REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

South Central Ambulance CQC Improvement Journey Update.

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INTRODUCTION AND OVERVIEW

1. At its meeting on 08 February 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on the South Central Ambulance Service's (SCAS) Care Quality Commission (CQC) improvement journey.

2. The Committee felt it crucial to receive an update on progress made by the Trust in addressing the concerns highlighted by the CQC in its most recent inspection of the Service. Having held an item on this over a year ago, the Committee sought now to assess the degree to which the measures taken by the Trust had been proving effective.

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 the nature of Ambulance services as well as the initiatives taken by NHS Trusts to address concerns raised by CQC inspections. When commissioning this report on the SCAS CQC improvement journey update, some of the insights that the Committee sought to receive were as follows:

   - The degree to which there have been any changes in the governance-related structure and activities of the Service.

   - To share written details and feedback received by SCAS from the December 2022 assurance visit by colleagues from the NHS Integrated Care Boards covering the area. This would have been approximately 6 months subsequent to the CQC inspection and may provide a useful indication on any potential improvements made by the Service subsequent to the CQC inspection earlier that year.

   - Details of any measures embarked on by the Trust to improve staff recruitment and retention.

   - Details of any support that staff are receiving for their wellbeing, particularly in light of some of the pressures that ambulance staff in particular may face.

   - Whether Health and Safety at work requirements were being met.

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

- The degree to which there is a stronger understanding of the Mental Capacity Act (2005) by staff.

- The extent to which there is close attention to infection prevention and control measures.

- Whether there are formal appraisals and whether all staff are now completing mandatory training.

- Whether the Trust is making improvements in reducing delays in reaching people who request emergency assistance.

SUMMARY

4. The Committee would like to express thanks to Daryl Lutchmaya (Chief Governance Officer, SCAS); Kirsten Willis- Drewett (Assistant Director of Operations, SCAS); Dai Tamplin (Senior Transformation Programme Manager, SCAS); and John Dunn (Head of Risk and Security, SCAS) for submitting a report and for attending the meeting to answer questions from the Committee. The Committee would also like to express thanks to Daniel Leveson (BOB ICB Place Director, Oxfordshire) for also attending this meeting item on 08 February and for contributing to the discussion.

5. The South Central Ambulance Service (SCAS) Chief Governance Officer informed the Committee that the Trust had an ambition to be an outstanding team, and to deliver good outcomes through innovation and partnership. The SCAS mission was that 'the right care is delivered as best as it can'. In order to achieve these ambitions, the Trust had 4 key values which are to be:

    - Caring.
    - Innovative.
    - Professional.
    - A teamworking organisation.

6. The Chief Governance Officer highlighted that in order to achieve the results that the Trust was striving toward, it had formulated six strategic objectives:

    - High quality care and patient experience.
    - Partnership and stakeholder engagement.
    - Sustainability.
    - People and Organisation.
    - Technology Transformation.
    - Being well-led.

7. The Committee were informed that SCAS had received some assistance from the NHS National Improvement Team, who had put together an improvement plan for SCAS to work to.

8. The Assistant Director for Operations explained that SCAS was in a challenging position in relation to the increase in volume of workload coming through, particularly category 1 and category 2 calls (immediately life-threatening calls). The service had to declare a critical incident on the 23 January, which occurred due to the sudden increase in category 1 and 2 calls. Over the course of two or three days, these had constituted 72 percent of calls; which was an incredibly high number. Such high levels of category 1 and 2 calls would have a knock-on effect on the system, particularly the acute Trusts, as most of those patients who were calling in would require hospital admission. This also had knock-on effects in creating ambulance service handover delays.

9. The Committee were informed that there was good work within the system to try to keep patients away from Emergency Departments. There had been an increase, on average, in 8 patients a day who were able to be referred into other areas or departments. SCAS were grateful for the good partnership working that existed within the Oxfordshire system.

10. The Committee enquired as to whether there was any progress in improving structures of governance within SCAS. The Chief Governance Officer outlined that the recent CQC inspection and report rightly highlighted that there were a number of issues that were not operating appropriately. Whilst trying to address the issues of the improvement programme, a governance team was being established. The service also received support from the governance institute, which had helped the service with its risk management solutions.

