management was previously poorly understood. Training has been provided to HR and the Freedom to Speak Up Guardian. Twelve cases were referred in November.

Non-Executive Director (NED) support – the safeguarding AD had identified that the NEDs needed safeguarding support and training. Training using a scenario-based approach was being provided to the board later that week. Chief Nurse in addition has asked the newly appointed AD for SG to come back to Board with additional SG training as recommended by our external SG Strategic Review.

3.3 Patient Safety and incident management.

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the Patient Safety Lead and AD were interviewed. They outlined the revised processes that have been implemented including the disbanding of the Patient Safety Incident Group and the setting up of the new and current Incident Review Process (IRP). It was acknowledged that the IRP process continues to be refined with the sign off of completed investigations potentially being moved to a stand-alone meeting to keep the correct level of focus. A review of Serious Incident (SI) and 'detailed clinical investigation reports' (formerly referred to as 'major investigations') has been completed with ICB input. There has also been a review of policies including the SI and adverse events policies. Another area of focus has been on ensuring the duty of candour is meeting the statutory requirements.

They highlighted that they have increased operational line involvement with SI reports with draft reports going to service level Clinical Governance Meetings to enable better ownership and involvement in action plans. This was noted to be quite a culture shift and would take time to fully embed.

The commitment to a just and learning culture was emphasised with a focus on compassionate leadership. This was being reflected in the training offer to line managers across the organisation. In order to measure the effectiveness of this approach a safety

culture survey is planned in the spring to get a baseline, with a follow up survey to be planned later in the year.

3.4 Culture - Freedom to Speak Up

To enhance and test the evidence of improvement assurance gained through the oversight meetings, the FTSU Guardian and senior member of the Organisational Development (OD) were interviewed. The team recognised that the CQC report was incredibly difficult for the organisation but provided an opportunity to improve. The planned recruitment of further FTSU guardians meant that there would be more planning around the role. A FTSU champion role was being implemented and the Health Education England FTSU e-learning package was being utilised.

There was felt to be a good/open relationship with the Executive/Senior Leadership Team with discussions about 'listening up'. There are regular calls with the Chief Executive and the Chair of the Board.

SCAS has moved the 'hosting' of the FTSU role to within the Organisational Development function. This is a novel approach that we have not seen elsewhere and feels like a progressive approach.

The FTSU guardian is keen to forge a closer working relationship with the patient safety team on, particularly on strategy work around safety culture. He described a building connection that was not in place previously.

They described how the FTSU feedback was included in the People Voice Portfolio. There is triangulation of information from diverse sources including:

- Human Resources – including exit interviews
- Student feedback
- Complaints/plaudits
- Patient Safety events
- Other incidents
- Friends and Family responses

They were innovating by utilising Natural Language Processing through one of their Business Intelligence team. This approach will ensure all themes including qualitative are being captured.

The Guardian outlined the approach taken during the recent national FTSU month. Given the large geographical spread, and the mobile nature of the workforce, additional sessions were undertaken with a dedicated vehicle visiting crews in-situ, mainly outside Emergency Departments at the acute providers. This 'roadshow' approach included a range of accessible resources for staff and importantly also provided a private confidential space if needed. This flexible approach is very welcome as it would have reached staff who would not have been reached if static resource were used at stations.

3.5 NED discussion

The NED had been in post for approximately 12 months and had been involved in the task and finish group set up in response to the last CQC safeguarding inspection to look at the resource and skills to manage the safeguarding agenda within SCAS. She tries as able to attend all safeguarding meetings and associated calls. She reflected that there had been a real investment in safeguarding and can definitely see the steps taken so far to improve the organisation and culture.

They were aware that the safeguarding lead had reviewed and updated all relevant policies but was not aware of the process of external validation involving the regular meetings with the ICBs.

The need for specific board training was noted with the acknowledgement that there was some focused safeguarding training happening later that week. It was felt that there should be dedicated training for board members in areas such as patient safety culture which there needed to be board oversight on.

The NED also talked about whether NEDs should be involved in incident review panels. They explained the Board often gets numbers of incidents but nothing about learning outcomes or how this is embedded in the organisation. They expressed a need to change the board report on patient safety so that it is more meaningful, providing a greater level of assurance.

3.6 Director of Patient Care/Chief Nurse

The Director of Patient Care had a detailed understanding of the focus of the improvement programmes and where each one was against its delivery plan. She reflected that there still needed to be better triangulation of information. The Board had recognised that it needed to move from reassurance to assurance. This echoed the view of the NED that the format of Patient Safety and Quality reports to the board needed to be refined. The Director of Patient Care felt that the Board now had a better understanding of the challenges across all the CQC Improvement portfolios, not just their specific portfolios.

3.7 Individual discussions with Patient Safety Specialist, Patient Safety Managers and Divisional Clinical Governance Managers.

All staff were able to give a clear account of what changes have been made and the rationale for these changes, even if they were not involved in the decisions at the time.

It was recognised by the majority of staff spoken to that whilst the CQC inspection, and it's findings, were an incredibly difficult period of time to work through, it had provided an opportunity to drive improvement and had resulted in increased investment and resources.

Staff reflected on the scale and pace of changes that had been made. Some felt that they were not allowed 'to be involved'; their knowledge and experience was not taken into account, and they were not involved and that decisions that were made at a higher level during the initial response to the CQC report. For some staff this was a very difficult process although the majority reflected that changes needed to be made to enable SCAS to become a learning organisation. All felt that they were now able to influence the changes that needed to be made.

All staff reflected the impact of the current operational and staffing challenges and the effect this had on their workloads through increased incidents.

All staff spoken to felt well supported by their line managers, had regular touch-ins and were able to approach them with concerns.

Staff had noticed a positive change in approach with the sharing of information and staff engagement with OD with listening events and the use of webinars for topics like patient safety.

Staff reflected that there remains a divide between corporate areas such as governance and operational Divisions and teams. There has been a shift in culture but there is still work needed, particularly in some localities, but this was a known issue. It was felt this could impact the implementation and sustainability of action plans following patient safety incidents.

3.8 IPC focussed visit to North Harbour Ambulance Station – pigeon infestation

The ICB IPC lead and a colleague visited North Harbour Ambulance station and spoke with the Director of Operations, Estates and IPC team members. Findings are below:

- The pigeon problem is now fully resolved with no pigeons in the vicinity and no evidence of droppings.
- The trust were aware of the impact the pigeon infestation had on staff and had been taking action to resolve the issue.
- Since the CQC report the trust has taken a more permanent solution for all effected stations by removing the resident pigeons in May/June 2022 rather than relying on deterrents.
- Feedback during our visit suggests that the staff seen wearing PPE and respirators while pressure washing an item by CQC were not the Make Ready Team, but in fact the HART staff who were cleaning some equipment prior to removing it from the station.
- The wearing of respirators while pressure washing could be appropriate following a risk assessment of the individual circumstances.
- There was no evidence that staff members were routinely wearing respirators where inappropriate to do so.
- All staff report incidents via Datix and directly via phone/email to relevant teams (including IPC and estates). There is also a manager on site 24/7 who can respond to any incidents/issues identified.
- Feedback/risks/concerns are communicated to teams through a variety of methods (team meetings, newsletters, Intranet, Yamma, Pod casts, Terrafix, Hot News)
- Cleaning processes were in place and are as per the Cleaning Standards 2021.
- Audits are undertaken by the contractor who provide the make ready service and the staff side cleaning.
- Currently there is no process for assurance audit, however this is being reviewed.
- The cleaning staff have an induction and there are policies in place with regards to cleaning processes.
- Regular updates for staff are being reviewed.

4. Conclusion

The visit to Otterbourne House, North Harbour Ambulance Station and the individual discussions with the NED, Patient Safety and Clinical Governance Managers has provided additional assurance to that already presented in formal meetings that SCAS have delivered in full the foundation improvements in the quality areas identified within the Section 29a notice.

These improvements, and the rationale for them were understood by staff involved in implementing them within the organisation.

These improvements will take time to fully embed within the organisation and staff spoken to were aware of the challenges in implementing these and now felt able to own the majority of changes needed.

Ongoing assurance for these improvements can be best monitored through routine quality assurance by the System Quality Group.

5. Recommendations

As a result of the significant amount of evidence presented at the two Oversight Groups and the testing of this evidence during the quality visit in December 2022, that the current arrangements are reviewed and reduced.

It is recommended that the Safeguarding Oversight Group reduces its frequency from fortnightly to monthly. There is still a significant work programme to deliver in 2023, active recruitment still underway and multi-agencies to assure on progress.

It is recommended that the S29A Oversight Group is stood down from January 2023 as all the foundation actions in the improvement plan have been delivered, evidence and tested.

It is recommended that HIOW System Quality Group review and reduce SCAS Oversight arrangements and for monthly TPAM to become the single oversight arrangement.

It is recommended that operational pressures and performance are monitored separately from CQC Improvement progress.

The ICB recommends that SCAS consider the following:

- Review training given to Board members on key areas such as safeguarding and patient safety culture.
- Review the format of patient safety and quality reporting to Board and sub-Board committees. Consider best practice approaches taken in other providers.
- Improve Board reporting granularity using best practice examples from other Providers
- Consider focussing IRP on new incidents only and hold separate investigation report sign-off meeting.

- Continue to strengthen the relationship between the FTSU Guardian and the Patient Safety Team – moving from a 'push' to 'pull' approach around ''including the voice of people' in every patient safety conversation.
- Continue to embed ownership of incident management and action plans with operational teams in partnership with corporate teams.
- Consider the strengthening of patient safety function with regards to organisational learning and continue to develop the safety culture approach to improvement/action plans.
- Establish formal links with regular meetings between leads for safeguarding, patient safety, medical devices and FTSU.
- Consider approaches to facilitate easier timely reporting of incidents by front-line crews.
- Consider the development of IPC assurance audits and programme.

6. Decision required

The TPAM members are asked to:

- Endorse the change in oversight arrangements for Safeguarding and S29A

Simon Freathy, Quality Improvement Programme Manager, HIOW ICB, 5th January 2023.

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Hampshire and Isle of Wight

SCAS Safeguarding Improvement Oversight Update

February 2023

SCAS Safeguarding Quality Oversight Report

February 2023

Provider	South Central Ambulance Service (SCAS)
Title	Safeguarding Improvement Oversight – Quarterly Report
Situation	SCAS formally entered the NHS England Recovery Support Programme in October 2022. The Integrated Care Board (ICB) of Hampshire and the Isle of Wight are the lead ICB for the Oversight of delivery of improvement within the Trust, in partnership with Berkshire, Oxford and Buckinghamshire ICB (BOB), Frimley ICB and in partnership with the NHS England South East Regional team. The HIOW ICB Chief Nursing Officer wrote to the Children's Safeguarding Partnership and the Safeguarding Adults Board Chairs across the multiple counties that SCAS operates services within to explain the NHS Governance, Oversight and Scruitiny arrangements that had been put in place to monitor the delivery of improvement. This letter was shared in September 2022 stating that a quarterly progress report would be provided to the Boards and Partnerships updating them on the progress the Trust was making and any risks to delivery of this work.
Background	SCAS provides a range of emergency, urgent care and non-emergency healthcare services to adults and children across Hampshire, Portsmouth, Southampton, Buckinghamshire, Berkshire, Oxford and they partner with the Isle of Wight Ambulance Service. They also operate non-emergency patient transport services in Surrey and Sussex. They serve a population of over 7 million and answer over 500,000 urgent calls every year. SCAS employ 4,550 staff and over 1100 volunteers. For the past 2.5 years, SCAS have provided a key role in leading the National response to the Covid19 pandemic. SCAS received a focussed Safeguarding inspection by the Care Quality Commission (CQC) in November 2021, and a Well Led Inspection in April and May 2022. This was followed by the issuing of a CQC Section 29a Warning Notice in May 2022 .The CQC report for this Well Led inspection was published in August 2022 in which the CQC rated the Trust as 'Inadequate' in the SAFE domain and the WELL LED Domain, resulting in an 'Inadequate' rating overall. The Integrated Care Boards were established in England in July 2022. For NHS Organisations with quality concerns it is the ICBs responsibility to establish an Oversight process to gain assurance of improvement against these concerns. Prior to July 2022, multiple Clinical Commissioning Groups (CCGs) held this responsibility and accountability. In August 2022, Terms of Reference were developed to formalise an existing fortnightly Safeguarding joint meeting between Safeguarding Designates from across BOB, Frimley and HIOW with SCAS. This became the fortnightly Safeguarding Improvement Oversight group. HIOW ICB took over the chairing of the meeting as the lead ICB for Oversight in October 2022.

Assessment	Phase one of the SCAS Safeguarding Improvement plan, with 23 specific improvement actions, has been delivered. An external Peer Review visit took place in December 2022 to 'quality test' that the evidence presented at the fortnightly oversight group was in place within the organisation and that staff understood the changes are were working differently. The phase one programme was focussed on policies and procedural foundations being in place and this was the focus of the visit. Areas for continued improvement were shared and are being taken forward in phase two. The Oversight arrangements for safeguarding have reduced from fortnightly to monthly following the quality visit.
Progress and Risks	SCAS have now developed a phase two improvement plan which was shared with the Oversight group in February 2023. The plan, and all the improvement actions, are aligned to the Safeguarding Accountability and Assurance Framework (NHSE July 2022). 6/13 Domains of the Provider Section 4.2.1 of the NHS Safeguarding Accountability & Assurance Framework are in place. The 8 other domains are progressing and are planned to be delivered in full by December 2023. 7 priority areas for phase two improvement are:- • Embedding the Allegations Management work across the Organisation • Production of the Organisational Annual Safeguarding Report and delivery of the Annual Audit Programme • Operationalise a Safeguarding Dashboard • Development and delivery of inhouse level three safeguarding training, MCA training and launch Oliver McGowan training • Maintain high quality Safeguarding Supervision arrangements • Improve the quality of interagency referrals and information sharing • Embed Learning Culture using Case Studies, Serious Case Reviews and other Investigation findings to drive improvement In the past quarter, the Oversight group with partners from Safeguarding and Quality teams have undertaken a Quality Assurance visit and have been provided the full phase two plan, evidence of the results from a Domestic Violence referral audit in which 23/25 referrals were 'good' and 'complete', learning and action has already been taken forward using the audit as the driver for improvement. Training trajectories for Priority A staff have been maintained ahead of plan for Level 3, despite significant operational pressures through December 22 and January 23. Training on S42 response and Domestic Abuse has commenced. Three top risks remain:- IT system resilience Maintaining the release of operational staff for training Maintaining the release of operational staff for supervision

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SCAS Safeguarding Peer Review Visit - 5 November 2023

Introduction and Context
Hampshire and Isle of Wight ICB (HIOWICB), Buckinghamshire Oxfordshire and Berkshire West ICB (BOBICB) and NHSE have undertaken a programme of increased scrutiny and oversight of South-Central Ambulance Service (SCAS) since September 2022 following the CQC Inspection of April 2022. Additional work related to Operation Avocet, (September/October 2023) resulted in more in-depth scrutiny and testing of SCAS safeguarding processes and referrals.

As a result of this increased oversight, a decision was made by members of the Joint CQC Safeguarding SCAS meeting, to condense the planned peer review, to focus specifically upon the safeguarding team and several key lines of enquiry (see below).

Representatives from BOB ICB and HIOW ICB attended SCAS Headquarters in Hampshire on 5 November 2023. This is the second peer review visit that has taken place, the initial visit focused upon quality of SCAS service delivery and performance. Individual interviews took place with members of the safeguarding team, available on the day and further interviews took place via TEAMS for those unavailable on the day. Interviews included SCAS Safeguarding Team members, Chief Nursing Officer, and members of the SCAS Senior Leadership Team.

A visit template was developed to ensure a consistent and focused approach to the review, (see appendix 1).

Focus of the Peer Review
The Peer Review was focused upon the work of the safeguarding team to understand how well embedded processes were within the team/wider organisation and seek assurance on aspects of the improvement work. The peer review was also seen as an opportunity for safeguarding system leaders to meet the SCAS Safeguarding Team, providing them with an opportunity for reflection and a mutual sharing of experiences and feedback on the improvement journey so far. The following key lines of enquiry were identified:

- safeguarding team structure, statutory roles, governance, and leadership
- safe recruitment and allegations management
- supervision
- learning culture
- organisational culture and safeguarding
- safeguarding improvement journey

Summary Outcome of visit
The principal feedback reflected throughout the interviews was the significant change that has taken place within the Safeguarding Team and across SCAS since the current Associate Director of Safeguarding/MH/LD and Complex Care came into post. The strength of leadership and clarity of vision has nurtured a positive, effective, safeguarding team consisting of staff who feel empowered and valued.

There is clear leadership and accountability for safeguarding within SCAS with senior leader oversight and scrutiny. The Safeguarding leaders within the team are accessible, approachable, and considerate of individual's development and wellbeing. It was shared with the reviewers that over recent months, despite the intense pressure that the team has

been under, the workload and associated impact upon staff has been well managed and coordinated, which has minimised the impact upon staff wellbeing and enabled a continued focus upon safeguarding improvement, organisational learning, and wider engagement with the SCAS workforce to embed understanding and appreciation of safeguarding.

Over the year, the safeguarding team has seen significant investment in key safeguarding roles which is enhanced through a range of multi-disciplinary practitioners, fulfilling the statutory roles required of a health provider organisation. This diversity introduces new perspectives, enhanced skill sets and creates opportunities for innovation. There were, however, areas where the team felt that potential opportunities existed for further improvement. These are highlighted within the paper. In addition, it was apparent that the Information Technology supporting SCAS operational function including safeguarding remains a significant concern and challenge and reputational risk. It was acknowledged during the review, how the IT server issues and outages has a significant impact upon the safeguarding team and their ability to deliver business as usual. It is hoped that the new IT server will result in improved reliability and the elimination of future issues.

The paper further highlights areas of strength noted as part of the review process and areas which SCAS may wish to consider further.

Strengths

- Regular team meetings and weekly huddles ensure Safeguarding Team cohesion and reduce silo working.
- Safeguarding Standard Operating Procedures (SOPS) have been developed to provide clear processes for the management of; statutory reviews, case studies, investigations, and audits, etc. which provide evidence of change and improvement.
- Collaboration across teams, in particular with HR, to develop trust policies that meet statutory requirements and work related to safer recruitment/ allegations work has been positive and beneficial for SCAS.
- SOPs and policies understood and articulated by the Safeguarding Team.
- SOPS and new induction pack support new staff joining the team, including those joining for alternative placements.
- New posts introduced to the team including MCA lead, has provided an increased degree of flexibility in terms of knowledge and skills and links directly with other areas of SCAS development work e.g., ensuring training programmes are fit for purpose and meet the actual needs of the workforce.
- Clear evidence of increased innovation within the team as result of investment and variation of roles
- Staff from across SCAS know how to report concerns, and how to contact the Safeguarding Team.
- Supervision for front line staff is developing and well received.
- Systems are in place to support organisational learning from serious adult review, child safeguarding practice review and the recommendations are also integrated into safeguarding learning and training.
- Extensive activity from the Safeguarding Team to engage with frontline staff, increase visibility, building trust and confidence including providing feedback on safeguarding referrals made by practitioners (feedback loop).
- Supervision structure in place across SCAS with supported release of operational staff (“supervision extraction”).
- Robust safeguarding communications across SCAS supporting a learning environment.
- Proactively seeking evidence of staff learning through the new staff feedback form developed for use after training, supervision, etc.

- Statutory policies in place, accessible to staff and promoted through the communications process.

Areas for further consideration

- Whether allocating specific roles and responsibilities to practitioners placed within the team short term (alternative duties), can enable, and support the preventative elements of safeguarding.
- Opportunities for those staff placed within the team on alternative duties, to develop a wider cohort of safeguarding practitioners able to assist with succession planning and the spread of safeguarding skills and knowledge beyond the team.
- SCAS Senior Leadership Team to strengthen, build confidence and sustainability within the Safeguarding Team, with a focus upon team.
- The potential to introduce developmental career progression structure with the Safeguarding Team which can further support leadership functions.
- Review existing arrangements for safeguarding supervision within the Safeguarding Team and outside of line management supervision.
- Opportunities for additional resources to support the Domestic Abuse agenda incorporating sexual safety.
- Further activity across SCAS to embed the Sexual Safety Charter as part of wider organisational change to affect positive practice/culture across SCAS.
- Work with the workforce to understand better how learning can be shared more effectively from reviews.
- Further work to improve the quality and appropriateness of safeguarding referrals.
- Promote the Safeguarding Champion arrangements across SCAS and the benefits of a SCAS wide champion peer network including shared supervision groups.
- SCAS leadership to recognise the impact of IT failings upon the safeguarding team and wider Trust reputation and work to seek resolution to these ongoing issues.

The overarching theme of the peer review of SCAS Safeguarding Team was overwhelmingly positive. Thanks to all those involved in the review for their time, honesty, and commitment over the past year. The final words in the paper were shared as part of the review and provide further examples as to the quality and excellent work that the SCAS Safeguarding Team have delivered and continue to progress.

- *"Safeguarding referrals received on the ward (from SCAS) were always very comprehensive with additional information such as photographs, capacity assessments, domestic abuse assessments – all adding to the richness of the referral …"*

- *"… when the SCAS crew member found out that I was part of the safeguarding team, the crew shared that they now understand safeguarding, their roles, how to raise a concern and why it is important."*

Appendix 1: Visit Template 6 Nov 2023

KLOEs	**Comments**	**Evidence and feedback from SCAS colleagues:**
Structure, Governance and Leadership Statutory roles (named/exec lead safeguarding children, adults at risk/Prevent	Safeguarding team in place, recruited to over past 12 months. All statutory roles in place. Annual report confirms governance and reporting arrangements for safeguarding children, adults and children in care	• Statutory roles e.g. prevent, FGM, etc. • Well led /direct leadership of safeguarding • Safeguarding team visibility • Escalation process (how, when and where)
Safe Recruitment and Allegations Management	Safe recruitment embedded across organisation incl. HR, managers, etc	• Allegation management and oversight • Process and wider organisational engagement • Organisation learning linked to SAMA / LADO
Supervision	Supervision arrangements in place in SCAS with supported release of operational staff – "supervision extraction"	• Supervision arrangements – individual and group • Organisational engagement • Impact / feedback from font line practitioners
Learning Culture	Significant evidence of organisation and system improvement. <u>SCAS Deep Dive/Audits:</u> Emerging theme - sexual behaviours of staff – Feb 23 Quality of SG Referral audit – Feb 23 SCAS Self-Assessment (Ox) Jan 23 Non mobile baby Mar 23 Delayed Referrals Dec 22 DA referral Feb 23 BDO Oct 22 Referral data (Bucks) Feb 22 External Rapid Appraisal Review Jul 22	• Organisational - embed learning to drive improvement - CSPRs/ SARs, case studies, investigations, audits • Evidence of change and improvement
Organisational Culture and Safeguarding	Staff knowledge of personal responsibilities for safeguarding and information sharing – "Safeguarding Stars" Freedom to Speak Up	○ Team and wider organisational culture ○ Support and assurance from other SCAS divisions ○ Staff connection with safeguarding and responsibilities

Safeguarding Improvement Journey	Team development and experience Impact of Operation Avocet and responsiveness of team	○ Opportunity to share feedback

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NHS
South Central Ambulance Service
NHS Foundation Trust

Oxfordshire
Joint Health Overview & Scrutiny Committee (HOSC)
SCAS Improvement Programme Update

8th February 2024

Introduction

The **SCAS Improvement Programme** is broken down in to four functional workstreams, each with an accountable Executive:

- **Governance & Well Led** (Daryl Lutchmaya, Chief Governance Officer)
- **Culture & Staff Wellbeing** (Melanie Saunders, Chief People Officer)
- **Performance Improvement** (Mark Ainsworth, Executive Director of Operations)
- **Patient Safety** (Helen Young, Chief Nurse)

Programme governance follows a monthly reporting cycle of internal and external reporting, led by the Chief Executive Officer (CEO), David Eltringham, with oversight provided by the Executive Management Committee (EMC) and the Trust Board. Improvement Programme delivery and governance is led by the Chief Strategy Officer, Mike Murphy. The following key meetings, provide escalating levels of assurance:

- **Workstream Delivery Groups**. Chaired by the accountable Executive, with workstream delivery leads under the direction of a Senior Responsible Officer (SRO), supported by a Programme Manager
- **Improvement Programme Oversight Board (IPOB)**. Chaired by the CEO with full SCAS Executive membership with representation from the NHS England Recovery Support Programme (RSP) and lead Integrated Care Board (ICB), HIOW ICB
- **Tripartite Provider Assurance Meeting (TPAM)**. Chaired by HIOW ICB with wide representation from NHS England (National/Regional/RSP), ICBs (BOB/HIOW) and the Care Quality Commission (CQC)

The following report pack is representative of Improvement Programme reporting to IPOB and TPAM. This report covers progress to Dec 2023 and includes:

- Progress tracking of key deliverables, measured against Must and Should Do actions from the August 2022 CQC Well Led Inspection Report and agreed Exit Criteria measures, to meet the requirements for exiting the NHS Oversight Framework, segment 4 (NOF4) by 30 Sep 2024
- Workstream highlight reporting, including reporting of progress against key metrics in the workstream scorecards
- Plans on a Page, providing context, aims, measures and milestones by Improvement Programme workstream

Reporting is transparent with a focus on delivery of key actions and the embedding of those measures, underpinned by empirical data.

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Executive Summary

NHS South Central Ambulance Service NHS Foundation Trust

Good progress continues, but some impacts of REAP 4 and the Christmas period are being felt:

- Adoption of feedback mechanisms for Patients not conveyed to hospital continues to build across the UCR footprint, moving the actions in Performance Improvement to a Green RAG rating, with the status of embedding assessed as improving to Amber as a workstream, overall
- Approval of the GAAF at EMC and Board in December sets the conditions for rapid improvements in the Governance workstream in 2024, to be delivered by a now, fully-recruited Governance team
- We have seen a dip in the number of appraisals being delivered to staff, and the assessed level of embedding for this has been downgraded to Amber as a result. Stat and Mand compliance figures will also be fully assessed on receipt of Q3 data. These areas will (continue to) be prioritised by managers across the Trust, supported by Comms across internal leadership forums/networks

Key highlights this month:

- A full review of the Fit and Proper Persons (FPP) information has been held by the Governance team, supported by HR and presented to EMC
- Early indications from internal compassionate leadership survey and National Staff Survey (NSS) show the beginnings of improvements in leadership culture and behaviours. Reduction in formal disciplinary proceedings against staff is encouraging
- Review of Category 2 performance conducted with tangible action plan in development to improve Cat 2 performance through Q4 and beyond
- Improvements in Safeguarding continue, with the cut-over to the long-awaited new Safeguarding server successfully completed and a 24/7 advice line made available to staff. However, subsequent technical issues with automatic relaying of referrals to Local Authorities (LAs) has resulted in two SIs being declared. Escalation to a senior level with the provider (Doc-works) in progress, alongside triage to assess levels of harm resulting

SCAS IMPROVEMENT PROGRAMME

Programme Overview

December 2023

South Central Ambulance Service NHS Foundation Trust

	Actions	Embedding		Actions	Embedding
Governance & Well Led:			Culture & Staff Wellbeing:		
Performance Improvement:			Patient Safety:		

Improvement Programme Summary:

Key Progress:

- The Governance Assurance and Accountability Framework (GAFF) was presented at EMC and Board the week of 11th December and approved. The embedding of the GAAF will now commence with comms and agenda items at Committee meetings, alongside the flow of information for Committee meetings being aligned to the Board
- Prioritised piece of work to review the current state of the Fit and Proper Persons information we hold to ensure we are compliant moving forward. Overview provided to EMC on the 11th December
- Review and refresh of Sexual Safety campaign commenced
- Compassionate leadership survey results show starting to see a shift in leadership behaviour and results from the National Staff Survey 2023 indicate statistically significant improvement in 5 compassionate leadership indicators. Number of staff entering formal disciplinary continues to reduce (down to 24 from 47 in 22/23) and a refresh of HR policies is progressing well (39% complete)
- Additional Private provider hours secured to commence end of December adding 3 additional DCA 24/7 by the end of January
- Review of Category 2 performance completed with an additional action plan to focus on C2 improvement
- Positive increase in Safeguarding metrics, with SAAF compliance rising to 97.8% with the cut-over to the new Doc-Works SG server successfully completed on 29 Nov 2023
- New Safeguarding telephone system went live 13 Dec 2023. SG advice now available 24/7 with direct transfer to OOH Social Work teams. Communicated to all staff

Key Risks/Issues:

- BAU capacity continues to be a challenge, exacerbated by vacant positions within the workstream delivery space. Operational pressures continue to place BAU resources under significant pressure
- Scale of change across organisation may be unsettling for our staff. Improvement, Modernisation and Financial Recovery programme comms will require careful management to minimise impacts and reassure staff

RAG Assessment:

No change to previous period reporting. Q3 Metric reporting in Feb 2024.

Complete & Embedded	On Track	Off Track (<1 month), Recovery Actions in Place	Overdue (>1 month)

Update on CQC Must and Should Dos

SCAS Improvement Programme: Must Do / Should Do Update

December 2023

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

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

SCAS Improvement Programme: Must Do / Should Do Update

December 2023

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

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

Complete & Embedded

On Track

Off Track (<1 month), Recovery Actions in Place

Overdue (>1 month)

Update on MD/SD Actions Rated RED

Governance & Well Led [Daryl Lutchmaya]:			Delivery	Embedding
Must	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. Regulation 17 (1) (2) (a) (b)			
Explanation: While the Regulation 17 gap analysis has now been completed and recorded the overall governance and risk processes of the Trust are not fit for purpose. Limited resource capacity within the teams has meant action completion has been delayed.		Mitigation: The Governance Assurance and Accountability Framework was approved at the December Board, and it was agreed that frequent reviews would be undertaken, and some amendments would be made. The subsequent actions to embed the framework will support transitioning the workstream to an amber rag status.		

Performance Improvement [Mark Ainsworth]:			Delivery	Embedding
Should	The trust should consider ways to monitor outcomes for patients who are not transferred to hospital to ensure the pathways are used effectively and that decisions are made in the patients' best interest			
Explanation: Technical solution has been implemented, is functioning well and there has been good uptake from UCR providers (on a voluntary basis). Delivery has moved from Amber to Green to reflect this.		Mitigation: Embedding has moved from Red to Amber to reflect the good uptake by UCR providers. Further stakeholder engagement is required in southern Hampshire to increase uptake (notably Southern Health and Solent).		

Update on Exit Criteria

SCAS Improvement Programme: Exit Criteria Update

December 2023

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

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

Improvement Programme
Highlight Reports and Scorecards

Improvement Programme Highlight Report:	Governance and Well Led	December 2023	RAG:

Executive Lead: Daryl Lutchmaya ***Senior Responsible Officer: Daryl Lutchmaya*** ***Programme Manager: Amy Carden***

Workstream Summary (Incl. RAG Assessment):

The Governance Assurance and Accountability Framework was presented at EMC and Board the week of the 11th December and approved subject to quarterly reviews to ensure that it remains updated. The embedding of the GAAF will now commence with comms and agenda items at Committee meetings, alongside the flow of information for Committee meetings being aligned to the Board. These steps will transition the workstream to an amber rag status.

Progress Against Key Outcomes / Success Criteria:	Key Activity, Month Ahead:
• Fit and Proper Persons Framework policy drafted.	• Funding received from South East Leadership Academy to support the development of the talent management piece.
• Prioritised piece of work to review the current state of the Fit and Proper Persons information we hold to has been undertaken to ensure we are compliant moving forward.	• Full review of ToR's scheduled for January and February, following the approval of the GAAF.
• Risk maturity assessment (conducted by BDO) presented to Audit Committee on the 6th December and the Board on 14th December, along with a risk framework training session for Board members.	• Drafting of risk reporting through Qlik and NPrint functionality.
• A draft risk appetite statement was presented at Board on the 14th December with further development to take place.	• Creation of additional training material for all staff on Risk.
What's Gone Well:	**What's Not Gone So Well:**
• New members of staff in the OD Team and Governance Team have commenced employment with the Trust.	• Exec feedback on the QR code for November Board was low. This has been followed up with a reminder of the importance of feedback being provided and the insight it gives.
• Progress has been made on the structure and Executive Portfolios area of the hub improvements. The Comms team are working with the Chief People Officer to make the final updates.	• Not all areas have inputted their risks onto the new platform. Prompts have been given and where required escalation at RACSC and Committee meetings will take place.
• Substantial progress made with the internal audit actions tracker. This will provide the ability to report progress monthly and upward report into EMC.	• In date policies has reduced to 69%. Discussions ongoing to ensure policy reviews commence allowing time for the approval process.
Workstream Key Risks:	**Workstream Issues:**
• Although recruitment to the Governance Team is complete and will support achieving accelerated progress towards implementation of key governance actions, a period of embedding will be needed.	• None for escalation

SCAS Improvement Programme

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

SCAS Improvement Plan Scorecard: Governance & Well Led — October – November 2023

No	Metric/s	Baseline (Date)	End Target (Date)	Aim/ Actual	Quarterly Trajectories								Comments
					2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Average timeliness of papers received by the Board and Committees per month (5 working days before meeting)	50% Q4 22/23	90% Q1 24/23	*Aim*	*N/A*	*N/A*	*50%*	*80%*	*80%*	*80%*	*90%*	*100%*	Data collected from QR code feedback October: Board Seminar (1 response) – 100% November: Board (7 responses, 5 NED, 2 ED) – 100% score PACC (1 response) – 100% score F&P (3 responses) – 67% score Q&S (2 responses) – 100% score
				Actual	N/A	N/A	50%	55%	100%				
2	Quality of papers for Board and Committees (as above) ('P' – Poor; 'A' – Average; 'G' – Good; 'E' – Excellent)	Average Q4 22/23	Excellent Q2 24/25	*Aim*	*N/A*	*N/A*	*A*	*A*	*A*	*G*	*G*	*E*	Data collected from QR code feedback October: Board Seminar (1 response) – E November: Board (7 responses, 5 NED, 2ED) – ED G/E NED G PACC (1 response) – G F&P (3 responses) – G Q&S (2 responses) – G
				Actual	N/A	N/A	-	G	G				
3	Board Effectiveness review by survey Quality of papers for Board and Committees (as above) ('P' – Poor; 'A' – Average; 'G' – Good; 'E' – Excellent)	Average Q4 22/23	Excellent Q3 23/24	*Aim*	*N/A*	*N/A*	*N/A*	*N/A*	*E*	*N/A*	*N/A*	*N/A*	Well-led review in Q3 - Focus: Strengths of the board/ Composition of the Board/Ability to resolve conflicts/ Regular reviews and reflections/vision, goals and focus of the Board/ Clear definition of roles & responsibilities / Level of constructive challenge.
				Actual	30%	64%	N/A	N/A	N/A				
4	Partners' satisfaction with joint working from SCAS (from 6 monthly survey) (Dissatisfied – 'D', Satisfied – 'S', Very Satisfied – 'V')	Satisfied Q4 22/23	Very Satisfied Q3 23/24	*Aim*	*N/A*	*N/A*	*S*	*N/A*	*VS*	*N/A*	*VS*	*N/A*	This metric will be reviewed following the decision on the approach the Trust will take to measure partnership working. Initial plans are currently being reviewed.
				Actual		3%	-	-	-				
5	Internal audit activities are being completed to plan No (<50%) Minimal (50% - 74%) Partial (75% -89%) Substantial (90% - 99%)	Minimal Q3 22/23	Yes	*Aim*	*N/A*	*N/A*	*95%*	*95%*	*95%*	*95%*	*100%*	*100%*	For Q2 1 of 12 due audit actions was completed. Metric is only measurable quarterly.
				Actual			Partial	No					

SCAS Improvement Plan Scorecard:				Governance & Well Led									October – November 2023
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									
				Aim/ Actual	2022/23		2023/2024				2024/25		Comments
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
6	Effectiveness of committees ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Average Q4 22/23	Excellent	*Aim*	*N/A*	*N/A*	*A*	*A*	*A*	*G*	*G*	*E*	Data collected from QR code feedback October: Board Seminar (1 response) – E November: Board (7 responses, 5 NED, 2ED) – ED G/E NED A/G PACC (1 response) – G F&P (3 responses) – G/E Q&S (2 responses) – G
				Actual	N/A	N/A	-	G/E	G				
7	Effective accountability structures through organisation (link to performance improvement) ('P' -Poor, 'A' - Average, 'G' -Good or 'E' - Excellent)	Poor Q4 22/23	Excellent Q2 24/25	*Aim*	*N/A*	*N/A*	*A*	*A*	*A*	*G*	*G*	*E*	Chief Governance Officer's view based on progression of Governance Framework implementation. October – P November – A The GAAF was presented and approved at EMC and Board week of the 11th December.
				Actual	N/A	N/A	P	P	P/A				
8	Governance modules completed as part of leadership development	40% Q4 22/23	95% Q1 24/25	*Aim*	*N/A*	*N/A*	*50%*	*65%*	*75%*	*80%*	*95%*	*100%*	There is appetite for some Governance modules to be added to various development courses. These are not likely to be put into place until next year.
				Actual	N/A	N/A	-	-	-				
9	Monthly updating of the BAF ensuring links to extreme risks ('Y' -Yes, 'N' - No)	Poor Q1 23/24	Excellent Q3 23/24	*Aim*	*N/A*	*N/A*	*Y*	*Y*	*Y*	*Y*	*Y*	*Y*	Monthly updating of the BAF has been completed, with an additional BAF risk created in relation to the overall Improvement Programme.
				Actual	N/A	N/A	Y	Y	Y				
10	Board development attendance	60% Q4 22/23	100% Q1 23/24	*Aim*	*N/A*	*N/A*	*100%*	*100%*	*100%*	*100%*	*100%*	*100%*	Percentage of eligible colleagues that attend Board Development sessions. October - 17 of 17 attendees were present. November - 18 of 18 attendees were present.
				Actual	N/A	N/A	71%	94%	100%				

SCAS Improvement Plan Scorecard:				Governance & Well Led									October – November 2023
No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									
				Aim/ Actual	2022/23		2023/2024				2024/25		Comments
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
11	Number of attendees at Leadership Development sessions?	80% Q4 22/23	95%	*Aim*	*N/A*	*N/A*	*60%*	*75%*	*75%*	*75%*	*95%*	*95%*	Percentage of eligible colleagues that have completed or are in the process of completing/booked on SCAS Leader and ESPM. Unable to measure SCAS Leader for Q3 currently due to resource constraints.
				Actual – SCAS Leader	N/A	N/A	47%	48.5%	51%				
				Actual - ESPM	N/A	N/A	61%	85%	87%				
12	Feedback from Leadership Development sessions (Feedback score marked out of 5)	Average Q4 22/23	Excellent Q1 24/25	*Aim*	*N/A*	*N/A*	*3*	*3*	*4*	*4*	*5*	*5*	Data provided is feedback from ESPM only. It is currently being reviewed how feedback from both SCAS Leader and ESPM can be collated collectively, and this will be added when available. November saw a reduction in the score from October. Some of the feedback suggests that actions within the Trust do not reflect what is being taught in the modules and this is reflective in the feedback.
				Actual	N/A	N/A	-	4.64	4.27				
13	Numbers of Executive visits to sites/ride outs per month (expectation is one visit per month by each) (9 Executives)	50% Q4 22/23	95% Q1 24/25	*Aim*	*N/A*	*N/A*	*50%*	*65%*	*75%*	*80%*	*95%*	*100%*	Tracked through completion of online forms and EAs calendar feedback. October – 8 of 9 visits complete 89%. November - 8 of 9 visits complete 89%.
				Actual	N/A	N/A	63%	85%	89%				
14	Number of NED visits to sites/ride outs (8 NEDs – expectation is one visit per month by each)	Poor Q1 23/24	Excellent Q3 23/24	*Aim*	*N/A*	*N/A*	*50%*	*65%*	*75%*	*80%*	*95%*	*95%*	Tracked through reports provided to Marie Gittings. October – 3 of 8 visits complete 37.5%. November – 2 of 8 visits complete 25%.
				Actual	N/A	N/A	42%	13%	31%				

Improvement Programme Highlight Report:	Culture & Staff Wellbeing	December 2023	RAG:

Executive Lead: Melanie Saunders | *Senior Responsible Officer: Nicola Howells* | *Programme Manager: Emma Manaton*

Workstream Summary (Incl. RAG Assessment):

We further consolidate our plans to improve sexual safety with a new reverse mentoring programme and development of a comms and engagement plan, including a future session with the Board scheduled for February. FTSU carried out 2 on site workshops around sexual safety & guidance and assisted an onsite listening event. Secured funding for both a People Promise Manager and a Talent Management resource, this will allow these areas to consolidate progress. NHSE funding secured for a culture diagnostic which will commence in Q4 (subject to final procurement checks in progress), the culture improvement plan continues as is making good progress with 3 more actions associated to Exit Criteria complete bringing the workstream to 80% complete against Exit Criteria and tracking Amber overall.