11. The Committee also queried whether there were independent members on the SCAS governance board. It was explained to the Committee that initially, the board was comprised of executive as well as non-executive directors, which felt top heavy. The service sought to make the improvement programme a 'business as usual' practice, which meant that the improvement programme board was led by the chief executive. There was representation from a national improvement director, who provided direct challenge to the chief executive. There was also membership from Hampshire and Isle of Wight Integrated Care Board (ICB).

12. The Committee enquired as to whether SCAS would look to other authorities or areas for the purposes of identifying and learning best practice. The Chief Governance Officer outlined that having previously worked in a number of public Trusts, he had brought insights of good practice alongside him when he initiated his role at SCAS. There was also regular communication with other ambulance services nationwide, where comparisons as well as identifications of best practice were made in that context. The Trust's terms of reference were also being reviewed.

13. The Committee queried as to how well resourced the internal audit function of the Trust was, and how this had fit in the broader context of the structures of

governance in general. It was responded that the Trust had experienced some delays in completing internal audit functions. The Trust had a risk insurance compliance group, which oversaw audit functions and brought executive directors into direct contact with internal auditors, where the auditors could speak directly to directors.

14. In response to a query regarding patient experience and how this was imputed into the Trust's ways of working, it was explained that patient experience did not actually formulate one of the Trust's improvement workstreams, but was swept up under the patient safety workstream. A system director was leading on this, and the Trust was implementing a number of new measures to ensure that the patient voice was heard all the way up to the executive level. There was a patient panel, and various members were recruited to this. There was also work within the Trust's communications department to ensure that there was effective communication regarding an honest picture of the services and the experience of patients from the ground upwards. An observation from the CQC found that less positive stories regarding patient experiences had not been heard at the executive level; the Trust was actively seeking to address this.

15. The Committee emphasised that one concern identified by the CQC was that the service did not consistently control infection risk very well. The Committee enquired as to the measures the Trust were taking to address this, and how confident SCAS was that equipment, vehicles and premises were kept clean and that there was consistent monitoring of this throughout the service. It was responded that the Trust were actively monitoring infection risk and control, which was also a crucial element of the CQC improvement journey. The Trust's IPC service was working closely with operational colleagues to minimise risks of infection and to ensure cleanliness. A company named Churchill had been contracted to provide a rolling rota of cleaning on the Trust's vehicles; including deep cleans. The Assistant Director of Operations confirmed that every frontline vehicle was required to be cleaned once every 24 hours as part of a standard clean and restock service. Additionally, vehicles received a deep clean every 6 weeks. There had also been an observed process of handwashing for frontline staff, and staff were being trained and educated in cleanliness and infection control.

16. The Committee referred to the importance of risk assessments, and queried how extensive and sophisticated the Trust's risk assessments were, as well as the level of frequency with which such assessments were undertaken. It was responded that the Trust carried out task based assessments in operations. The risk assessments had to legally identify all foreseeable hazards for patients. Therefore, some of the risk assessments could be relatively extensive in their nature and scope. In terms of how risk assessments were reviewed, it would be ideal to have annual reviews with some of the task-based risk assessments, although the Trust had not managed to undertake such a review in over two years. In terms of the display screen equipment work station assessments, these had to be - and had been - undertaken annually.

17. The Committee referred to page 142 of the report, which highlighted that the Information Technology supporting SCAS's operational function (including

safeguarding) remained a significant concern, challenge and reputational risk. The Committee Chair therefore enquired as to what the enablers and barriers were in relation to resolving this area of risk. It was responded that one of the significant challenges with safeguarding referrals was that there were server facilities on the premises that handled such data transmission. This had begun to fail, and in November 2023 the Trust had transitioned to a cloud-based server, which was designed to resolve many of the outages and delays to referrals experienced previously. However, since early December 2023, the Trust then suffered a number of outages not with the server, but with the actual transmission process. The Trust currently utilised a mailbox system, and had undertaken due diligence. The Committee were informed that the Trust had been actively exploring ways to improve the process around the above. There was a risk of patient harm if safeguarding referrals were delayed, but that significant enhancements in the safeguarding service had been made. The safeguarding service was operating smoothly and efficiently, and monitored the occurrence of outages to minimize harm to patients. All delayed referrals also received risk assessments. The Committee queried as to whether patients and their families who were affected by such IT challenges were clearly communicated with, and the Trust responded that any affected patients were clearly communicated with.