Progress Against Key Outcomes / Success Criteria:

- Sexual Safety discussed at Women's network session on 5th Dec with volunteers coming forward to be part of the reverse mentoring programme. Sexual safety and speaking up presented at the All SCAS Webinar with good engagement.
- Workforce: Draft 5-year workforce plan reviewed at EMC assurance now via Fit for Future programme International Paramedics: 10 Paramedics arrived & are in training with a further 8 due in February 24'. International Nurses: 7 Nurses arrived are in training with a further 9 due in January 24'
- Education: Launched SCAS bookings in Nov in doing so have increased visibility of and access to CPD opportunities.
- JLC survey results show starting to see a shift to compassionate leadership but further work to do (leaders' perception we operate JLC low at 5.8/10). Union rep rating of JLC improved from 3.75 to 5.25. Number of staff entering formal disciplinary continues to reduce (down to 24 from 47 in 22/23).

Key Activity, Month Ahead:

- Planning for Sexual Safety brief to the Board Seminar on 29th Feb. Agree programme for reverse mentoring, pairing mentors and mentees and briefing all participants. Develop the comms and engagement plan.
- Recruitment of a People Promise Manager to support the Trust's retention work
- Scoping to broaden the CPD opportunities to cover all staff groups & a career development portal
- Present JLC survey feedback to JNCC in Jan. Review future leadership survey requirements as part of the culture diagnostic activity.
- Progress adding JLC training for managers to the Stat & Man training list.

What's Gone Well:

- Approved as part of NHSE Retention exemplar programme, cohort 2, which secures funding for a People Promise Manager. Talent Management resource approved enabling talent plans to progress.
- Improvements in recruitment and retention in the North and South, through recruiting the right people, incorporating EOC visits into the interview process, continuing to offer both F2F and Teams interview to capture a wider audience & health and wellbeing and support from first day of training.
- In the North, all ECT and Dispatch teams will be fully staffed once coaching and sign off is complete.

What's Not Gone So Well:

- Performance pressures have resulted in a decline in completion of appraisals and statutory and mandatory, we continue to monitor.
- Recruitment is currently down on plan overall but improved in M7 and M8 in Ops. The focus is now on recruiting clinicians and staff into areas where they are needed

Workstream Key Risks:

- Capacity of existing People Services Directorate resources increasingly a challenge, increasing competing priorities both within BAU and organisational change.
- Upcoming change in the organisation may affect staff morale / wellbeing / engagement which may in turn impact attrition, the staff survey results, increase in FTSU cases. Careful management of staff

Issues for Escalation (Incl. Scope / Milestone Change Requests):

SCAS Improvement Programme Scorecard: Culture & Staff Wellbeing — December 2023

No	Metric/s	Baseline (30/08/22)	End Target	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Reported cases of bullying and harassment	1	2	*Aim*	*N/A*	*N/A*	*3*	*3*	*3*	*3*	*2*	*2*	Q3 figures due in Feb report. Q2. We continue to place emphasis on mediation (where appropriate) and have seen an increase in cases dealt with under mediation, Q1 – 5, Q2 – 5. Comparably mediation cases for Q4 -3 and Q3 – 2. We can conclude from this that more cases are being resolved under mediation rather than proceeding to a formal process.
				Actual	3	2	1	3					
2	Reported cases of sexual harassment	5	2	*Aim*	*N/A*	*N/A*	*5*	*7*	*8*	*8*	*7*	*7*	Q3 figures due in Feb report. Q2. Reported numbers lower than forecast, production of posters has been delayed, new supplier being sought. Q3 renewed focus of the campaign.
				Actual	4	4	4	3					
3	Casework (investigation) completion timeline completion against policy	35	35	*Aim*	*N/A*	*N/A*	*60*	*58*	*50*	*45*	*40*	*35*	Q3 figures due in Feb report Q2. Decreased timescales due to a number of cases being resolved following a shorted collation of facts, where individuals have taken accountability for their actions.
				Actual	41	31	63	43					
4	FTSU: case numbers (overall and across service areas)	36	N/A	*Aim*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	Q3 – FTSU volumes have increased linked to Speak Up month in Oct / Nov, raising awareness of the FTSU team and sexual safety and other pressures impacting the workforce (financial, change and REAP 4) Q2- overall quarter similar to previous quarters', however during Q2 saw significant spike in July and Aug, numbers bucking previous trends, likely due to national FTSU exposure due to Countess of Chester coverage and other instabilities from change programmes, financial pressures and focus on increasing performance. As agreed, speak up sub score will be used to measure speak up culture, therefore no trajectory on this metric.
				Actual	29	38	27	34	54				
5	FTSU: Freedom to Speak Up Sub Score	5.9 (Oct 22)	6.4	*Aim*	*N/A*	*N/A*	*N/A*	*5.9*	*5.9*	*6.0*	*6.0*	*6.1*	Q3 figures due in Feb report Q2 sees a drop in sub score, questionable if this reflects the true view of organisation as initial response rate was 35. Surveys not collected over the full quarter due to delays. Will monitor during Q3, encouraging engagement during F2F interactions but without diluting the NSS message. Sub score is nationally recognised as not exclusively FTSU, ie EPR outages and issues with safeguarding referrals may have impacted the scores. Baseline is NSS from Oct 22 (5.9). Forecast Q2 24/25 (6.1) is best in
				Actual	N/A	N/A	N/A	5.2					

SCAS Improvement Programme Scorecard: Culture & Staff Wellbeing — December 2023

No	Metric/s	Baseline (30/08/22)	End Target	Quarterly Trajectories									Comments
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
6	FTSU: audit of time taken to complete initial investigation (% within guidelines)	93 (Q1 23 figures)	93	*Aim*	*N/A*	*N/A*	*N/A*	*93*	*86*	*86*	*93*	*93*	Q3 figures due in Feb report. Q2 – drop to 80%. The expected drop to 86% in Q3 has, in practice, been brought forward by the spike in cases because of national Countess of Chester coverage as well as environmental impact to managers such as performance pressures and finance sustainability. Baseline figures are Q1 23 (not measured previously). No guideline for this figure, suggest we maintain at this level while we build data. Forecast: drop to 86% is potential combination of winter pressures on managers & possible increase in FTSU cases during / after speak up month in Oct (86% is 2 cases breaching).
				Actual	N/A	N/A	93	80					
7	Appraisal and PDR: completion (%)	89	95	*Aim*	*95*	*95*	*95*	*95*	*95*	*95*	*95*	*95*	Q3 – decrease and below trajectory; PDRs paused during September due to demand/performance pressure, have now recommenced from October.
				Actual	88	89	84	75	73				
8	Q21c – would recommend the organisation as a place to work (%)	36.5 (July 22)	59.4	*Aim*	*37*	*38*	39	40	41	42	43	44	Q3 –NSS report received however under NHS embargo. Forecast: Q2 24/25 is sector average (44%), end target is best in sector (59.4%). 46% in Q3 due to higher survey completion rate as NSS - suggesting NQPS may not be a true reflection of staff view & to treat as indicative only.
				Actual	46	36	41	35					
9	Staff feeling able to make suggestions to improve the work of their team/department (%)	47.7 (July 22)	61.7	*Aim*	*48*	*48*	*50*	*50*	*50*	*52*	*52*	*54*	Q3 –NSS report received however under NHS embargo. Forecast: Q2 24/25 is sector average (54%), end target is the best in sector (61.7%). 53% in Q3 due to higher survey completion rate as NSS, suggesting NQPS may not be a true reflection of staff view & treat as indicative only.
				Actual	53	44	46	46					
10	Retention / Stability Index Rate (%)	82	82	*Aim*	*82*	*82*	*82*	*82*	*83*	*83*	*84*	*84*	Q3 – maintaining 85% from Q2, ahead of trajectory.
				Actual	82	82	84	85	85				
11	Vacancy Rate (%)	15	10	*Aim*	*13*	*14*	*14*	*13.5*	*12*	*11*	*10*	*10*	Q3 – is on track with workforce plan and continued improvement since Q2
				Actual	13	13	12	12	11				

Improvement Programme Highlight Report:	Performance Improvement	December 2023	RAG:

Executive Lead: Mark Ainsworth | *Senior Responsible Officers: Luci Papworth, Mark Ainsworth* | *Programme Manager: Emma Manaton*

Workstream Summary (Incl. RAG Assessment):

As the Fit for the Future Programme is now fully in the mobilisation phase it is being governed separately and no update is included

Feedback loop through SCAS Connect now live across SCAS with no reported issues with the technology. Continuing to work with providers on capturing feedback themes and then understanding if there are actions needed from the feedback.

Progress Against Key Outcomes / Success Criteria:

- Focus continues to be on Cat 2 response and EOC call answer times (as at 31 Dec 2023):
  - Cat 2 Mean – QTD: 00:38:09
  - Call Answer Mean – QTD: 00:00:17
- Agreement received to extend Cat 3/4 (GP) Validation pilot

Key Activity, Month Ahead:

- Continue to monitor PIP actions for timely delivery and increase PP hours in line with new contracted hours
- Embed immediate Handover process across all Acute Trusts
- Further develop Cat 2 recovery plan

What's Gone Well:

- The Performance Improvement Plan is reviewed weekly for progress against each action. Positive feedback from NHSE on the PIP and actions included
- Cat 2 Segmentation -4,962 calls appropriate Segmentation Clinical Navigation:
  - 18.7% of eligible C2 Calls underwent Clinical Navigation
  - 38.8% of these remained on the C2 dispatch stack with 57.9% going for Clinical Navigation
  - Of these sent for Clinical Navigation 52.9% received Clinical Validation
  - Of these 23.4% were Closed as Hear and Treat – of these 62% were closed as refer to ED / 20.6% were closed referring to GP
- SCAS Connect User Testing (non-ED conveyance feedback loop) has been completed within the MK UCR footprint with no issues. Has now also made it across the SCAS footprint so believe we are able to close (CQC_39)

What's Not Gone So Well:

- Due to capacity constraints, there is no dedicated programme / project support; plan agreed for resolving this going forward.
- A significant level of excess handovers (~6700 hrs in December) have negatively impacted on our ability to deliver performance

Workstream Key Risks:

- New private provider contracts commenced 2nd October. After showing improvement in fill %, current fill has returned to 80% due to the inclusion of new contracts for 3 DCA lines, which are currently ramping up
- Clinical capacity for Cat 2 Segmentation, as well as delivering BAU Clinical Support Desk requirements

Workstream Issues:

Complete & Embedded | On Track | Off Track (<1 month), Recovery Actions in Place | Overdue (>1 month)

SCAS Improvement Programme Scorecard: Performance Improvement — November 2023

No	Metric/s	Baseline H2 – 22/23	End Target	Aim/ Actual	Quarterly Trajectories								Comments
					2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Improved category 2 ambulance response times	00:34:08	00:18:00	*Aim*	00:18:00	00:18:00	00:27:59	00:26:43	00:28:56	00:29:37	00:25:00	00:20:00	Assumptions behind these trajectories include no demand growth and hospital delays at agreed levels. Revised trajectory has been shared with Exec and board and being presented to NHSE on 5th October prior to submission
				Actual	00:40:33	00:26:53	00:29:42	00:33:09	0:38:09				
2	Increase in Hear and Treat rates	12.20%	14%	*Aim*	13.5%	12.5%	10.5%	11.5%	12.0%	12.5%	14.0%	14.0%	Cat 2 Segment now live (as per NHSE directive) with the 9s GP CAS also live from 28th Sept. Review of H&T improvement plan following AACE review
				Actual	13.4%	10.8%	10.6%	11.1%	11.8%				
3	Increased See and Treat rates	34.8%	35%	*Aim*	34.0%	34.0%	35.0%	35.0%	35.0%	35.0%	35.0%	35.0%	Higher acuity in 999 calls is affecting the ability to S&T higher number of patients. 63% of demand C1 and C2 in Sept an increase of 5% from August
				Actual	34.9%	34.7%	34.3%	33.7%	33.5%				
4	Improved Mean 999 call answer time	00:00:51	00:00:10	*Aim*	00:00:10	00:00:10	00:00:24	00:00:11	00:00:20	00:00:11	00:00:10	00:00:10	Q2 performance behind plan. WMAS support commenced 11.08.23. Review of IOW staffing levels as below agreed levels.
				Actual	00:01:06	00:00:32	00:00:25	00:00:22	00:00:17				

SCAS Improvement Programme Scorecard: Performance Improvement — November 2023

No	Metric/s	Baseline H2 – 22/23	End Target	Quarterly Trajectories									
				Aim/ Actual	2022/23		2023/2024				2024/25		Comments
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
5	Improvement in % of staff having meal breaks	54.9%	85%	*Aim*	85.0%	85.0%	63.0%	64.0%	65.0%	66.0%	75.0%	80.0%	Changes are being planned to re-design of seven SCAS operational nodes, to implement new work patterns during Q3/Q4 2023-24, that will support improving meal break "windows" built into the rosters.
				Actual	48.1%	61.5%	58.7%	53.8%	45.3%				
6	Improvement in % of staff shifts finishing no later than 30 minutes past finish time.	71.8%	90%	*Aim*	66.0%	66.0%	85.0%	85.0%	87.0%	88.0%	89%	90%	Project to design new rosters to incorporate 'overlapping shifts patterns' across all 23 resource centres is underway, this will support improved resource cover throughout the 24/7 period, so that 'oncoming shifts' will aid staff finishing on time at the end of their shift in Q3/Q4 - 2023/24. Review of EOC process for night shifts with unions has failed to reach agreement for change. QIA also rejected due to staff impact. Negotiations with unions to continue
				Actual	69.0%	83.0%	84.0%	82.3%	80.5%				
7.	Progress against infrastructure development programme			*Aim*	N/A	N/A	Programme Brief	Programme Plan	Initial Board Approval of Plan	Final Board Approval of Plan			An operational development plan for SCAS 999 Ops Services is now in development with project workstreams, as part of the Trust improvement programme. Performance Improvement Plan 2023-24 actions approved by Exec.
				Actual	*N/A*	*N/A*	Complete						

Improvement Programme Highlight Report:	Patient Safety	December 2023	RAG:

Executive Lead: Helen Young ***Senior Responsible Officer: Sue Heyes*** ***Programme Manager: Dai Tamplin***

Workstream Summary (Incl. RAG Assessment):

Quarter to Date (QTD) metrics are encouraging with figures reported to end of Nov 2023. Continued improvement in SG, not least with the long-awaited cut-over to the new SG server, increasing SAAF compliance to 97.8%. However, this has not been without challenge with an issue arising where SG referrals were not automatically sent when received from frontline users, using Ortivus ePR devices. This has caused an element of reputational damage with Local Authorities (LAs) but AD SG engaged with senior stakeholders to minimise impact. Escalation to REAP 4 is having some impact on IPC audit and Stat & Mand compliance but this is being watched closely at the local level. Of note is the move of SCAS Pharmacy resources to the new facility in Adanac Park, Nursling – move completed pre-Christmas 2023.

Progress Against Key Outcomes / Success Criteria:

- Positive increase in SG metrics, with SAAF compliance rising to 97.8% with the cut-over to the new Doc-Works SG server successfully completed on 29 Nov 2023
- 3rd audit cycle of SI/DI investigations (50/50 split) completed for Q3. Monitoring continuous improvement of investigation/report quality.
- Patient Panel Chair undertaking induction/site visits. Recruitment to wider panel continues (with a focus on proportionate representation from religious/ethnic minority groupings)

Key Activity, Month Ahead:

- Positive SG Peer Review report received; action planning for any additional areas of development identified. Risk assessment of latest delayed SG referrals required (because of delays from new SG server automation failure). Development of comms/training package for new SG referral form
- SI/DI audit evaluation report to be completed. Low/No Harm audit reliant upon development of a fit for purpose quality metric tool (current tool not suitable)
- NHS 111 complaints process review – mapping exercise completed with actions on delays in audits requested to reduce agreed extensions (review Dec 23/Jan24)
- Induction programme for new IPC Lead (from 2 Jan 2024). Development of IPC Practitioner BC for inclusion in budget setting for FY 24/25 (to create additional IPC capacity in Thames Valley)

What's Gone Well:

- New SG telephone system went live 13 Dec 2023. SG advice now available 24/7 with direct transfer to OOH Social Work teams. Communicated to all staff
- Draft PSIRP compiled and submitted to PSIRF Project Board. Current on circulation for comment. Feedback received to-date encouraging
- Pharmacy move to new distribution premises in Adanac Park, Nursling due for completion by 22 Dec 2023. Significantly improved facilities but 999 pharmacist recruitment still a challenge

What's Not Gone So Well:

- As of 18 Dec 2023, Doc-Works have identified that SG referrals from Ortivus devices (frontline staff) were not automatically processed between 30 Nov and 18 Dec 2023. Mitigations have been put in place. Two SIs have been declared (delay and Pt harm) and referrals have now been sent to respective LAs
- New SG referral form implementation may be delayed as a result of remedial works required to address SG Server automation failure (Doc-Works capacity issue)
- PSIRF Implementation lead post remains vacant following unsuccessful recruitment. Continued impact on progress being felt due to reduced capacity but recoverable within mandated timeframes

Workstream Key Risks:

- Escalation to REAP 4 with potential impact on Stat & Mand and IPC compliance
- Transition to new SG server (a benefit of which was to improve reputation of SCAS/SG Service); subsequent technical issues are proving reputationally detrimental, with a risk of potential Pt harm

Workstream Issues:

- Nothing for escalation

SCAS Improvement Programme Scorecard: Patient Safety December 2023

No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories									Comments (Quarter to Date (QTD))
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
1	Increased number of Safeguarding referrals indicative of +ve reporting	12153 (30/09/22)	17956 (30/09/24)	*Aim*	*12761*	*13399*	*14069*	*14772*	*15511*	*16287*	*17101*	*17956*	Baseline Q2 2022 figures. 5% target increase per Qtr. Q3. QTD, 94% of trajectory
				Actual	13728	14221	16311	20458	14637				
2	Compliance against trajectory of Level 3 Safeguarding training	6% (30/09/22)	90% (31/03/24)	*Aim*	*20%*	*30%*	*46%*	*60%*	*70%*	*90%*	*>90%*	*>90%*	Trust-wide compliance figure (Clinician + ECA) Q3. QTD, 12% above trajectory
				Actual	18%	31%	49%	60.75%	82%				
3	Self-assessed compliance against SAAF to safeguard children, young people & adults	20% (30/09/22)	100% (Q4 23/24)	*Aim*	*30%*	*60%*	*70%*	*80%*	*90%*	*95%*	*>70%*	*>80%*	Calculated percentage against tasks aligned to SAAF Q3. QTD, 7.8% above trajectory with transition to new SG server
				Actual	30%	64%	94.5%	94.5%	97.8%				
4	Improvement in Patient Safety Culture Survey (MaPSaF) response rates	3% (28/02/23)	7.5% (30/09/24)	*Aim*	*N/A*	*3%*	*N/A*	*N/A*	*5%*	*N/A*	*N/A*	*7.5%*	Repeated every 6/12 Next report post Q3
				Actual	N/A	3%	N/A	N/A		N/A	N/A		
5	Incident report audit using a Quality & Maturity tool to evidence Well Led and cultural change	0 (31/03/23)	40 (31/03/24)	*Aim*	*N/A*	*N/A*	*10*	*10*	*10*	*10*	*10*	*10*	Audits to assess quality of SIs, DIs and Low/No Harm reporting Q3. 10 x Low/No Harm audits complete
				Actual	N/A	N/A	10	10	10				
6	Medical Device Audit – % compliance against schedule (Zoll X-Series)	Not Known (30/09/22)	>95% (Q1 24/25)	*Aim*	*>80%*	*>90%*	*>90%*	*>90%*	*>90%*	*>90%*	*>95%*	*>95%*	Increase dependent on intro of enhanced Asset Management system Q3. QTD, 6% above trajectory
				Actual	80%	90%	93%	93.4%	96%				
7	Decrease in number of medicines unaccounted for/loss	New for 23/24 IPR	TBC (Post Q3)	*Aim*	*N/A*	*N/A*	*N/A*	*N/A*	*TBC*	*TBC*	*TBC*	*TBC*	IPR compliance data (new for 23/24) Trajectory TBC after Q2 data Q3. QTD, reduction following known incident under investigation in Q2. Trajectory to follow
				Actual	N/A	N/A	34	82	6				
8a.	IPC audit: % compliance against buildings cleanliness target	80% (30/09/22)	95%	*Aim*	*N/A*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	IPR compliance data Q3. QTD, below trajectory. Impacted by operational pressures
				Actual	N/A	74%	80%	77.9%	84.4%				
8b.	IPC audit: % compliance against vehicles cleanliness target	91% (30/09/22)	95%	*Aim*	*N/A*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	*95%*	IPR compliance data Q3. QTD, below trajectory. Impacted by operational pressures
				Actual	N/A	91%	96.5%	93.1%	91.7%				

Plans on a Page (For Reference)

Improvement Plan on a Page: December 2023

Workstream:	Governance & Well Led
Executive Lead:	Daryl Lutchmaya
Senior Responsible Officer:	Daryl Lutchmaya
Programme Manager:	Amy Carden

Background

The CQC report published in August 2022 identified the need for improved governance compliance across the trust, with a need to ensure effective governance systems and processes are in place from the Board throughout the trust to enable robust internal assurance.

There is a need to ensure staff at all levels are clear about their roles and accountability in relation to quality & risk management, through strengthening local management and governance. There is a need to ensure effective systems are in place for the identification, reporting, investigation and learning from Serious Incidents.

Aim/s

To ensure robust internal assurance and leadership is in place through:

- Improved processes and procedures from Board through to front line
- Clear accountability structures throughout the organisation to ensure effective performance management
- A culture of governance and the associated behaviours are in evidence throughout the organisation

Key benefits

- Improved board effectiveness
- Strengthened assurance
- Strengthened partnership working
- Improved decision making

Benefit measures / Outcomes

- Effective Board assurance framework in place
- All Board and Executive members attend development programme
- Regular executive & NED assurance
- All governance recommendations embedded into BAU
- Improving Partnership and Provider Survey results (engagement and feedback)
- Revised IPR in place

Alignment with other workstreams / key stakeholders

- Clear alignment to Culture and Performance Improvement Workstreams - culture of improvement and development of effective internal accountability structures
- Regional and ICB colleagues – improved assurance of internal trust assurance processes
- Trust Board members – improvement work involves all board members

Key outcomes / success criteria

22/23	Q3	• Independent Governance Review to identify areas of focus and to develop improvement action plan
	Q4	• Recruitment of Chief Governance Officer • Completion of BAF and start development programme (NHSP training / workshops
23/24	Q1	• Board observation work to commence (supported by NHSE and NHSP) • Executive Team and Individual Coaching commenced • Action plans developed for improved board, committee and key meeting management and accountability
	Q2	• Improved board, committee and key meeting management and accountability evidenced through quality and timeliness of papers • Impact from supportive board observation and coaching beginning to be evidenced • Improved accountability throughout the organisation
	Q3	• Well-led review to be undertaken by NHSE (led by ISCS team with wider support) with improvements evidenced
	Q4	• Evidence of improved accountability throughout the organisation

Key Risks

- Engagement of key individuals in improvement efforts
- Volume of BAU and improvement mean capacity to deliver is limited

Issues

- Resource and changing personnel impact on improvement
- Board Development Programme identifies further areas requiring development
- On-going concern around effectiveness of internal governance through key assurance meetings (TPAM / RSP)

Communications and Engagement approach

- Communication cascades – both formal and informal through trust structures and through Executive Director briefings to teams
- Clear articulated plan to highlight areas of focus and reasons for this

Possible external resource requirements

- Additional support for improvement focus for a defined period of time
- Board Development funding secured through NOF4 funding for 23/24

Cost (£)

? Support from NHSE

Improvement Plan on a Page: December 2023

Workstream:	Culture & Staff Wellbeing
Executive Lead:	Melanie Saunders
Senior Responsible Officer:	Nicola Howells
Programme Manager:	Emma Manaton

Background

The CQC report published in August 2022 identified a need for improved effectiveness between the Trust Board and wider trust teams.

The trust needs to ensure that all members of staff (including students and volunteers) need to feel respected, supportive and valued and that if concerns and / or allegations are raised, these are responded to appropriately and in a timely manner.

The trust need to ensure volunteers are managed effectively and that policies and procedures are in place to ensure concerns and issues are effectively identified and raised (safeguarding).

Engagement between the trust board, senior leads and the organisation needs strengthening, so staff feel listened to, engaged and involved.

Aim/s

To develop a culture of engagement, inclusivity and safety within the organisation by:

- Improved focus on staff engagement and feedback from the board and wider teams to the front line
- Focus on appropriate / acceptable behaviours and evidence of addressing issues in a timely way when needed
- The development of both accountability and support through appraisals, PDR and development opportunities
- Improved culture being part of everyone's roles, every day
- Development of Trust wide and localised Recruitment plans and Retention schemes

Key Benefits

- Improved patient safety
- Improved staff, student & volunteer experience
- Compassionate leadership across all levels of organisation

Benefit Measures / Outcomes

- Refreshed People and OD strategy to reflect the current workforce challenges / risks and the work required to improve on culture and Safety
- Culture improvement programme in place with clear methodology to improve trust-wide engagement and board ownership
- Completion of organisational-wide review of operating model, including benchmarking
- Clear recruitment plan and retention scheme and recruitment timelines
- FTSU policy, function & process approved by board and firmly embedded

Key Stakeholders / Alignment with Other Workstreams

Culture improvement to have a clear focus and plan within each of the workstreams aligning to the -People Strategy

Key Outcomes / Success Criteria

22/23	Q3	• Listening events undertaken to understand staff views in more depth • Culture improvement initial action plan in place
	Q4	• Delivery of key improvement actions • Finalise and launch People Strategy outlining Culture plan for next 3 yrs.
23/24	Q1	• Expanded FTSU champions, including from diverse & vulnerable groups, and FTSU e-learning mandatory. • Recruitment and Retention Plans in place for implementation • Regular measures established for PDR's, ER cases, FTSU, retention and staff surveys • Develop staged culture improvement plan, including SMART 1 yr. actions, aligning to new People Strategy
	Q2	• Improved partnership working with TU colleagues and staff networks. • Continue implementation of retention plans • Action plans in place for 2 FTSU self assessment improvement areas. • Implementation of the Culture improvement Programme begins
	Q3	• Embed awareness of EDI strategy, sexual safety, civility campaign, FTSU, J&LC, evidence through People Voice feedback. • Recruitment and Retention plans on track.
	Q4	• Clear evidence of culture improvement beginning, evidenced through staff feedback and other key metrics

Key Risks

- Engagement of key individuals in improvement efforts
- Volume of improvements mean capacity to focus on improvements required is impacted.
- Financial constraints may impact delivery of some improvements (resources).

Issues

- Capacity and existing infrastructure of the People Services Directorate not able to manage the scope of improvement required
- Workforce and recruitment plans budget not yet signed off, plans running at risk.

Communications and Engagement Approach

- Communication cascades – both formal and informal through trust structures, webinars, Team Briefs and through Executive Director briefings to teams
- Clear articulated plan to highlight areas of focus and reasons for this
- Planned, recurrent engagement events and feedback loops

Possible External Resource Requirements	Cost (£)
Specific funding through NOF4 for specialist support to ensure the programme of work considers all aspects (performance improvement and approach, culture improvement, accountability etc.)	Through NOF4

Improvement Plan on a Page | December 2023

Workstream:	Performance Improvement
Executive Lead:	Paul Kempster / Mark Ainsworth
Senior Responsible Officers:	Mark Ainsworth / Luci Papworth
Programme Manager:	TBC

Background

The CQC report published in August 2022 identified improvement was required in some areas to ensure safe patient care, including capacity and responsiveness.

Focus on performance improvement is required in key performance areas and longer term review of care pathways, infrastructure and associated support functions is required to ensure the trust is fit for the future.

Aims

To strengthen the operational performance of the trust through:

- An agreed operational improvement recovery plan, including benchmarking delivery and resource with others
- A multi year operational improvement development programme (care pathways, infrastructure, support) to be developed, approved by the trust board and delivered.

Key Benefits

- Improved patient outcomes
- Achievement of national targets
- Staff satisfaction and engagement
- Foundations in place for the future

Benefit Measures/Outcomes

- Plan in place for performance improvement meeting timelines and targets
- Board approved longer term infrastructure and associated development Engagement with system partners
- Improved staff satisfaction and engagement (sickness and retention)
- Improved accountability and performance

Alignment with Other Workstreams / Key Stakeholders

Culture workstream and governance workstream in relation to ensuring the right capacity and capability and infrastructure (links to People Strategy), and supports the improved governance and well-led work, strengthening accountability and internal performance.

Key Outcomes / Success Criteria

22/23	Q3	• Focused improvement on key aspects of operational improvement
	Q4	• Start to develop the plan for the future operating model • Begin development of operational improvement plan (ODP)
23/24	Q1	• Continue development of ODP, including trajectories and measures in place • Workshops to define operating model for the future
	Q2	• Initial Board approval for infrastructure development for the future • Leadership Development programme developed, aligned to Culture Workstream
	Q3	• Development programme commenced, based on ODP • Final Board approval for infrastructure development for the future • Key milestones from ODP commenced • Leadership Development assessments starts
	Q4	• Sustained improvement and development of internal infrastructure in process • Improved morale across operational teams

Key Risks

- Operational pressure meaning internal focus is limited
- Culture of improvement not in place meaning difficult to ensure delivery
- Engagement and ownership
- Financial sustainability

Issues

- Changing demand within the system might create additional pressure
- Attrition rate increases
- Handover delays
- Continued IA

Communications and Engagement Approach

- Formal and informal information cascade in place for operational teams, including standardised information to the nodes
- Clear plans in place articulating aims of the longer term programme
- Engagement sessions for wider team members to engage in future improvements

Possible External Resource Requirements	Cost (£)
Additional resource funded through NOF4 funding till end of financial year – to focus on supporting the longer term operating model and infrastructure development.	TBC

Improvement Plan on a Page: December 2023

Workstream:	Patient Safety
Executive Lead:	Helen Young
Senior Responsible Officer:	Sue Heyes
Programme Manager:	Dai Tamplin

Background

The CQC report published in August 2022 highlighted the need for improvement in safeguarding in the trust, as well as ensuring effective processes are in place for identifying and responding to adverse incidents and preventing avoidable harm.

Improved focus on internal oversight through improved internal governance and a developed safety culture is needed.

Aim/s

To strengthen the oversight of quality and safety within the trust by:

- Development of effective and sustainable systems, processes and governance for patient safety assurance (safeguarding and incidents)
- Proactive safety culture and supportive learning culture development
- Effective learning from incidents
- Raising the focus of quality and safety at trust board

Key Benefits

- Effective internal assurance from board to front line of issues around quality and safety
- Improved patient safety culture within the trust
- Robust systems and processes in place to support safeguarding of children and adults

Benefit Measures/Outcomes

- Patient Safety and Safeguarding oversight, escalation and improvement is consistently demonstrated in BAF and Corporate Risk Registers and Board papers
- Improved maturity of Culture demonstrated in Patient Safety Culture tool
- Staff Survey results show improved response rate and scores
- Robust PSIRF Patient Safety Plan
- Embedded quarterly Incident investigation quality reviews process reviewed
- Section 4.2.1 and 11 core arrangements are embedded
- Improved Board level leadership of Patient Safety & Safeguarding

Key Stakeholders / Alignment with other workstreams

- Board engagement and oversight
- Culture and Performance Improvement workstreams

Primary Drivers / Key Success Criteria

22/23	Q3	Robust Patient Safety Improvement Plan in place for quality and safety improvement
	Q4	Clearly demonstrable evidence of timely delivery against key actions within the Patients Safety and Experience workstream
23/24	Q1	Confirming process for assessing the embeddedness and sustainability of safeguarding and serious incident improvement actions. Demonstrated through clear trajectories and metrics
	Q2	Evidence of improving patient safety culture (through improved safety culture survey) and on-going improvement in other areas
	Q3	Achievement of trajectories for improvement in key areas Supportive independent review of safety improvement within the trust
	Q4	Clearly demonstrable evidence of embedded and sustained improvement Significant improvement in safety culture

Key Risks

- Impact of on-going operational pressures might impact on ability to get time to embed and audit improvements and patient safety work
- Financial pressures may impact on capacity to implement all improvement work if posts are frozen or disestablished

Issues

- Delays in recruitment processes and speed of filling vacancies impacting the delivery of the workstream improvement programme as capacity is limited
- Financial challenges (£650K CIP) impact programme delivery

Communications and Engagement Approach

- In place currently but being improved following feedback from SLG and staff
- Overall comms and engagement plan (next 12 months) developed in conjunction with SCAS Comms (with Delivery Group sign-off, July 2023)

Possible external resource requirements	Cost (£)
• Continued support from ICB colleagues • Peer reviews • QI support from NHS Elect and NHSE	

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Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

HOSC: Thursday 8 February 2024

Title:	**OUH CQC Improvement Update to HOSC**

Status:	**For Discussion**

Board Lead:	**Chief Assurance Officer**
Author:	**Clare Winch, Director of Regulatory Compliance and Assurance**
Confidential:	**No**
Key Purpose:	Strategy, Assurance, Policy, Performance

Executive Summary

1. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. Their role is to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and it encourages care services to improve.The CQC carries out its role through registering care providers, monitoring services, rating services, taking action to protect people who use services and speaking with an independent voice on major quality issues in health and social care.
2. The CQC inspections and reports are a vital part of getting assurance on the quality of care we provide at Oxford University Hospitals (OUH) NHS Foundation Trust. The CQC inspects both, specific services and whole organisations. For us this means that the CQC can inspect services across any of our hospital sites.
3. In November 2023, the CQC announced the roll out of a new inspection framework. This means that future inspections will not be comparable to ones completed within the old framework.
4. This paper is brought to the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC), following a request to report on the CQC journey for the John Radcliffe (JR) hospital. As such, the paper addresses the request for "*'insights into the steps taken by the Trust to address the "requires improvement" areas identified in the CQC ratings of the JR, including around:*
    - *The extent to which services are "safe", "responsive", and "well led" overall.*
    - *The steps taken to address CQC identifications of improvements required in Gynaecology, maternity services, surgery, and urgent and emergency services.'*
5. The report first outlines the current context of CQC ratings for the JR hospital; all of these are from inspections carried out in 2018, before the new framework was introduced. It then summarises important developments across the Trust which have taken place since the last inspections which all support and deliver improvements across the CQC key questions: is it Safe, Responsive, and Well Led. This work has been at both the strategic and operational levels.
6. After outlining some of the Trust-wide work we have undertaken at the OUH, this paper presents how we have addressed the requirements from the CQC following inspections which have taken place on the following services Maternity (2021 inspection), Gynaecology, Surgery and Urgent and Emergency Care (all last inspected pre-Covid in 2019).
7. The report provides HOSC with a description of the internal assurance and governance arrangements we have in place for monitoring, reporting and addressing care quality. Finally, the report concludes with an outline of how we plan to approach the new CQC framework and improvement for the future.

8. Recommendations

9. The Committee is asked to note the report.

OUH CQC Improvement Update to HOSC

Purpose

.1. This paper is brought to the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC), following a request to report on the CQC journey for the John Radcliffe (JR) hospital. As such, the paper addresses the request for *'Insights into the steps taken by the Trust to address the "requires improvement" areas identified in the CQC ratings of the JR, including around:*

- *The extent to which services are "safe", "responsive", and "well led" overall.*
- *The steps taken to address CQC identifications of improvements required in Gynaecology, maternity services, surgery, and urgent and emergency services.'*

.2. The paper aims to provide an overview of the range of work undertaken to address the above and summarises some other more recent CQC activity within the Trust.

.3. To do so, the report first outlines the current context of CQC ratings for the JR hospital and then outlines important developments across the Trust which have taken place to ensure all services are safe, responsive and well-led. We then present how we addressed the actions arising from the CQC inspections which took place on the following services Maternity (the 2021 inspection), Gynaecology, Surgery and Urgent and Emergency Care (ED) (all last inspected pre-Covid in 2019).

.4. The report outlines the arrangements we have for monitoring, reporting and addressing care quality in our governance structures. Finally, the report concludes with an outline of how we are approaching the new CQC framework.

Context

.5. **CQC inspections:** The CQC carries out 'comprehensive' and 'focused' inspections. Comprehensive inspections are of whole organisations or services to ensure they are providing care across five key questions. These are is it safe, caring, effective, responsive to people's needs and well-led? CQC rates services on a four-point rating scale (outstanding, good, requires improvement and inadequate). Focused inspections are smaller in scale than comprehensive inspections and are used look at areas of concern or if there has been a change in a care provider's circumstances (e.g. merger). Focused inspections follow a similar process to comprensive inspections but do not always consider all five of key questions.

.6. How frequently the CQC inspect, the size of the inspection team they use and whether they announce their inspection depends on what type of service they

are inspecting. There are also some differences between the things they inspect when they review different types of services. When they inspect NHS trusts they do not look at all services, but 'core' services, which includes the following for NHS acute hospitals (where they are provided):

- Urgent and emergency services (ED)
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatient services and diagnostic imaging (such as x-rays and scans).

.7. **OUH and the CQC:** OUH is a single Trust, with its clinical activities delivered as co-ordinated services across multiple sites. It is registered in line with CQC requirements as a series of discrete locations, even though OUH manages services in an integrated way across the multiple locations. Each location is subject to its own location rating for the provision of services delivered at that location. Each individual location contributes to the overall Trust rating.

.8. **New framework:** The CQC launched a new inspection framework in November 2023; as such the new framework will be applied in future, but the ratings and five key questions will stay central to their approach, they will continue to use both.

JR Ratings and OUH response

.9. The current CQC ratings for the JR, for the core services identified within the scope of this report to HOSC, are recorded in the table below:

JRH Core Service Ratings	Safe	Responsive	Well Led
Urgent and Emergency Care	Requires Improvement (2019)	Requires Improvement (2019)	Requires Improvement (2019)
Surgery	Requires Improvement (2019)	Good (2019)	Requires Improvement (2019)
Maternity	Requires Improvement (2021)	Good: (2019) Not rated in 2021	Requires Improvement (2021)
Gynaecology	Requires Improvement (2019)	Requires Improvement (2019)	Requires Improvement (2019)

.10. There are a number of developments across the Trust which have taken place since the last inspections which all support and deliver improvements across each of the key questions:Safe, Responsive and Well Led. This work has been at both strategic and operational levels.

Strategic developments

.11. The following strategic developments both amplify and clarify our strategic commitment to quality improvement, and underpin the Safe, Responsive and Well Led framework. These include:

- **Responding to the COVID-19 pandemic.** This required us to quickly reshape our hospitals and services so we could safely meet the needs of our patients and protect and support our staff. The experience of COVID-19 changed the context for everyone and for us, it redoubled our focus on safety and quality for our patients and staff.
- **Trust Strategy 2020-2025.** As part of our improvement journey, during 2019-20, over 2,000 of our staff, patients and partners worked together to develop a new strategic framework for OUH. This was co-produced with staff and other key stakeholders to enable staff in all areas know, understand and support the vision, values and strategic goals and understand their role helps in delivering these.
- **People Plan 2022-25**. In July 2022 the Trust Board approved a People Plan which hundreds of staff contributed to during listening events.
- **OUH Clinical Strategy 2023-28**. Approved by the Trust Board in March 2023, this provides a blueprint for our clinical services, our sites, and our role as provider of excellent local and specialist care, with a focus on Quality Improvement, education, innovation and research, setting out our role as an anchor organisation and making our priorities clear.
- **OUH Digital Strategy 2022-25**. The COVID-19 pandemic accelerated digitally enabled care at pace across all core services delivering and expanded on our Global Digital Exemplar status. Since then, we developed a Digital Strategy to maximise digitally enabled care to support improvements in safety, experience and outcomes for our patients and populations, across core services.
- **Building a Greener OUH 2022-27.** Our Green Plan, published in 2022 highlights the areas we will focus on to reduce our carbon impact, lessen our effect on the environment, reduce consumption, increase reuse and recycling, and deliver even higher standards of patient care while lowering costs.
- **Quality Priorities.** Every year, the Trust invites public and patients to tell us what matters to them to help inform our quality priorities. These quality priorities focus on Patient Safety, Clinical Effectiveness and Patient Experience. We publish a Quality Account each year which reports on progress against our priorities.
- **Performance Management Framework:** Development and implementation of performance management framework with clearer data, responsibilities and scrutiny at executive level.