18. The Committee queried how effectively staff were being provided with training to equip them with the basic skills of how to deal with patients who may be mentally ill. All frontline clinicians were trained to support people experiencing a mental health crisis. Call handlers also had the ability to pass calls onto clinical staff within the control room. It was emphasised that the service would always act with immediacy in circumstances where it dealt deal with mentally ill patients. From a force negotiation perspective, the service would also engage and liaise with the Police force.

19. The Committee highlighted that the CQC inspection outcome outlined that some people were not given the necessary pain-relieving medicines. It was queried as to whether staff had been sufficiently trained in this regard, particularly given the importance of ambulance staff being able to provide pain-relieving medications promptly and appropriately. It was responded that paramedics were trained in what is known as a step-wide approach in the management of pain, and that the Service was ensuring that paramedics would be adequately trained in pain management and in the administering of pain relieving medications.

20. The Committee referred to how the report outlined the Trust's commitments to staff wellbeing, and enquired as to whether the Trust had sufficient resources to maintain or potentially enhance the support provided to staff. It was outlined to the Committee that there was a comprehensive support package for staff, and that there was a fully-staffed health and wellbeing team that supported staff; including staff who required additional interventions such as Occupational Health. Trauma risk management was also prevalently utilised to support staff members who may have had to deal with traumatic incidents. The Committee were also informed that the Trust had good access to psychological medicines,

and that there was an unfortunately high uptake of these amongst some of the Trust's staff.

21. The Committee enquired as to how the Trust was performing in the realm of staff recruitment and retention. It was responded that the Trust was widening its recruitment drive in order to attract and recruit staff from oversees. There were a cohort of SCAS personnel who would be travelling to Australia in March to help facilitate further recruitment of staff from Australia and New Zealand. It was explained to the Committee that in Australia in particular, there was a shortage of employment opportunities for ambulance service staff, and that SCAS were utilising this as an opportunity to enhance recruitment from that region.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

22. Below are some key points of observation that the Committee has in relation to SCAS's CQC improvement journey. These key points of observation relate to some of the themes of discussion during the meeting on 08 February, 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.

Ensuring effective governance: The Committee notes the updates that were provided by SCAS with regard to the developments around governance. The Committee strongly feels that good governance should and will be at the heart of the Trust's efforts to improve its services in a manner that addresses the concerns raised by the CQC. This means that governance arrangements should be structured and operated in a manner that enables clear flow of information both to and from the senior management of the Service. The CQC's 'inadequate' rating of the Trust's services being Well-Led serves as an indication that governance processes are in need of improvement. Improving governance structures and processes would help to ensure services are managed, led, and delivered effectively and efficiently. This could also help with establishing clarity over which each staff and managers responsibilities are, as well as who they are accountable toward. Good governance is vital for the following reasons:

- It can help to create clarity over roles and responsibilities.
- Effective monitoring of staff performance as well as the provision and uptake of staff training.
- Effective budgetary management.
- Transparency and accountability over decisions.
- Ensuring compliance with legal as well as company processes and policies.

- Having clear flow of information to the board and vice-versa.

The Committee also recommends that consideration is given to the inclusion of independent members, as well as avenues for input from patient experience, as a key component of the Trust's CQC improvement journey. This could help to increase the breadth and depth of experience, expertise, and insight that could be of significant benefit to the Trust's articulation of its priorities as well as how to go about designing and delivering its services in a manner that allows for a successful and insightful improvement journey.