- **Board visibility Programme:** We have developed a CEO led Board visibility programe that includes routine CEO breakfasts, Board walkrounds and other opporunitities for Exec and Non-exec members of the Board to vists our hospital sites.
- **Risk Management:** Staff and leaders have made best endeavours to identify any risks to delivering the strategy, including relevant local factors, are understood and have an action plan to address them. They monitor and review progress against delivery of the strategy and relevant local plans via the Board Assurance Framework, Corporate Risk Register and local risk registers, where appropriate.
- **System work:** A wide range of partnership activities are regularly reported via a range of digital media platforms, including the Chief Executive Officer's briefing to the Public Trust Board and via the OUH internet pages. We have ongoing collaboration with university, regional and network partners. The Trust has service specific research programmes that service users engage in, which provide information that is useful to support the development of services to meet patient needs. Ongoing work with region and system partners have been undertaken since our inspections, exploring a range of collaborative practices to support business continuity, safe urgent and emergency care, patient flow, surge planning and winter pressures.

Trust-wide, operational developments

.12. In addition to the strategic work to reinforce and support the Trust in being Safe, Responsive and Well Led, there are a number of operational developments undertaken which reach across the organisation.

<u>CQC Key Question: Is it Safe?</u>

.13. The following outlines activities across the Trust which support and deliver on those actions aligned to 'Safe'.

.14. **Quality Improvement (QI):** The Trust have prioritised embedding a patient safety culture. The Chief Executive Officer and Chief Medical Officer lead a Trust wide drive to ensure QI is a golden thread in all that we do. In the last eighteen months, we have trained over 1600 staff in the subject of Quality Improvemvement and every fortnight a Trust-wide QI 'stand-up' shares good practice and learning from QI projects. We have been delighted by the number and range of staff from all areas and professional groups in the Trust that have joined these sessions. In October 2022 we expanded QI Stand-Up and made it more accessible by circulating a Microsoft Teams calendar invite to all OUH colleagues for each session. More than 100 staff now routinely attend each QI Stand-Up event. For the last two years, our objectives have been delivered using a QI approach.

.15. **Patient Safety Incident Response Framework (PSIRF)**: In line with national requirements, we introduced PSIRF in 2023. This is an approach to developing and maintaining effective systems and processes for responding to patient safety incidents focussed on learning and improving patient safety. We have a new policy and it is supported by a detailed Incident reporting and learning procedure. This has included the appointment of patient safety partners.

.16. **Staff core skills training and appraisals:** A huge emphasis has been placed on core skill compliance, appraisal completion and monitoring. Compliance is now recorded on a central system, with rates published in the monthly 'Integrated Performance Report' monitored by our Trust Board. We introduced a values-based appraisal (VBA) window for the first time in 2022 which has had a positive impact. 94.2% of Trust wide staff completed an appraisal in the last financial year compared to 65% in 2021-22.

.17. **Infection Prevention and Control:** The Trust completes the national Infection Board Assurance Framework, which is reported to the Hospital Infection Prevention and Control Committee, and forms an appendix to their annual report. The Trust's response to the COVID-19 pandemic, including the experiences of staff and their achievements has been published in the eBook 'Stories from the COVID-19 pandemic - #OneTeamOneOUH'.

.18. **Staffing levels:** The trust undertook a programme of recruitment of staff against the backdrop of national, financial, social and professional challenges. The aim was to provide sufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and provide the right care and treatment. Assurance reports into safe staffing are reported as part of the Integrated Performance Report, where actions to address risks, issues and emerging concerns relating to performance and forecast are included.

.19. **Records:** As part of the activities enabling implementation of the Digital Strategy 2022-25, we have developed and delivered a paperless workflow in ED. This has enabled instant discharge summaries and letter processing. Personalised care plans and patient passports are recorded on the Trust electronic patient records systems. These activities support people to make informed choices about their care and plan their future care while they have the capacity to do so.

.20. **Medicines management:** TheTrust implemented a safe storage of medication plan. This plan addressed access to store rooms and/or drug cupboards, and any short falls in compliance in practice. Medicine related audits, across all core services were migrated to a new digital platform, with reports received by the Medicines and Therapeutics Committee and Clinical

Governance Committee.This approach to medicines reflects current and relevant best practice and professional guidance.

.21. **Safety Culture:** Numerous other initiatives across the Trust support the safety culture within the organisation. These include:

- Reporting Excellence and staff recognition activities
- Patient Safety Response (PSR) team meetings held every weekday to review any incidents and respond promptly.
- Safety Messages from the Chief Medical Officer and the Chief Nursing Officer are emailed to all staff weekly and posted on the Intranet.
- All teams are encouraged to hold Safety Huddles every day to focus on what went well, what could have gone better, and what lessons can be learned to do things differently.
- An internal Oxford Scheme for Clinical Accreditation (OxSCA) programme evaluates inpatient clinical wards against a set of standards to measure quality and demonstrate improvement in the services they provide.
- DAISY Awards celebrate nurses and midwives working at OUH whose patients, families and staff have nominated them for having made a real difference through outstanding clinical care.
- Staff and patient facing quality boards were introduced.
- Incident reporting: There has been improvement in the number of incidents that staff have reported via the incident reporting system, demonstatrating a commitment to learning and improvement. Reports increased from 2832 in December 2021 to 3263 in November 2023. There has also been a concurrent decrease in the number of never events within the Trust, with five recorded in 2021, four in 2022 and three in 2023.
- Freedom to Speak Up Guardian (FTSUG): Reviewed the FTSU service leading to update of our FTSU Strategy 2019-2022 and strengthening of structure for this team (please see well led section below).

<u>CQC Key Question: Is it Responsive?</u>

.23. The following outlines activities across the Trust which support and deliver on the quality statements aligned to ‘Responsive’.

.24. **Providing information:** The availability of performance information to inform routine performance review meetings has improved. This links to our work on the development of the performance management framework within the Trust.

.25. **Listening to and involving people:** A review of the complaints and Patient Liaison service has been undertaken. Weekly meetings with divisional leaders and the complaints team have been initiated for support or prioritisation to optimise thorough and timely complaints response. This is part of the Trust commitment to a high quality complaints management process. Outcomes are reported through divisional governance and performance processes and also via the Integrated Performance Report. We are committed to seeking and acting upon feedback from patients, their friends and family. We want every patient to have the best experience possible, feedback helps our staff to know what they are doing well, (and what we shoud keep doing), and what we need to change. Patient stories are presented to the Trust Board and Integrated Assurance Committee on a monthly basis, providing an insight into an individual's experience of our services. They often provide opportunities for learning. Supporting and involving staff and patients after a patient safety event is one of the four key these of the Patient Safety Incident Response Framework and the integral work of our Patient Safety Partners.

.26. **Equity in access:** Specific actions taken to drive improvement in national target performance, this included the development of an overarching Integrated Improvement Plan. This specially covered changes in relation to the urgent and emergency care pathways, via the PLACE based partnerships groups within the Integrated Care Board area. The Hospital at Home service (H@H) is a successful initiative that has been introduced, providing an alternative to acute hospital admission, for the treatment and monitoring patients, enabling them to stay at home during an acute illness. The H@H team also facilitate early discharge from hospital, providing care that had previously been been provided within an acute setting, providing person centered care in a patient's home that is equivalent to inpatient care. In order to support delivery of care for patients requiring high quality end of life care and to address gaps in the provision and coordination of community-based services for people at the end of life, the Oxfordshire Rapid Intervention for Palliative and End of Life Care (RIPEL) was set up. This is an innovative collaboration between the Trust's palliative care service at Sobell House and Katherine House Hospices and the Acute Medicine and Rehabilitation Directorate within Medicine Rehabilitation and Cardiac Division. This collaboration is key in the delivery of patient and family centred care as it supports the expanse of specialist end of life care knowledge and expertise across the Trust. Additionally, the service provides the practical and emotional 'wrap around care' for both the patient and the family. This is an aspect of care that is highly appreciated by patients and their families who are looked after at Sobell House and Katherine House, and the team are pleased to be able to extend this approach to care for families at home.

CQC Key Question: Is it Well Led?

.27. The following outlines activities across the Trust which support and deliver on the CQC quality statements aligned to 'Well Led'.

.28. **Shared direction and culture**: We believe that wellbeing starts with kindness. Evidence shows that kinder cultures improve staff wellbeing and engagement, which in turn leads to safer care and better outcomes for patients. The CEO launched our new Kindness into Action programme in October 2022 with a Leading with Kindness training programme for our leaders and managers, something that has been integral to the improvement and development of core services across all sites.

.29. **Risk Management:** The Trust reviewed its processes for ensuring risks are recognised and actions taken to mitigate the impact of such risks. We have focused on the development and successful delivery of a new risk information recording management system. This is hosted via the Ulysses platform to best enable risk registers to reflect the current risks to their departments, the level of escalation of those risks and their mitigation, with regular review and escalation.

.30. **Capable, compassionate and inclusive leaders:** A Board restructure was undertaken and signed off in 2019. This led to the clarification of Chief Officer roles and enhancement of appointments of Directors, including the appointment of Chief Digital and Partnerships Officer in 2019, Chief People Officer in 2020 and Estates and Facilities Officer in 2023 (also links to partners and communities). Activities linked to the delivery of the People Plan and the development of a compassionate listening culture, including the implementation of Kindness into Action and respectful resolution training programmes. This has enabled development of leaders who are knowledgeable about issues and priorities for the quality of services and can access appropriate support and development in their role. OUH Wellbeing Lead appointed, supporting increasing cohort of well-being champions. We also invested £500,000 in new wellbeing equipment for wards and departments, embedded a dedicated psychological health support service which was initially developed with funding from NHS Charities Together via Oxford Hospitals Charity, and worked with the Charity to provide targeted wellbeing support for frontline staff over the winter months .

.31. **Staff Surveys:** The staff voice exists where everyone in the organisation feels they can have a say and that their voice is heard and listened to. Their views taken into account when decisions are being discussed that affect them. We have put mechanisms in place to enable an ongoing conversation with our staff, in different ways, to ensure every voice is heard, actively listen to what is being said, in order to use the feedback to guide action plans to address any issues raised and celebrate when things are going well. Our

primary source of staff voice is the use of Staff Survey information on a quarterly basis, as well as a number of ad hoc surveys and interactions throughout the year, on specific topics, or within specific areas.Our staff have demonstrated increased engagement with the national staff survey. A total of 6,576 people working at OUH completed the survey – that's almost 46% of staff who were eligible to participate in the survey, the results of which will be published later this year. Having nearly half of our people take part in the survey is important so we hear what is working well for them at OUH, and what could be even better, so that together we can make OUH a great place to work where we all feel we belong – which is the vision of our OUH People Plan 2022-25.

.32. **Freedom to speak up (FTSU):** Enabling staff to speak up safely about any concerns they may have, is also central to developing a culture where all staff feel they belong. We completed a review of the service leading to update of our FTSU strategy 2019-2022 and strengthening of structure for this team. Our FTSU team was Highly Commended at the Health Service Journal (HSJ) Awards 2022. There is an ongoing programme of FTSU face to face drop-in sessions and virtual events with staff and leaders actively promoting staff empowerment to drive improvement. We had a visit by National Guardian in 2022 who delivered a keynote speech and visited maternity practice areas at JR. The National Guardian expressed how greatly impressed she was by all that she had heard and seen at OUH which demonstrated the health of the speaking up culture at the Trust. In particular, she welcomed the opportunity given for her to undertake a Walkabout in Maternity Services, as evidence of the Trust's genuine commitment actively to encourage staff to speak up about their views of the service and their experiences as an employee.

.33. **Workforce equality, diversity and inclusion:** Development and implementation of trust wide People Plan 2022-2025, alongside publication of Trust Board approved EDI Objectives for 2022-2026. Implementation of the Equality Delivery System (EDS) 2022 which is a mandated outcomes framework that aims to enable improvement on equality, diversity, and inclusion (EDI) for NHS organisations and services. Implementation of EDS is mandatory for NHS provider organisations and is a requirement of the NHS Standard Contract. Within OUH work is overseen by the EDS Steering Group. Equality, Diversity and Inclusivity focussed peer reviews have been developed and implemented following co-production with staff networks.

.34. **Governance and performance management:** .We developed a new Integrated Performance Report data, across all core services including the maternity dashboard to ensure information is collected, analysed and managed to ensure information is presented in a clear, easily understood way, which can be used to provide assurance. As part of the Trust's commitment to digitisation improvements have been initiated that aim to

enhance arrangements for the availability, integrity and confidentiality of data, records and data management systems. In addition a financial governance review and related improvements have been undertaken.

.35. **Expansion of Professional Midwifery and Nursing Advocate roles:**. Maternity services have employed equality and diversity midwives along with more Professional Midwifery Advocates. Chief Nursing Officer Fellows roles introduced. Funded by Oxford Hospitals Charity, the scheme aims to encourage staff to find practical and impactful solutions to a number of hospital challenges. This year's research topics include minimising falls among patients; the transition from paediatric to adult care; retention of staff; the impact of Professional Nurse Advocates; and dealing with violence and aggression.

.36. **Partnerships and communities:** We have strengthened work with Oxfordshire Maternity and Neonatal Voices Partnership as key stakeholders, including support with site reviews, key service development programmes, patient information leaflet reviews, web page improvements, and staff recruitment. There have work to support aspects of women's health and safeguarding, including work with community groups and translation services.

.37. **Strengthening and visibility of leadership:** We have launched executive sponsored key service improvement programmes including Maternity Development Programme, Newborn Care Development Programme and Oxford Critical Care Development Programme.

.38. **Staff engagement:** We have an established range of staff networks comprising: BAME, LGBT+, Disability and accessibility, Women's and young apprenticeship networks. We have supported more ringfenced time for network leads and the support of dedicated executive sponsors. An OUH nurse, Chair of the Black Asian and Minority Ethnic (BAME) network was joint winner of BAME nurse of the year national awards for work instrumental in supporting colleagues in the Filipino community who work across all core services at OUH. Our staff networks are key to developing a culture and organisation where everyone feels they belong. For example, our Women's Network led the way in raising awareness of the impact of menopause on our people through events and a survey which have helped shape our new policy. A small but significant step to addressing women's health in the workplace was the introduction in March 2023 of free sanitary products for staff. This change was introduced as part of the Trust's Cost of Living commitment and working collaboratively with the OUH Women's Network, free sanitary product dispensers are now fitted in staff toilets across all hospital sites, with alternative provisions made at OUH@Cowley and other satellite sites. We have introduced an OUH staff text system. This initiative responded to feedback from staff especially those without an OUH email account, or with no regular access to one, and improved the way we communicate with them.

Finally, we have increased the number of employees who have engaged in national staff surveys, with results used to deliver local 'time to talk' activities and action.

Service-specific responses

.39. Following the 2019 CQC inspection on Maternity, Gynacology, Surgery and Urgent and Emergency Services, OUH received 46 (total) improvement actions, including 22 'must do' and 15 'should do' actions, for these four services.

.40. To address these improvement requirements, managers and clinical leaders worked with staff in each service to identify and develop a set of actions to address the findings. Delivery of the actions were monitored and with progress reported via the Trust's governance and assurance structure at service and trust-level.

.41. This was done swiftly with the majority of actions completed by the end of March 2020. The following describes the actions we took to address the improvement actions.

.42. The following identifies any additional specific actions taken in each service area, where they were different to the strategic or more trustwide operational actions.

Surgery

.43. Improvements needed in surgery related primarily to the quality of our estate, we:

- Developed and delivered a 'JRH Theatres refresh' project to address privacy and dignity concerns and the risks caused by the environment in a sustainable manner.
- Further actions included the implementation of a new escalation protocol for estates issues, with clear senior management oversight, risk assessment of storage solutions, review and update the standard operating procedure for cleaning in theatres, with spot checks and monitoring from matrons. These actions also specifically addressed infection control and digital solutions to patients records.

Urgent and Emergency

.44. Improvements needed in Urgent and Emergency core service related to the quality of our estate, staff appraisals, securing of paper records, safe storage of trolley items. To address these concerns, we:

- Completed the expansion and refurbishment of the JR Emergency Department, including the children's Emergency Department (ED) security access. Further works included installation of a new CT scanner and renovation of the Childrens' Emergency Departments, including

enhancement to door security and the safe storage of equipment at the John Radcliffe Hospital.

- Put measures in place to support Urgent and Emergency staff to complete core skills training and to have values-based appraisals
- Purchased lockable units for the ED to secure health records prior to digitalisation
- Purchased 'closed units' for the safe storage of items stored on trolleys in the children's ED
- Reviewed the signage within the JR ED, with revisions made to improve wayfaring so patients and their relatives or carers may be sure of where to go
- Actions to address infection prevention and control issues identified in the (e.g. checklist handovers)
- A range of solutions were implemented to enhance aspects of operational performance related to national targets.

Gynaecology

.45. Improvements needed in Gynaecology related to aspects of service delivery and performance were the key issues were around staff mix and adherence to Major Trauma Centre staffing guidance. To address these concerns, we:

- Undertook a programme to review the gynaecology service pathways and core processes.
- Developed and implemented a business case to increase consultant capacity with the Surgery and Oncology Division.
- Adopted a range of solutions to enhance aspects of operational performance related to national targets.

Maternity

.46. Improvements needed in Maturnity related to the key aspects of our estate, leadership and staffing, including engagement and culture. To address these concerns, we:

- Maternity Development Programme was developed to address all of the concerns highlighted. This led to the development and launch of staff developed maternity behavioural charter, aligned to regional Kindness into Action initiatives, available as a suite of resources to al OUH staff, and aligned to the principles of NHS England Just Culture Guide.
- There was a set of estate improvement works, including endeavors made to respect the privacy and dignity of bereaved families.

- The maternity team have benefitted from working with a Maternity Improvement Advisor from NHSE, and close collaboration with regional and ICB colleagues, undertaking governance, service development and compliance review activities.

Assurance and Governance

.47. To ensure that the commitments we make and the actions we need to take are delivered on the strategic, Trust-wide and service-specific level, we reviewed our associated governance structure.

.48. The key reports that play a central a role in monitoring compliance and improvements are the Integrated Performance Report and the Divisional and Directorate Quality Reports. These reports are routinely taken through the Trusts governance strucutures up to the Trust Board, Integrated Assurance Committee, for assurance purposes and to the Trust Management Executive and Clinical Governance Committee, for operational review purposes.

.49. The outcomes and overview of our progress in response to CQC Inspections have been reported in the Trust's Annual Reports and Quality Accounts. These are published on the Trust's website.

Moving forward

.50. As described at the beginning of this report, the CQC are in the process of introducing a new Single Assessment Framework. This is currently being introduced in the South region.

.51. The Assurance Team is tracking the issue of any emerging guidance, and this has been reported through the Trust governance arrangements.

.52. We continue with our ongoing engagement arrangements with our local regulation team.

Conclusion

.53. This paper has been brought to the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC), following a request to report on the CQC journey for the John Radcliffe (JR) hospital.

.54. The report outlined the current context of CQC ratings on the JR. It summarised the important strategic and Trust-wide developments which have taken place to support and deliver improvements across the key questions: Safe, Responsive and Well Led. We have presented how we have addressed the requirements from the CQC following inspections of core services at the JR and given a description of the internal assurance and governance arrangements we have in place for monitoring compliance.

Recommendations

.55. The Committee is asked to note this report.

healthwatch Oxfordshire

Your voice on health and care services

Report to the Oxfordshire Joint Health Overview Scrutiny Committee

February 8th 2024

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1. Healthwatch Oxfordshire reports to external bodies

Healthwatch Oxfordshire attended and reported what we hear from the public to the Health and Wellbeing Board (Oct), Health Overview Scrutiny Committee (HOSC In Nov), Health Improvement Board (HIB in Nov), and Oxfordshire Place Quality Committee.

For all external bodies we attend our reports can be found online at: https://healthwatchoxfordshire.co.uk/our-reports/reports-to-other-bodies/

We attend Oxfordshire Place Based Partnership meetings under Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). We work together with the five Healthwatch groups at place across BOB ICB to give insight into a number of committees at BOB ICB wide level, including at BOB ICB Quality Committee, BOB Health Overview Scrutiny Committee (Jan 2024), and BOB Integrated Care Partnership.