Furthermore, the Committee lays strong emphasis on the importance of having clear monitoring, assessment and audit processes, as this could contribute to an improvement in the quality of the services that are being delivered by SCAS. Thus, consideration should be given to the incorporation of internal audit into the Trust, and such a function should benefit from having the resources that it requires.

Recommendation 1: *To ensure that the Service takes all possible timely measures to improve the effectiveness of its governance structures, particularly the flow of information to the board and consideration of the inclusion of independent members and the patient experience in the improvement journey. It is recommended that there are clear monitoring, assessment and audit processes in place to improve both the quality and safety of all services. Internal audit should be adequately resourced, and consideration might be given to bringing it into the organisation.*

Monitoring adherence to Health and Safety: The Committee understands that one concern identified by the CQC was that the service did not consistently control infection risk very well, and that equipment and control measures were not always used to protect patients, staff and others from infection. The Committee also understands that a company has been contracted to provide a rolling rota of cleaning to SCAS vehicles. It is pivotal that clear processes are in place for the purposes of monitoring adherence to health and safety. The effective implementation of health and safety policies is a twofold process:

- There is a need for clear articulation of health and safety policies and procedures that conform to the relevant health and safety legislation. In addition, the Trust should, where appropriate, formulate its own Trust-specific policies around health and safety.

- The Trust should develop mechanisms through which adherence to health and safety policies are routinely monitored.

Patient wellbeing and safety should be at the heart of how any ambulance service operates, and staff should be sufficiently trained in the health and safety aspects of their work; the implications on patients can be significant in the event of lack of adherence to these. It is vital that there is a clear process through which any uptake of such training is

monitored, and that the training is routine as opposed to being provided on a one-off basis. There is also a point about the Trust being able to clearly identify which staff members had not been adhering to health and safety policies, and for such staff to receive the appropriate training as a refresh of their comprehension of the Trust's health and safety policies.

Additionally, it is equally important that risk assessments are routinely made, and that all risk assessments can effectively identify any potential or foreseeable hazards for patients. The Committee recommends that there are annual reviews with some of the task-based risk assessments.

Recommendation 2: *For clear mechanisms to be established for the purposes of effectively monitoring adherence to health and safety policies.*

Demand and Workforce: The Committee acknowledges that challenges around workforce recruitment as well as retention are felt nationwide, and that such challenges are not unique to SCAS. The Committee is pleased to see that the Trust is widening its recruitment drive in order to attract and recruit staff from oversees. This would play a significant role in contributing to any lack of staffing for the organisation. However, the Committee urges that two factors are taken into account in the event of recruiting from abroad:

1. That those being recruited receive adequate levels of training so as to enable them to fulfil their job roles to the maximum standard and that conforms to local regulations.

2. That such staff receive good relocation packages as well as adequate support upon their arrival so as to further bolster the retention of oversees staff.

The Committee is pleased to hear that the levels of staffing requirements are reviewed by SCAS. However, the Committee would like to emphasise that given the increased demand for SCAS services, it is crucial that the levels of staffing correlate with the increased demand. This could only feasibly be achieved if staffing requirements are reviewed on as frequent a basis as possible.

Furthermore, the retention of staff will also rest on the support that the Trust can provide to enhance the wellbeing of its staff. A crucial part of this would involve work around improving the culture within the SCAS workforce in a manner that addresses the CQC's workforce culture concerns. Staff should feel confident that they work in a supportive and encouraging environment where they are not subjected to any form of bullying or mistreatment. Additionally, the Committee is glad to see the commitments to supporting the mental health of staff, and recommends that such support is expanded as much as possible so as to help address any mental health challenges experienced by the Trust's staff, who are understandably exposed to what could potentially constitute mentally traumatic experiences and circumstances.