2. Update since the last Health Overview Scrutiny Committee (HOSC) Meeting 23rd November 2023:

Healthwatch Oxfordshire reports published to date:

All reports published since the last meeting can be seen here https://healthwatchoxfordshire.co.uk/reports all available in **easy read**, and word format. Since the last meeting we published reports on:

- **Community Research in Oxfordshire (November 2023)**

End of November we published a **series of in-depth** reports on both **community members, system and organisational views on community research (as reported verbally in November HOSC minutes)**. What we heard is of direct relevance to all organisations working with communities across the county with insights as to how to meaningfully engage, listen and learn and to support development and design of services. Our conversations highlighted common and contrasting views and perspectives on community research and what a network might bring to Oxfordshire. Community members told us loud and clear that communities are tired of research 'on them' and not 'with them', and that things must change, if solutions to some of

the pressing challenges are to be found. Based on the voices we heard from community members, we identified four key principles that could underpin an Oxfordshire community research. These are:

- *Nothing about us without us.*
- *Commit to action.*
- *Value lived experience and time.*
- *Be open, transparent and accountable*.

This work continues to feed directly into the process of development of the emerging Oxfordshire Community Research Network, and wider conversations about research and engagement both at place and across the BOB ICB - continuing to ensure that community voices are heard.

- **What you told us about Primary Care (Nov 2023)**

A summary report of feedback received from 282 members of the public about Primary Care Services (GPs, pharmacies, opticians and dentists) between November 2022 and October 2023. This report was shared with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and Oxfordshire Place based partnership to feed into the emerging Primary Care Strategy.

- People valued the high quality of care they received and the kindness and professionalism of staff. They recognised the pressure that primary care staff are under.
- Some people were very happy with primary care services, while others had had negative experiences.
- Many of the problems people told us about were to do with access – such as easily making an appointment with a GP, collecting a prescription or registering with an NHS dentist.

We hosted a **webinar on Primary Care** on 1st December for members of the public to feed into the Primary Care Strategy, attended by 39 people, with presentations by Dan Leveson, ICB Place Director for Oxfordshire, and Anna Marcus, Head of Primary Care Integration. Slides and video of the webinar can be found here: https://healthwatchoxfordshire.co.uk/news-and-events/patient-webinars/

- **Maternal Mental Health in Oxfordshire (Dec 2023)**

Between October and December 2022 **Healthwatch England** carried out national research to find out to what extent mental health support has improved during and after pregnancy, and to explore whether new mental health checks were taking place at postnatal consultations. Healthwatch England provided us with the anonymous responses of the 45 women from Oxfordshire who had taken part in the survey so we could analyse these responses separately (see also Appendix 1 below).

This short report highlights the voices of those 45 Oxfordshire women and their experiences of mental health support in the county during and after pregnancy.

- Some women in Oxfordshire who experienced mental health difficulties during pregnancy or after giving birth found it difficult to access support. Challenges included not being offered support or information about mental health support by healthcare professionals and long waits for referrals to specialist services.
- Women had mixed experiences of support for their mental health from health visitors, midwives and GPs. Some women were happy with the support they had received, while others spoke about problems including feeling their mental health difficulties were ignored, finding it hard to talk to healthcare professionals about their mental health, and limited support due to COVID-19 restrictions.
- 38% (17) of the women felt their experience of care and support during and after labour and childbirth had negatively affected their mental health. The problems they experienced included COVID-19 restrictions on partners visiting, a lack of support after giving birth, and a lack of empathy from healthcare professionals.
- Most women (82%, 37) had had a postnatal consultation with their GP, but 15 said they had not spent enough time talking about their mental health in the consultation, and 10 said that it had not been mentioned at all. Women spoke about problems including a lack of empathy in this consultation and being given unhelpful advice.
- A recurring theme, mentioned by seven women, was that they had had to advocate for themselves to receive the care and support they needed.

This report was shared with OUH (Oxford University Hospitals NHS Trust) maternity inclusion group, Oxford Health and mental health providers.

Enter and View Visits

We made **Enter and View** visits to the following services:

- Bicester Community Hospital - inpatients (Nov)
- Day Lewis Pharmacy – Didcot (Dec)
- The Close Care Home – Abingdon (Jan)
- Alma Barn Lodge Care Home - Didcot (Jan)

All published Enter and View reports are available here:
https://healthwatchoxfordshire.co.uk/our-work/enter-and-view
A new information leaflet about Enter and View visits is now available in easy read
https://healthwatchoxfordshire.co.uk/wp-content/uploads/2024/01/Enter-and-View-easy-read-information.pdf

3. Key issues we are hearing from the public:

We hear from members of the public via phone, email, online feedback on services (https://healthwatchoxfordshire.co.uk/services), and when out and about. This enables us to pick up on emerging and current themes.

Overall, we continue to hear praise and support for health and care services and professionals. The public are aware of the pressures facing services and staff.

Feedback from the public largely relates to navigating the system, understanding pathways and getting access to care. Access to GPs and NHS Dentistry continue to be raised. We have also heard about pharmacy services, access to ADHD medication and transition to adult services, CAMHS thresholds, transport to appointments, hospital parking. We continue to signpost residents and help them navigate pathways for information and feedback on health and care services. Example comments we have received include:

> *"I cannot find an NHS dentist since the dentist I was with went private. Over the last couple of years I have pulled every top tooth I had left. I now feel extremely embarrassed when out in public, that I rarely go out anymore and my mental health has been affected."*

"I need to have a GA for tooth extraction and my dentist referred me to a clinic, he didn't tell me they only take fee paying patients. I cannot afford this what can I do? My teeth hurt so bad and I can't eat."

"Been trying to find an NHS dentist for the past 7 years. My partner now has a rotten and broken tooth which needs to be extracted. NHS 111 gives us numbers of practices which will not give us an appointment, urgent or otherwise."

It is difficult at this point in time to assess nuances of any improvements to patient **access to GPs** since the 'Capacity, Access and Improvement Plan' introduced last summer – as changes are still bedding down. We may look at this again in more detail later in the year. We continue to hear about access to GPs, and varied systems that are being used across the county, indicating the public are still not always clear:

"I have been with this practice for nearly 30 years now and have always been very pleased with the care I have received there, as have the rest of the family."

"Multiple attempts to make appt for my child. Declined as not urgent. Situation became urgent but receptionist would not escalate concerns. Urgent private appt paid for with another surgery and child found to have [condition] and needed [medication]."

"The standard of service from receptionists varies considerably. One will give an appointment for non urgent reasons in 2 - 3 weeks if you don't qualify to be seen that day. The other will just say no appointments available that day, ring back tomorrow, and does that day after day. The website also says ring later in day if you know it's a non-urgent reason, when I did that the same receptionist then told me I should have rung in the morning and they couldn't give an appointment for any time and to ring back next morning. It would be good if the policy on the website matched the implemented policy and that it was implemented consistently across receptionists."

"Tried to book an appointment to see a GP. I was told to phone my named doctor the next day as they had no appointments. I asked if I could have a future appointment and was told no dates had been released. They also said that I was not allowed to see another doctor and was told the only way this could happen is for the duty doctor to assess. A person then had to phone

me back (I was placed on the duty doctors list) to book me in to a future dated appointment - something I had been told couldn't be done. This is a terrible use of resources. I contemplated seeing if I could afford to go privately just to be able to access a GP. It was very clear that they were not interested that there is a fundamental problem with their booking system. We are asked by the NHS to come forward with any health concerns as it is better to be checked out. This is what I was trying to do and could not believe the barriers being put in the way."

"Extremely difficult to gain an appointment routine. Appointments cannot be booked if they're not "open". I work in a [area] with poor coverage so it's difficult to call again and again to get an appointment. I was told to go to A&E by admin staff who refused to put me through to a clinician. It did not feel like an A&E emergency but needed to seek urgent medical help. Having been refused an appointment at [x surgery] I had to go to A&E, the doctor there agreed that this could have been managed by a GP however reception staff did not allow access to an appointment or telephone appointment."

"It is very difficult to access support when you are homeless- the rhetoric and the reality are two very different things. Most services- NHS 111/ GP etc refuse to even consult if you are no fixed address- I'm aware that legally they have the same duty, but their systems are not set out to allow them to do this- without an address 111 cannot even triage."

Getting prescriptions and pharmacy:

As 'Pharmacy First' initiative is launched at the end of January 2024, communication from the health system is needed to support members of the public using pharmacy, and understanding the support offered. Pressures on pharmacy are indicated in comments from the public.

"They keep me informed when they have received my 'script by text and again when it can be collected. The staff are friendly and welcoming."

"The GP sends my regular prescription direct and I'm signed up to their text service to receive a text when it's ready for collection. Always works well. I request the prescription about 10 days before I need it - allows plenty of time to be fulfilled and collected."

"They never answer the phone so you have to visit shop to tell them your prescription has gone across They then say they haven't got the items and to come back another day. Most times when you do go back they still have items missing meaning you have to go at least 3 times just to get 1 prescription filled. This has been happening for months, it is not a new problem."

"It seems as though there is a long wait most times. 30 minute wait in the queue and then another 20 minutes whilst the prescription is prepared."

"On a number of occasions I've had to queue to get to the pharmacy counter. Often there are up to 20 people in front of me. When you do get to the desk you find they haven't got your medication in stock or the prescription hasn't been dispensed."

Healthwatch Oxfordshire Board

Our next open forum event for the public to attend will be held online on Tuesday 27th February at 4.30 – 5.30pm. A link to join this forum can be found here: https://healthwatchoxfordshire.co.uk/news/come-to-our-online-open-forum-on-tuesday-27th-february-and-have-your-say-on-local-health-services/ All are welcome to attend, to meet trustees, and to have your say about local health and care services.

For that meeting, a **Quarter 3** (Oct-Dec 2023) report on activities and outcomes of our work to date will be available here: https://healthwatchoxfordshire.co.uk/about-us/board-papers-and-minutes/ and at the forthcoming Health and Wellbeing Board in March.

Current work:

- Survey of Patient Participation Groups (PPGS) in the county to identify state of play, information and support needs.
- Core 20 Plus focus on oral health needs of children under 10 - working in Banbury Ruscote and Neithrop areas. Additional wider survey on oral health needs of children with SEND.
- Community Participatory Action Research (CPAR) working with two community researchers to focus on food insecurity in OX4 supported by NHS SE.

- Ongoing outreach to visit community groups and hear from members of the public.

Appendix A- John Radcliffe, and South Central Ambulance services

Speaking to the HOSC meeting agenda items on John Radcliffe, South Central Ambulance Service we also note the following feedback we have received since:

John Radcliffe Hospital (JR). Online feedback reviews between October and December 2023 gave an average of 4 stars (Good) for service at the John Radcliffe

> *"Appointment on time - staff very good".* (Ear, Nose and Throat)
>
> *"All round a pleasant experience. [name] the consultant gave a consultation in layman's terms. He was friendly and professional throughout."* (Neurology)
>
> *"Admitted to West Wing area HAPI dept over Christmas eve to 27th December. All staff where excellent. Bed side manner was kind and caring."*
>
> *"The hospital was clean and efficient, the staff were fantastic - top class."* (A&E)
>
> *"First class attention from the start - very professional filled me with confidence."* (Eye hospital)

John Radcliffe – urgent and emergency care

We heard from five people about urgent and emergency care in the John Radcliffe Hospital. Three of these were very positive about the care they had received, including the speed with which they were seen.

> *"My dad was rushed to the JR with [condition]. All staff were brilliant and he received the best care possible resulting in an emergency [type of] procedure just a few hours after arriving in A&E. From paramedics to nurses, cardiology registrar and consultant, my dad and our family received the best support, despite it being at a time of industrial action. We feel so blessed to have such a great NHS hospital in Oxford. We cannot praise the ambulance*

service, A&E, the Cardiology department, including the Day Care unit and the Rapid Assessment Unit, highly enough for all they did. Thank you - you are greatly appreciated."

One person said they had been seen quickly but that they had not been told what was happening by the medical staff looking after them. Another person told us that their concerns were 'ignored' by the medical staff who saw them in the emergency department.

"I said that I was concerned that I may have had a [condition] and I was told that it couldn't be that and that my symptoms didn't fit. I didn't have a proper examination and I was sent home with some advice to take painkillers. Having since been back to me GP who listened to my concerns and examined me, I DO have a [condition] and A&E doctor that I saw totally missed it. I left the hospital in pain and distress at my concerns being disregarded."

"Appointment due March 2023. GP contacted Sept to request urgent appointment. Three more appointments promised then cancelled since then despite severe acute symptoms. Appointment cancelled seven times."

John Radcliffe – maternity

We heard from one person in the last year about their experience of the maternity unit at the JR:

"The wait times were exceptionally long. We arrived at 1pm for observations and bloods etc but didn't get given a bed on the ward until after 8pm. Staff were very friendly and kept updating us regularly about what was happening despite the delay in moving on to the ward."

As noted above, we received data relating to 45 women in Oxfordshire who gave birth between April 2020 and December 2022 (see reference above on Maternal Mental Health report https://healthwatchoxfordshire.co.uk/wp-content/uploads/2023/12/Maternal-Mental-Health-Dec-2023.pdf) from a national survey carried out by Healthwatch England about maternal mental health. Healthwatch England did not ask respondents where they gave birth, so the following comments offer an insight into experiences of maternity care in Oxfordshire in this time period rather than feedback on the JR Maternity unit specifically.

Some women in Oxfordshire who experienced mental health difficulties during pregnancy or after giving birth found it difficult to access support. Challenges included not being offered support or information about mental health support by healthcare professionals and long waits for referrals to specialist services.

Most women who talked about the care they received during childbirth were very positive about the staff and the quality of care. However, many women shared negative aspects of their experiences around and after labour and childbirth. Several women highlighted the impact of COVID-19 restrictions on the care and support they received and its effect on their mental health.

> *"Giving birth in the pandemic [with] the restrictions in place for maternity was one of the worst, most anxiety inducing experiences of my life."*

Some women spoke about problems with their experience of discharge from hospital after giving birth. These included being discharged before they had established feeding with their baby, long delays in discharge, being sent home with the wrong medication, and a lack of follow-up support after discharge. Several women (5) spoke about feeling a lack of empathy from healthcare staff, not feeling listened to or believed, or being negatively affected by comments from healthcare staff. Other issues that women raised around their experience of labour and childbirth included feeling that there were not enough midwives, that healthcare professionals were too busy to explain things to them, a lack of continuity of care, conflicting advice and long delays in receiving care.

Parking at the hospital and transport continue to be raised:

> *"My mother lives 20 miles from the hospital and was severely disabled and had to wait for carers to get her up in the morning but the hospital frequently gave us appointments first thing or early in the morning which we had to reschedule. They didn't seem capable of looking at her postcode as a bare minimum."*

Interpreting and translation support

We have continued to link with OUH patient experience team to feed our insights about interpreting services – and during this time, genuine focus, involvement and improvements have been made to address some of the challenges. However, we still hear feedback from D/deaf service users who use British Sign Language, and those

who use language interpreting, who continue to highlight gaps in both general hospital support, and in maternity department.

> *"I had an appointment at the JR hospital and no (British Sign Language BSL) interpreter was booked for me. My daughter works nearby, I had to call her whilst she was working to help with the interpreting. This is not acceptable for a family to help, and she does not have the qualifications for interpreting."*

> *"The sign video in hospital does not always work. Poor internet connection. You need a bigger screen. Deaf people need a face-to-face interpreter."*

> *"What is being done to assist people who need translation to access services? They are underrepresented in all aspects of their healthcare and need urgent assistance."*

BOB ICB is in process of recommissioning interpreting services – and we have fed back what we hear.

South Central Ambulance Service and patient transport

We heard from two people who had negative experiences of emergency ambulance services, both mentioning delays in ambulance response and being advised to take the patient to hospital themselves.

> *"Phoned to request an urgent ambulance for (young family member) having an asthma attack. […] I received a call from a nurse at SCAS who told me to drive him to hospital myself. As a clinician, she had not independently assessed him yet was prepared to risk his life. I declined and asked that an ambulance be sent. My grandson immediately deteriorated to a life-threatening level. I phoned 999 again to update and was put in a queue. I was transferred to another 999 area and a message was sent to SCAS upgrading the response. 5 minutes later an ambulance thankfully arrived and paramedics made the immediate assessment to transfer him to hospital."*

We also heard from four people who praised the quality of care from ambulance teams.

> *"My care and treatment in [hospitals] was exemplary as was the care of the Ambulance Team who transferred me at midnight."*

"I called our GP who arranged for the paramedics from SCAS to visit and check on [my wife's] condition. They arrived an hour later, a three person team […] The team were brilliant with her, performing a number of physical checks on her condition. They spoke with our GP and agreed that she need not go to the JR. They provided me (her carer) and her with much guidance and reassurance, writing up notes for us to follow with her monitoring and treatment. This was the third time over some years we have had paramedics to our home, and every time they have been brilliant. Many thanks to SCAS."

"I have tried to get patient transport for a weekend appointment at the MAC clinic. I've never needed this before as I've used volunteer link up or a friend. Neither are available at weekends, so I phoned patient transport. The 1st call was cut off in the middle of answering health questions, 2nd call cut off immediately after answering ditto the 3rd time, 4th time I got a man who suggested as I could drive myself to Dr's surgery a mile from home why couldn't I drive to the hospital? Despite the fact I can't drive home because of drops in eyes! Suggested I get a taxi at a cost of £70-£100! I asked politely if he could let me know if I was eligible (after 10mins of questioning, despite 1st person I putting most of info he was re asking about) he then bluntly said no! I am 78 years old and disabled … I'm a widow and live alone so had no alternative than to cancel my appointment."

Oxfordshire Joint Health Overview and Scrutiny Committee Briefing Paper

– 22 January 2024

Director of Public Health Annual Report: Climate and Health

Report by Ansaf Azhar (Director of Public Health) and Dr Louisa Chenciner (Public Health Registrar and Academic Clinical Fellow)

RECOMMENDATION

1. **The Committee is RECOMMENDED to**

1.1 Endorse the focus of the Director of Public Health Annual Report (DPHAR) on climate change and health.

1.2 Endorse the call to action for system partners to ensure that every health action, policy and strategy should mitigate for and prevent negative health impacts of the changing climate, and similarly every climate action, policy and strategy should identify the impacts and maximise the benefit for health and wellbeing.

1.3 Comment on how the DPHAR can best be disseminated into the local system (see questions for review in section 5)

2. Executive Summary

2.1 HOSC are to be informed on the structure and overview of content, including key messages, of the upcoming Oxfordshire County Council DPHAR (2023/24) focussed on climate and health.

2.2 Directors of Public Health are required to establish an annual report highlighting key public health priorities for their area.

2.3 This work is timely and closely aligned with the UK Health Security Agency's first Health Effects of Climate Change report (published December 2023), the Lancet Countdown on health and climate change report (published December 2023) and the British Medical Journal's editorial on treating the climate and nature crisis as one indivisible global health emergency, co-signed by 200 major health journals (published October 2023).

3. Background

3.1 Health is the untold story in the climate emergency. This is concerning given the immediate and positive health benefits for individuals, families and communities which can be delivered through climate action. Climate action means better health across the life course – whether we are talking about newborn babies, children, teenagers, working age adults or older people. Amidst mounting pressure in the NHS, tackling the impacts of the changing climate across Oxfordshire should conserve resources for those most in need. It will also benefit the building blocks of health: providing homes which can be heated and cooled affordably, infrastructure for people to walk and cycle to keep communities active, connected, and healthy, and green spaces to boost mental health and store carbon.

3.2 Despite some progress to reduce fossil fuel use and polluting greenhouse gas emissions, climate change is happening now in Oxfordshire, posing a real and current threat to health and wellbeing. We are already experiencing the effects of the climate emergency with increased frequency and severity of adverse weather events. These events are having direct and harmful impacts on health and wellbeing, and will continue to lead to premature deaths and preventable suffering unless necessary climate action is taken. For example, many infectious diseases are sensitive to the climate, and with warmer temperatures we can expect a greater risk of new and emerging infectious diseases locally. The impact of climate change on individuals will vary, with the worst effects on disadvantaged and underserved populations, and without necessary action this will further widen health inequalities.

3.3 The draft DPHAR is aligned with delivery of a range of plans that already seek to support climate action within the health system in Oxfordshire (in adjacent to plans within other sectors), including Building a Greener Oxford University Hospitals 2022 – 2027, Oxford Health Trust Strategy Sustainability Strategic Objectives 2021 – 2026, SCAS People Strategy Sustainability Plans 2023-2026, and nationally, in Delivering a 'Net Zero' National Health Service – July 2022 and the Royal College of GP's Decarbonising General Practice Guide.

4. Report Content

4.1 The draft DPHAR has been developed and refined by an interdisciplinary steering group, with collaboration between colleagues in public health, data intelligence, climate action, transport, emergency planning, food policy and wider health partners including Oxford University Hospitals, Oxford Health NHS Foundation Trust, South Central Ambulance Service and Greener Practice Oxfordshire. It follows on from work undertaken through the Health and Wellbeing Board Strategy which included public engagement on climate change and health (cited as priority 8) – with the majority of respondents fully or partly agreeing that this priority reflects the needs of people in Oxfordshire (80%; n = 340). The primary audience of this report are system partners in health, care, and local government.

4.2 The Director of Public Health draft annual report is structured as follows:

Section Title	Main Content
Executive Summary	Executive summary provided by Ansaf Azhar (Director of Public Health)
Introduction	This section sets out the need for this timely report on climate and health. We present that health is the untold story in the climate emergency, and that immediate and positive health benefits can be delivered through climate action. This means better health throughout the life course. We set the context in terms of current NHS pressures and cost-of-living pressures.
Section 1: Why the focus on the impacts of climate change on health now?	This section explains why we need to take urgent climate action in Oxfordshire to protect and improve our health. We discuss five key areas of the climate emergency and their implications for our health: temperature, air, water, food, and nature. We present a body of current evidence describing the local health impacts of our changing climate across these five areas in Oxfordshire.
Section 2: What are we doing now?	This section explains what Oxfordshire County Council, local anchor institutions, system partners and community action groups are currently doing to address our changing climate – with immediate and longer-term positive benefits for health and wellbeing. We will discuss five areas of climate initiatives with positive health benefits including: - Energy efficient healthy homes and buildings - Sustainable travel and clean air - Green health and social care - Healthy and sustainable diets - Accessible green spaces, clean water, and nature
Section 3: Call to Action	This section sets out a call to action on climate and health across Oxfordshire – this includes system actions, national policy and funding, and individual actions.

5. Specific Areas for Discussion with System Partners

5.1 How can local government work more with the health and care system to accelerate their efforts to deliver our net zero ambitions?

5.2 For NHS partners, how are you seeking to meet national NHS Net Zero targets? (including the targets that for the emissions the NHS controls directly (the NHS Carbon Footprint), the NHS will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032; for the emissions the

NHS can influence (the NHS Carbon Footprint Plus), the NHS will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039; and that adaptation measures should be included in all NHS Green Plans by 2027)

6. Corporate Policies and Priorities

6.1 The DPHAR draft is closely aligned with the County Council vision of "working in partnership to make Oxfordshire a greener, fairer and healthier county". Of the "nine priorities", this work is relevant to ensure that we "put action to address the climate emergency at the heart of our work", "tackle inequalities in Oxfordshire", "prioritise the health and wellbeing of residents", "support carers and the social care system", "invest in an inclusive, integrated and sustainable transport network", "preserve and improve access to nature and green spaces", "create opportunities for children and young people to reach their full potential" and "work with local businesses and partners for environmental, economic and social benefit".

6.2 The draft DPHAR is also aligned with the Pathways to a Zero Carbon Oxfordshire report published in 2021 in conjunction with the Environmental Change Institute, University of Oxford.

6.3 The draft DPHAR is closely related to the Health and Wellbeing Board Strategy which cites climate change and health as a strategic priority, and there has been considerable collaborative work to incorporate the implementation of the DPHAR call to action on climate and health into the Health and Wellbeing Board Strategy outcomes framework.

7. Financial Implications

7.1 There are no direct financial implications associated with this report. The Officer resource required to develop this work has required and continues to require contribution from colleagues in the DPHAR steering group.

8. Legal Implications

8.1 The Director of Public Health annual report will meet the Director of Public Health statutory duty to publish an annual report focussed on the most pertinent health needs of the local population.

9. Equality & Inclusion Implications

9.1 From the outset, health and social inequalities, and barriers to inclusion across Oxfordshire have been considered in the planning and delivery of this year's DPHAR report. This follows on from work undertaken through the 2019/2020 DPHAR on inequalities in health outcomes across the county "Some are more equal than others: hidden inequalities in a prospering Oxfordshire".

10. Sustainability Implications

10.1 This paper relates to climate and sustainability directly, as it focuses on the intersection between climate and health. This work has been undertaken in collaboration with the climate action team at Oxfordshire County Council.

11. Consultations and Communications

11.1 To date, the DPH annual report has been presented to a number of stakeholders, including portfolio holders for public health and climate action. Their comments and feedback have been incorporated into the final draft of the report. To date the report has been presented to the Public Health DLT, County Council Strategic Leadership Team, Climate Action Programme Board, Climate Action Team Meeting, Portfolio Holders for Public Health and Climate, County Council Informal Cabinet, Public Health Whole Team Meeting, Future Oxfordshire Partnership Environmental Advisory Group, and the Districts Chief Executives Meeting.

12.2 Upcoming presentations include the Health & Wellbeing Board, Full Members briefing, and the launch of the report at Full Council briefing in April 2024.

12.3 Throughout the development of the draft DPHAR, clear and concise language has been used which avoids jargon. The communications team have been involved from the outset to ensure the DPHAR is accessible and widely available to the general public when it is launched in April 2024. The draft DPHAR builds on the Health and Wellbeing Board public consultation with respect to climate and health.

Annex:	Nil
Background papers:	See links embedded into the document.
Contact Officer:	Dr Rosie Rowe, Head of Healthy Place Shaping, Oxfordshire County Council Dr Louisa Chenciner, Public Health Registrar and Academic Clinical Fellow, Oxfordshire County Council

January 2024

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Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider[this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Children's Emotional Wellbeing and Mental Health Strategy

Lead Cabinet Member(s) or Responsible Person:

- Cllr John Howson – Cabinet Member for Children's Services.
- Cllr Kate Gregory – Cabinet Member for SEND.
- Lisa Lyons - Corporate Director of Children's Services.
- Ansaf Azhar – Corporate Director for Public Health.

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 30th January 2023

Response to report:
Response to recommendations:

NOTE regarding the frequency of updates/responses to these recommendations: Most of the changes required for emotional health and wellbeing of children and young people require actions over a long term. HOSC will therefore receive a progress update on these recommendations in 6 months-time, and a full update with a full report at a formal HOSC meeting in approximately one years-time.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.	Partially accept	We work closely with partners across Oxfordshire who offer advice, support and interventions for children, young people and their families and are currently tendering for a peer support app for CYP to support their mental health and well-being with a directory of local services to meet their needs. We recognise the importance of ensuring that local communities and neighbourhoods are connected to service provision in their areas. This is also important to the workforce so that they know who their local link is for support and services. This recommendation applies to all system partners to ensure that information is made available. HOSC can also support this approach with members of the scrutiny committee sharing information through their networks. The new SEND Local offer also provides details how to apply for help and includes a directory of local provision that both CYP and their families as well as professionals can access. This has been co-produced with Oxfordshire Parent Carer Forum and is key action in the priority action plan the link for the new website: Oxfordshire SEND local offer | Oxfordshire County Council As part of the early help strategy refresh this year OCC Children's Services will be ensuring the offer of early help is accessible to all families to find information to support them along with resources available within the local offer and linked with FIS.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

2. To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It is also recommended for an early review with the users of the digital offer once this becomes available; to include testing with neurodivergent children and other children known to be at higher risk of mental ill health.	Accepted	Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.
3. To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long-run.	Accepted	Funding for supporting emotional health and wellbeing comes from a number of government departments and organisations. This includes Department for Education and NHS England as well as funding provided to the voluntary and community sector and for research and evaluation to grow the evidence base on what works. As a system we will strive to identify sustainable sources of funding for Oxfordshire. Local funding streams will be determined by the financial envelope provided to us nationally for this work. Any proposals to increase resources to better meet the needs of CYP in Oxfordshire are being managed by the SEND Priority Action Plan to address priorities identified during the Local Area SEND inspection by OFSTED and CQC.
4. To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a	Accepted	System partners recognise the recommendation to be needs led and provide support to children, young people and families at the earliest opportunity utilising the Think Family Approach and as

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.		endorsed within the Early Help Strategy to offer the right support at the right time. Oxford Health are already taking this needs-led approach through Universal Public Health Services for CYP. Oxford Health CAMHS service also commission Autism Oxfordshire to give CYP and their families pre-diagnoses support for those waiitng for a Neuro-development Conditions assessment. We are exploring different ways of commissioning and delivering Neuro-development Conditions assessment services across the BOB ICB as long waits are a national issue. Addressing waits for Neuro-development Conditions assessments is also an action in the SEND Priority Action Plan.
5. That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are working on Children's mental health in community settings.	Partially accepted	Evaluations tell us what works and what does not. An evaluation should be a rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy that will determine the extent to which it is achieving its objectives and contributing to decision-making. Collecting feedback, data and local intelligence from children and young people, communities and services is essential to inform a needs-led approach. We will explore what guidance and evidence-based practice is available to address this recommendation. We would also like to recommend that this is broader than 'children's mental health in community settings' to recognise the impact of wider determinants on emotional health and wellbeing for children, young people and their families.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

		Children's Services already utilise SDQ's to measure and evaluate children's Mental Health for Children We Care For and we could look to expand this practice to a wider cohort of children to further explore their needs.

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Issue: CAMHS Services Update

Lead Cabinet Member(s) or Responsible Person:

- Doreen Redwood - Health Commissioning Manager – Start Well.
- Daniel Leveson – BOB ICB Oxfordshire Place Director.
- Vicky Norman - Head of Service Oxfordshire CAMHS & Eating Disorders, Oxford Health NHS Foundation Trust.
- Katrina Anderson- Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate Oxford Health NHS Foundation Trust.

The following list of individuals from Oxfordshire County Council may also wish to contribute to responding to any of these recommendations wherever it is felt that a systemwide response is appropriate.

- Cllr John Howson – Cabinet Member for Children's Services.
- Cllr Kate Gregory – Cabinet Member for SEND.
- Ansaf Azhar – Corporate Director for Public Health.
- Caroline Kelly – Lead Commissioner, Start Well.
- Donna Husband – Head of Public Health Programmes- Start Well.

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Thursday 1st February 2024

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Response to report:

Enter text here.

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. For patients to receive effective and good quality aftercare upon being discharged from hospital; and for there to be close coordination with families as well as with other partners/services within the system for ensuring discharged patients receive adequate and sustainable support upon leaving hospital. It is also recommended that discharged patients and their families receive clear signposting to appropriate help.	Accept	We currently follow our 'The Core Clinical Standards in Mental Health and Learning Disability Care Policy' to ensure all young people have an appropriate keyworker at the right time and the young person are included in any discharge planning. The policy also outlines guidance for best practice when working with our partnership colleagues.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

2. To ensure that children and their families who are on waiting lists for treatment receive appropriate communication as well as support so as to avert the prospects of their mental health declining further.	Accept	When a family receive a letter, if they have to wait for assessment or treatment this will include how to contact the team if they need support in a crisis or if things deteriorate. This also provides details of what the family can be focusing on while they wait to support the young person. It gives information about our 'Walking with You' support group, resources on our website and the list of up and coming digital webinars cover the most common mental health difficulties which any family can access. Mitigation calls are made to families as a check in to ensure nothing has changed. We are launching the SHaRON online peer support platform from Spring 24 where families will have monitored access to sharing their experiences with other families. The NDC team have a 'Living well' offer for any parents/carers waiting for an NDC assessment which offers support and provides Q&A space for parents and carers. From Spring 24 Getting Help will be offering a similar offer.
3. For staff to receive adequate training that involves not merely guidance on how to interact with and treat individual patients, but that also involves guidance on how to support the families/carers of children. It is recommended that a review of existing training programmes is conducted with children and family stakeholders, with a view to all training being co-produced to	Rejected	We have mandatory training that all staff must complete. We then also have specialist training for different roles. We have recently reviewed our training offer for staff to ensure it complies with NICE guidance. We work closely with Reading University and Oxford University in terms of accessing training and have a good internal programme. Every clinical staff member requires to have a Personal Development Plan every year and this is when focus is given to their needs and development.

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

support staff working with children and families.		Working with families/carers is part of core CAMHS, and included in our induction. We offer systemic skills (basic family therapy) to all CAMHS staff, alongside CBT and DBT skills. We have a new patient involvement lead, who is re-establishing contacts with existing parent organisations and is in the process of creating a Young Person board, where any service development will be discussed. In addition, we will develop a patient involvement manual to provide guidance and expectations to all CAMHS teams, to ensure that co-production is at the heart of every service development.
4. To work on improving communications campaigns to create a better understanding of the CAMHS service and how it also relates to any other early intervention services.	Accept	We are currently working on a communication strategy to ensure we are communicating to all our external stakeholders, especially sharing all the developments as well as our challenges, but also sharing all the successes and good practice. We are exploring communicating by different platforms e.g. newsletters, in person events, social media. Where appropriate we are working with our Childrens Social Care and our Community Health colleagues to ensure we are clear on roles and responsibilities pre CAMHS.

Work Programme 2023/24
Joint Health Overview and Scrutiny Committee

Cllr J Hanna OBE Chair | Dr Omid Nouri Omid.Nouri@Oxfordshire.gov.uk

COMMITTEE BUSINESS

Topic	Relevant strategic priorities	Purpose	Notes / Context	Lead witnesses
8 FEBRUARY 2024				
SCAS Improvement Programme	Prioritise the Health and Wellbeing of Residents	To receive a second update on the SCAS Improvement Programme in light of the most recent "Inadequate" CQC rating.	Overview and Scrutiny	David Eltringham
Director of Public Health Annual Report	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To review the Oxfordshire County Council's Director of Public Health Annual Report.	Overview and Scrutiny	Ansaf Azhar, Director of Public Health.
Oxford University Hospitals NHS Foundation Trust CQC Improvement Journey	Prioritise the Health and Wellbeing of Residents	To receive a report with an update on Oxford University Hospitals NHS Foundation Trust's CQC improvement	Overview and Scrutiny	

		journey, in light of the recent CQC ratings of the John Radcliff Hospital.		
18 APRIL 2024				
GP Provision in Oxfordshire	Prioritise the Health and Wellbeing of Residents	To receive a report on GP Provision within Oxfordshire	Overview and Scrutiny	Julie Dandridge Dan Leveson
Oxford University Hospitals NHSFT People's Plan 2022-2025	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report on the Oxford University Hospital NHSFT People's Plan, with details on the support mechanisms in place for the Provider's staff, (including staff recruitment, retention, and wellbeing).	Overview and Scrutiny	
Dentistry Provision in Oxfordshire	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report from NHS England/BOB ICB with a second/additional update on the state of dentistry provision within Oxfordshire, particularly in light of the recent delegation of dentistry commissioning responsibilities from NHS England to the ICBs.	Overview and Scrutiny	Hugh O keefe Julie Dandridge Dan Leveson

OXFORDSHIRE COUNTY COUNCIL

6 JUNE 2024				
Oxford University Hospitals Quality Account	Prioritise the Health and Wellbeing of Residents	To receive the most recent annual Quality Account report produced by Oxford University Hospitals, and to provide feedback as appropriate on services delivered by OUH.	Overview and Scrutiny	
All-Age Mental Health	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	To receive a report from Countywide System Partners on All-Age Mental Health, and on the nature and effectiveness of All-Age Mental Health Services.	Overview and Scrutiny	
Palliative Care	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents	As per a recommendation from the Committee's June 2023 meeting, the Committee would like to receive a report from Countywide System Partners with a further update on Palliative Care Services.	Overview and Scrutiny	
Epilepsy Services	Tackle Inequalities in Oxfordshire	To receive a report with an outline on the nature of Epilepsy Services delivered throughout the County.	Overview and Scrutiny	

	Prioritise the Health and Wellbeing of Residents.			
12 SEPTEMBER 2024				
Oxfordshire Healthy Weight	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an update on Oxfordshire Healthy Weight 12 months since this item previously came to HOSC.	Overview and Scrutiny	Ansaf Azhar David Munday Derys Pragnell
Health and Wellbeing Strategy Delivery Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report with an outline as to a delivery plan for the updated Health and Wellbeing Strategy for Oxfordshire.	Overview and Scrutiny	
Oxford Health NHS Foundation Trust People Plan	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report from OHFT on the Trust's People Plan, with a view to examine the Trust's support for workforce.	Overview and Scrutiny	
Winter Planning	Tackle Inequalities in Oxfordshire Prioritise the Health and Wellbeing of Residents.	To receive a report on the systemwide preparations and plans to manage the pressures of the ensuing winter months.	Overview and Scrutiny	

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
1	Minutes of 23 September 2022	Health partners to be invited to the next OCC scrutiny training	Tom Hudson / Omid Nouri	To be actioned in the new municipal year for 23/24. In progress *Update – OCC scrutiny are working up a training proposal with CfGS.*
	24 November 2022 Meeting			
2	Primary Care	Recommendation: Specified roles are filled within the ICB with the primary responsibility to work with District Councils at Place Level to coordinate use of CIL funds held by the ICB and from executed Section 106 funds for Primary Care.	Julie Dandridge/ Daniel Leveson	Progress/update response: The ICB have managed to recruit a Primary Care estates manager who will have a key role in working with Districts in terms of planning for new housing developments. The successful candidate starts in December 2023. Unfortunately, recruitment was delayed due to lack of suitable candidates.

	Item	Action/Recommendation	Lead	Progress update
3	Cllr Barrow's infection control report	OCC carries out a regular review of current infection control procedures in care homes and the support provided.	Karen Fuller, OCC	This is built into our routine procedures in relation to infection control and monitoring outbreaks. OCC works in partnership with Oxford Health care home support service, CQC and UKHSA. *UPDATE – Subsequent Care Home Visits to be arranged in conjunction with the Director for Adult Social Care.*
	10 March 2022 **Meeting**			
4	Access and Waiting Times	Information is supplied on the new elective care access offer across the BOB footprint (the provider collaborative)	Omid Nouri/Titus Burwell	BOB ICS Elective Recovery plan & provider collaborative would need to be presented by BOB ICS colleagues - In progress *Update – A scope is being drawn up for Titus Burwell, Chair of BOB Elective Recovery Backlog Group, to brief the Covid-19 Elective Recovery Backlog group on the subject with a particular focus on Symptomatic breast cancer 2WW and in respect of Urological Cancer referrals.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
5	Access and Waiting Times	That Members meet separately with James Scott to explore workforce challenges across Oxfordshire/the NHS	BOB HOSC, BOB ICS	*Eddie and OCC BOB HOSC Members to ask for the item to be placed on the BOB HOSC Work Programme.* In progress *Update – To be considered as part of future discussions amongst the BOB HOSC*
6	Chairs Update	That Members of the Committee come forward in which to develop a glossary of NHS acronyms.	Omid Nouri/ Cllr Nigel Champken-Woods	*Cllr Champken – Woods came forward at the last meeting to start an early draft. It was identified that Wokingham's HOSC glossary as a good model to follow.* In progress *This is currently being collated with Cllr Champken-Woods and will be appended at the back of HOSC agendas once finished.*
	14 July Meeting 2022			
7	Integrated Improvement Programme	Establish a sub group on the Integrated Improvement Programme to provide NHS / OCC colleagues the opportunity to engage with HOSC outside of formal Committee meetings (as well as in addition to). It should cover all aspects of comms and engagement and any issues relating to services at Wantage.	Cllrs Hanna, Edosomwan, Barrow and Barbara Shaw Omid Nouri	In progress – *UPDATE- The Integrated Improvement Programme met as a Member-only forum on 20 September 2022 and agreed to meet with a ICB representative in respect of the ICB's involvement in the IIP. The Group also agreed that a group would engage with representatives at OH in respect of the maternity closures and maternity closures across Oxfordshire.* *Terms of Reference for the Group will be drawn up for engagement in respect of the consultation and delivery plan relating to the IIP.*
	22 September 2022 Meeting			

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
8	Action and Recommendation Tracker	NHS England Health and Justice to fill out the Committee's substantial change toolkit in relation to the SARC in Bicester; this is to then be reviewed by Members via email, with a view to meeting the Commissioner in person.	Lisa Briggs	In Progress - The Substantial Change Toolkit form has been received and was considered by Cllrs Champken-Woods, Hanna and Heywood. It was considered that there was no substantial change. However further information in respect of the service has been requested and waiting a response.
9	Chair's Update and Committee Sub-Group Updates	Further information is sought by the IIP Sub-Group as to how the Integrated Improvement Programme fitted in with the ICB's overall vision.	Omid Nouri/ Dan Leveson	In Progress- The Health Scrutiny Officer is to ask to write to the ICB Place Based Director to ask for his attendance at the next meeting of the sub group; to better understand the ICB Role's in the Integrated Improvement Programme, and clarity as to the leadership and timelines as to the Programme.
10	Chair's Update and Committee Sub-Group Updates	Following an initial meeting with the new provider, a HOSC member is appointed to Connect Health's service-user board	Danielle Chulan	In Progress- The provider is to get in contact when the board is set up.
	24 November 2022 Meeting			
11	**Primary Care**	The Committee is informed as to how much Community Infrastructure Levy funding has been received by the Oxfordshire CCG and subsequently the BOB ICB (from Oxfordshire), the amounts received from the 5 individual District Councils, how much of those CIL funds have been spent, which health related CIL funded projects have been commissioned; and what projects have been completed or are in progress using executed Section 106 funds.	Julie Dandridge	In progress – The ICB has been reminded of these questions and will feedback to the Committee outside the formal Committee process. *UPDATE – Julie Dandridge to provide an update on a list in respect of where the funds currently sat, time restrictions and other obligations.*

Consolidated Action and Recommendation Tracker – Health Overview and Scrutiny Committee 21 September 2023.