Recommendation 3: *To ensure that demand and staffing requirements are frequently reviewed so as to secure adequate levels of workforce, and for there to be further resourcing of employees to support staff wellbeing.*

Provision of pain-relieving medications: The committee understands that a key concern raised by the CQC was around ambulance staff not always providing patients with the necessary pain relieving medications. It is vital that ambulance staff are explicitly aware that the kind of patients that ambulance crews would have to deal with are often those who may have had significant injuries or who may be in high levels of pain; hence their need for ambulance services in the first instance. Therefore, ambulance staff need to receive clear training and guidance on how to provide patients with the necessary pain relieving medicines. Indeed, this is not just a matter of training staff to be aware that some patients may require pain relief, but also explicit guidance and information on the types of pain relieving medications that need to be provided to different patients and in which specific contexts.

Furthermore, it is also the case that each patient may have different levels of pain tolerance, and may require different amounts and types of pain relieving medications. Hence, staff need to also be aware of how to assess the circumstances and patients they are faced with and make suggestions (or provide pain relieving medications) to patients accordingly.

In essence, ensuring that patients receive appropriate pain-relieving medications can contribute to improving the overall patient experience. It can also prove as an act of reassurance in a manner that patients could feel confident in the care that they will receive at the hand of paramedics when they are in a moment of vulnerability.

Recommendation 4: *To ensure that all ambulance staff are trained in and aware of how to promptly and appropriately provide patients with pain-relieving medication.*

Dealing with Mentally Ill Patients: The Committee is satisfied to see that all frontline clinicians are trained by SCAS to support people experiencing a mental health crisis. It is vital that given the increasing rise in mental ill health, particularly since the Covid-19 pandemic, that ambulance services are equipped with the skills to be able to deal not only with physically ill patients, but also with those that may be suffering a mental health crisis or simply poor mental health more generally. That all staff should be trained in being able to deal with mentally ill patients is pivotal for three reasons:

1. It is becoming increasingly commonplace for ambulance services to have to deal with patients who may be experiencing a mental health crisis for a variety of reasons.

2. It could also be the case that physically-ill patients, including those with injuries or those who have long-term conditions, may also be suffering from poor mental health as a result of their physical condition.

3. Ambulance staff could be dealing with vulnerable and elderly patients, who may suffer from poor mental health as a result of loneliness or a variety of other reasons.

Therefore, the Committee believes that all staff who are in direct contact with patients, be they call handling or ambulance crew staff, should have continuous training on how to interact with mentally ill patients. It is also the case that call handling staff, for instance, may receive calls from somebody in a suicidal circumstance. Whilst the Committee understands that call handlers also have the ability to pass calls onto clinical staff within the control room, it is crucial that call handling staff who are not clinicians also have some basic level of training in how to interact and communicate with mentally ill patients. This could prove useful in the event of a shortage of clinical staff on site or in the event of having to act with immediacy in very troubling circumstances.

Furthermore, all ambulance staff would significantly benefit from some basic level training and understanding of the role of the police, as well as where the ambulance service sits vis-à-vis the police force with regard to dealing with mentally ill patients. Effective liaison with the police force would be critical in circumstances where mentally ill patients are involved in conduct that may be a risk to themselves or others.

Recommendation 5: *To ensure that all call handling as well as ambulance staff are sufficiently trained and equipped with the necessary skills on how to deal with mentally ill patients.*

Addressing IT challenges: The Committee understands that the Information Technology which supports SCAS's operational functions (including safeguarding) remained a significant concern, challenge and also posed a reputational risk. It is of vital importance that the servers utilised for safeguarding referrals are secure, and that every effort should be invested to avert failures with the servers. Indeed, there is a serious risk of patient harm if safeguarding referrals are delayed as a result of any IT issues. Therefore, any delays to safeguarding referrals as a result of IT outages or challenges should be risk assessed, and any patients or families who have been affected should be clearly communicated with.

The Committee understands that a mailbox system is currently being utilised. However, more sustainable solutions for the IT challenges should be sought by the Trust. It is therefore recommended that SCAS observes and conducts learning from how other Trusts nationwide have addressed IT outages, as well to identify any exemplars of how Trusts have developed a long-term and sustainable solution to IT outages if this nature.

Recommendation 6: *That the Service continues to address the challenges around the IT outage with urgency.*

Legal Implications

23. 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.

24. 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'.

25. 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.

Annex 1 – Scrutiny Response Pro Forma

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