	Item	Action/Recommendation	Lead	Progress update
12	**Serious Adult Mental Health**	A workshop on serious adult mental health is co-produced to allow further Committee exploration of the area.	Omid Nouri, OH, Karen Stephen Chandler	In progress – To be scoped after the 9th of February 2023 HOSC Meeting.
	9 February 2023 Meeting			
13	**SCAS Improvement Programme Update**	SCAS' performance data be regularly reviewed by the Committee's Covid-19 Elective Recovery Sub-Group.	Omid Nouri/ Tom Stevenson	In progress- The Committee is to be advised when the wait-time performance data can be broken down into (Middle Layer Super Output Areas) MSOA level. Likely to be Autumn 2023
14	**Committee Work Programming**	A Work Programming Meeting be arranged with all Committee Members	Omid Nouri/ Tom Hudson	In progress – a partial work plan has been suggested, but in light of the appointment of a new Scrutiny Officer the completion of the new work plan is to take place once they are in post and are better placed to help the committee deliver it.
	11 May 2023 Meeting			
15	**Dentistry Provision in Oxfordshire**	To collaborate with the Place Based Partnership, Public Health, and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated.	Hugh O' Keefe NHSE/Daniel Leveson BOB ICB	Response: The Oxfordshire Joint Strategic Needs Assessment (2023) contains information about the oral health of 5 year olds in the county. This information is derived from national epidemiological surveys. The ICB will work with Public Health colleagues to review and update this information.

	Item	Action/Recommendation	Lead	Progress update
				The ICB is developing a Primary Care strategy including dental services. This will include a review current data and the development of datasets to inform future commissioning plans. There is a strong link between socio-economic factors and health. The aim is to develop a strategy outlining how primary care via service delivery and partnership working with other agencies will improve the health of the population with oral health to be a key element of the strategy.
10	**Dentistry Provision in Oxfordshire**	To resolve any remaining uncertainty regarding the local flexibilities available to the ICB, and to consider investment of the underspend in Oxfordshire in targeted action to improve access to health and better serve Oxfordshire's children and residents with the greatest need.	Hugh O' Keefe NHSE/Daniel Leveson BOB ICB	Response: The BOB ICB Flexible Commissioning pilot commenced on 1st June 2023. The pilot scheme will run to 31st March 2024 and is designed to support access to NHS dental care for patients who have struggled to access NHS dental care. The scheme supports access for patients who have not attended a local dental practice for 2 years; who have relocated to the area; Looked After Children, families of armed forces personnel, asylum seekers and Refugees. Practices can also see 'other' patients of they believe it to be clinically appropriate. It allows practices to convert up to 10% of their contractual capacity from the delivery of activity targets to access sessions, where more time can be set aside for patients likely to have higher treatment needs. 30 practices in BOB are

	Item	Action/Recommendation	Lead	Progress update
				taking part in the scheme (18 from Oxfordshire) with plans to provide nearly 3,000 Flexible Commissioning access sessions in the period July 2023 to March 2024. In the first 4 months about 900 sessions were provided with 3,000 patients attending (3,500 attendances). About 70% of patients attending to date have not attended a dental practice for 2 years; 14% have relocated to the area; 12% 'other' (includes patients who have been unable to access care, urgent patients, maternity, patients with an on-going clinical need that requires dental intervention, vulnerable patients, children's emergency trauma and cancer patients needing dental treatment as part of their care). 4% of attendances have been from Looked After Children, families of armed forces personnel and asylum seekers and refugees. The service is subject to on-going review and development. National guidance in respect of Flexible Commissioning was issued in October 2023. Whilst access to NHS dental services is continuing to improve, some capacity has been lost following decisions by some practices to leave the NHS or reduce their NHS commitment. The ICB is working with local practices on a re-commissioning

	Item	Action/Recommendation	Lead	Progress update
				plan to replace this capacity from 2023-24 onwards.
	21 September 2023 Meeting			
17	**Oxfordshire Healthy Weight**	Recommendation: To ensure adequate and consistent support as part of secondary prevention for those living with excess weight; and to improve access to, as well as awareness of, support services that are available for residents living with excess weight.	Derys Pragnell	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): We currently commission two healthy weight services at Local Authority level, one that works with adults and another working with children. We also link closely with partners (NHS) who offer services at tiers above and below our own with a view to offering a seamless pathway. We identified some gaps in service as part of the recent Health Needs Assessment (HNA) on Healthy Weight. The current contract is coming to an end and we are planning to commission an 'all age service' with some additional elements to meet the gaps identified in the HNA. We are also planning a review and refresh of opportunities to raise awareness of support that is available.
18	**Oxfordshire Healthy Weight**	Recommendation: To ensure effective support for ethnic groups that are more likely to develop excess weight, and to raise awareness amongst these groups of the support available to them.	Derys Pragnell	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024): The current healthy weight service has specific programmes for ethnic groups

	Item	Action/Recommendation	Lead	Progress update
				who are more likely to develop excess weight. This includes innovation pilots working in mosques, women only sessions, and tailoring content to be specific (e.g. on food types) The new service will build on this learning/modelling and is likely to have community development as a delivery component within key priority areas and populations, including ethnically diverse.
19	**Oxfordshire Healthy Weight**	Recommendation: To work on providing support to the parents, carers, or families of children living with excess weight, and to help provide them with the tools to help manage children's weight.	Derys Pragnell	Recommendation Accepted, HOSC will receive future progress update in April 2024.
20	**Oxfordshire Healthy Weight**	Recommendation: To explore avenues of support for residents who may struggle to afford healthy diets in the context of the cost-of-living crisis.	Derys Pragnell	Comment on Recommendation: This should be an action/link for Food Strategy work across Oxfordshire, which is led by Laura, Rushen, Senior Policy Officer at OCC– each District Council has been commissioned to undertake work for their District.
21	**Oxfordshire Healthy Weight**	Recommendation: To ensure that consideration of the ill-effects of being underweight is also built into the language adopted, and the services being commissioned, as part of promoting Healthy Weight overall within the County.	Derys Pragnell	Response and Rejection of Recommendation: This wasn't part of the discussion at the meeting which was focussing on excess weight. Whilst this is a very important issue we need to remain focussed on tackling excess weight. There are significant differences between the causes, behaviours and actions that can

	Item	Action/Recommendation	Lead	Progress update
				be taken associated with underweight as opposed excess weight and none of the preventative, environmental actions or services commissioned have synergy. To set context while over 30% of children in year 6 and 60% of adults in Oxfordshire are living with excess weight around 1% of children experience underweight.
22	**Oxfordshire Healthy Weight**	Recommendation: In light of recent findings relating to the risks of excess weight medication (GLP-1 receptor agonists), it is recommended that the BOB Integrated Care Board review the availability of these medications and any associated risks; and to update the Committee on this.		A separate response to this recommendation will be sought from BOB ICB.
23	**Oxfordshire Healthy Weight**	Recommendation: To orchestrate a meeting with HOSC, to include senior Planning/Licensing officers, Chairs of Planning Committees of the District Councils and lead officer responsible for advertising/sponsorship policy as well as the relevant Cabinet Member to discuss the planning and licensing around the presence of fast-food outlets in certain areas around the County and the advertising of HFSS products.	Derys Pragnell/ Omid Nouri	Health Scrutiny Officer (Omid Nouri) to liaise with relevant officers to facilitate this meeting in the near future.
24	**Health and Wellbeing Strategy**	Recommendation: To ensure careful, effective, and coordinated efforts amongst system partners to develop an explicit criteria for monitoring the deliverability of the strategy; and to explore the prospect of	David Munday	Recommendation Accepted: Initial Response (additional progress update response to be provided in April 2024):

	Item	Action/Recommendation	Lead	Progress update
		enabling input/feedback from disadvantaged groups as part of this process.		The Health and Wellbeing board has committed to the development of a delivery plan and outcomes framework for this new HWB strategy. This is to ensure the strategy is delivered by the partnership. We expect that an initial version of this will be presented to the HWB in March 24 and it will build on the strong public engagement that has already occurred in the strategy formation to date.
	Local Area Partnership SEND	Recommendation: For Leadership over the Partnership and of Children and Young People's SEND provision to be explicitly set out and communicated clearly to families and all stakeholders; as well as clear measures of how leadership will be developed and demonstrated at all levels, and to demonstrate how new ways of working with stakeholders will put families at the heart of transformation.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Partnership leadership, assurance, and oversight of SEND provision is by the Oxfordshire SEND Improvement Board (SIB). The Board provides transparent visibility of progress, constructive and robust challenge, as well as celebrating what is working well and improving. The progress of improvements will be routinely scrutinsed by appropriate scrutiny arrangements (People Scrutiny, HOSC and ICB Quality Group). Operational delivery of the Priority Action Plan (PAP) is via the Partnership Delivery Group (PDG), supported by time-limited Task and Finish groups. SIB, PDG, and Task and Finish groups all include Parent/ Carer representation. Continued improved communication with families and stakeholders is a key focus of our SEND action planning. It underpins our

	Item	Action/Recommendation	Lead	Progress update
				governance arrangements, is a key priority within the PAP, and is a focus area of our Working Together Task and Finish group.
Page 238	**Local Area Partnership SEND**	Recommendation: To ensure good transparency around any action planning and the improvement journey for SEND provision for Children and Young People, and to develop explicit Key Performance Indicators for measuring the effectiveness of improvements that are open to scrutiny. The Committee also recommends for more comprehensive action planning after the publication of the initial action plan requested by Ofsted, and for this action planning to be made fully transparent. The SIB will consider at its inaugural meeting how best to ensure information easily and publicly available.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): The Priority Action Plan includes development of an Integrated Local Area Partnership SEND dashboard, based on partnership KPIs, with performance overseen by the SIB. As above, ongoing PAP action planning is operationally overseen by PDG and Task and Finish Groups. PDG reports monthly to the SIB.
	Local Area Partnership SEND	Recommendation: For the Leadership to adopt restorative thinking and practices with utmost urgency to reassure affected families, and for this thinking to be placed at the heart of any co-production exercises to help families feel their voices are being heard as well as for the purposes of transparency.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Restorative Approaches are well-established within Children's Services. Co-production with children and families is at the heart of PAP and wider action planning. As noted, they are represented within all leadership & delivery bodies for SEND improvement.

	Item	Action/Recommendation	Lead	Progress update
Page 239	**Local Area Partnership SEND**	Recommendation: To ensure adequate and timely co-production of action planning to improve SEND provision, and for the voices of Children and their families to be considered in tackling the systemic failings highlighted in the report. The Committee also recommends that the Partnership considers timely allocation of seed funding for the development of co-production involving people with lived experience; and for joint commissioning of training and alternative provision across Oxfordshire, involving multi-agency stakeholders, the voluntary sector, and families.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): SIB responsibilities include ensuring that co-production is embedded in the culture of SEND services. Our Multi Agency Quality Assurance (MAQA) forum has the purpose of setting out consistent, service specific processes for the quality assurance of Education, Health, and Care Plans, ensuring that good practice and learning is shared, informs training and professional development for all professionals involved in the process, underpinning our vision for shared responsibility for improving outcomes, on the improvements achieved and next steps. Partnership training, and impact measures, are included in the PAP. All PAP actions are time-specified, ranging from December 2023 to post-July 2025, dependent on prioritisation and practicability.
	Local Area Partnership SEND	Recommendation: To continue to improve working collaboration amongst the Local Area Partnership to integrate support mechanisms and services as effectively as possible, and for rapid improvements to be demonstrated on clear and efficient information and patient-data sharing on children with SEND.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): There are existing arrangements to enable the sharing of information across partners. The effectiveness of these will be considered as part of the improvement journey.

	Item	Action/Recommendation	Lead	Progress update
	Local Area Partnership SEND	Recommendation: For every effort to be made for children and young people with SEND to receive the support that is specifically tailored toward and appropriate to their own needs and experiences; and for those involved in providing support services to be aware of the additional/ alternative services available which a child may also need a referral to. It is also recommended that improvements in one-to-one communications with families should be prioritised by Oxfordshire County Council, using the budget agreed by cabinet immediately following the Ofsted report.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Priority actions within the PAP include co-production of both refreshed Local Offer and development of local area partnership early help and early intervention strategy. Together with improved EHCP assessment process, and Team Around the Family, this will enable the delivery of needs-led provision and the progression of outcome led plans with families. As noted above (Paragraph 8), continued improved communication with stakeholders and families is a key priority.
	Local Area Partnership SEND	Recommendation: To consider the use of digital resources for enablement, including at an individual level; and to ensure EHCPs are up to date and that they constitute living documents for families.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Timeliness and quality of EHPCs, along with improved parental access to the digital portal, are addressed within PAP item 3. Actions include ensuring accurate, timely, and effective assessment, and effectively meeting needs, particularly at points of transition. Assessment timeliness is improving, despite increasing demand. Timeliness of completion within 20 weeks has improved from 40% in June 2023 to 50% in the last month.

	Item	Action/Recommendation	Lead	Progress update
Page 241	**Local Area Partnership SEND**	Recommendation: For SEND commissioning to be developed using the Ofsted report as a baseline, and to place person-centred mental and physical health of children and their families with SEND at the centre of decisions on how funding is spent to maximise social value. The Committee also recommends for the Local Area Partnership to map all funding sources available for, and to explore joint commissioning of services and training that could improve the overall health and wellbeing for children with SEND.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): PAP priority actions include a focus on improved commissioning and strong relationships with commissioned providers, to improve capacity, meet demand, and meet the needs of children, young people, and their families. The PAP is also focused on ensuring commissioning arrangements support timely decision making and transition arrangements, and that there is a multi-agency approach to meeting the needs of children with emotional and mental health difficulties. The Leadership and Partnership Task and Finish group has responsibility for integrated commissioning of SEND services. The Oxfordshire Joint Commissioning Executive, which plays a key role in the delivery of many Priority Action Plan actions, reports into the Partnership Delivery Group.
	Local Area Partnership SEND	Recommendation: To ensure that there is clarity of information on any physical or mental health services for children with SEND, to reduce the risk of confusion and lack of awareness of such services amongst parents, carers or families of children who require support for their mental or physical health.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): A local area pathway is being developed for children and young people with emotional wellbeing and mental health concerns. The i-THRIVE framework (an integrated, person-centred, and needs-led approach to delivering mental health

	Item	Action/Recommendation	Lead	Progress update
				services for children, young people, and their parents/carers) will be linked to the Early Help Strategy and Team Around the Family.
Page 242	**Local Area Partnership SEND**	Recommendation: To exercise learning from how other Counties and Systems have provided well-coordinated and effective SEND provision; particularly where measures have been adopted to specifically reduce the tendency for poor mental or physical health amongst affected Children and Young People.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): Our response to the SEND inspection, including development of PAP and KPI dashboard, has been informed by learning from other local authorities. Children's Services senior leadership bring a wealth of experience in delivering transformation and service improvement within other local authorities. This includes both the recently appointed independent chair of the SIB, Steve Crocker (Former President of Association of Director of Children's Services) and new SEND/ Children's Services Improvement. We have invested in an additional Assistant Director for Early Help & Prevention, and Strategic Lead for Specialist Projects. Deputy Directors for Children's Social Care/ Education are likewise experienced.
	Local Area Partnership SEND	Recommendation: To ensure that staff involved in Health, Care, Education, and any relevant Voluntary Sector organisations are sufficiently trained and aware of children that may be neuro-divergent, have a learning difficulty or a disability (SEND); and for such staff to be adequately aware of the support and resources available, and	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): As noted above, partnership training is embedded within the PAP. The Working Together Task & Finish group leads on Workforce Development.

	Item	Action/Recommendation	Lead	Progress update
		the processes for referring such children for any relevant mental or physical health services that they might require.		
	Local Area Partnership	Recommendation: For HOSC to continue to follow this item and to evaluate the impact of any changes or improvements made, with specific insights into the following; the Partnership's Action Plan as requested by HMCI; the overall measures taken to address the concerns raised by the Ofsted/CQC inspection; the progress made by CAMHS in reducing waiting times for treatment of children with SEND who require mental health support; and on how the NHS is working to increase the overall acquisition and availability of data on SEND children's mental health from key mental health providers.	Stephen Chandler/Anne Coyle/Rachel Corser	Initial Response (additional progress update response to be provided in April 2024): There are clear governance and reporting structures, as outlined above. We can provide updates as required.
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	CAMHS Update	Recommendation: For patients to receive effective and good quality aftercare upon being discharged from hospital; and for there to be close coordination with families as well as with other partners/services within the system for ensuring discharged patients receive adequate and sustainable support upon leaving hospital. It is also recommended that discharged patients and their families receive clear signposting to appropriate help.	Vicky Normal/ Katrina Anderson	Recommendation Accepted: Response: We currently follow our 'The Core Clinical Standards in Mental Health and Learning Disability Care Policy' to ensure all young people have an appropriate keyworker at the right time and the young person are included in any discharge planning. The policy also outlines guidance for best practice when working with our partnership colleagues.

	Item	Action/Recommendation	Lead	Progress update
Page 244	**CAMHS Update**	Recommendation: To ensure that children and their families who are on waiting lists for treatment receive appropriate communication as well as support so as to avert the prospects of their mental health declining further.	Vicky Norman/ Katrina Anderson	Recommendation Accepted: Response: When a family receive a letter, if they have to wait for assessment or treatment this will include how to contact the team if they need support in a crisis or if things deteriorate. This also provides details of what the family can be focusing on while they wait to support the young person. It gives information about our 'Walking with You' support group, resources on our website and the list of up and coming digital webinars cover the most common mental health difficulties which any family can access. Mitigation calls are made to families as a check in to ensure nothing has changed. We are launching the SHaRON online peer support platform from Spring 24 where families will have monitored access to sharing their experiences with other families. The NDC team have a 'Living well' offer for any parents/carers waiting for an NDC assessment which offers support and provides Q&A space for parents and carers.

	Item	Action/Recommendation	Lead	Progress update
				From Spring 24 Getting Help will be offering a similar offer.
	CAMHS Update	Recommendation: For staff to receive adequate training that involves not merely guidance on how to interact with and treat individual patients, but that also involves guidance on how to support the families/carers of children. It is recommended that a review of existing training programmes is conducted with children and family stakeholders, with a view to all training being co-produced to support staff working with children and families.	Vicky Norman/ Katrina Anderson	Recommendation Rejected: Response: We have mandatory training that all staff must complete. We then also have specialist training for different roles. We have recently reviewed our training offer for staff to ensure it complies with NICE guidance. We work closely with Reading University and Oxford University in terms of accessing training and have a good internal programme. Every clinical staff member requires to have a Personal Development Plan every year and this is when focus is given to their needs and development. Working with families/carers is part of core CAMHS, and included in our induction. We offer systemic skills (basic family therapy) to all CAMHS staff, alongside CBT and DBT skills. We have a new patient involvement lead, who is re-establishing contacts with existing parent organisations and is in the process of creating a Young Person board, where any service development will be discussed.

	Item	Action/Recommendation	Lead	Progress update
				In addition, we will develop a patient involvement manual to provide guidance and expectations to all CAMHS teams, to ensure that co-production is at the heart of every service development.
Page 246	**CAMHS Update**	Recommendation: To work on improving communications campaigns to create a better understanding of the CAMHS service and how it also relates to any other early intervention services.	Vicky Norman/ Katrina Anderson	Recommendation Accepted: Response: We are currently working on a communication strategy to ensure we are communicating to all our external stakeholders, especially sharing all the developments as well as our challenges, but also sharing all the successes and good practice. We are exploring communicating by different platforms e.g. newsletters, in person events, social media. Where appropriate we are working with our Childrens Social Care and our Community Health colleagues to ensure we are clear on roles and responsibilities pre CAMHS.