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South Central
Ambulance Service
NHS Foundation Trust

SCAS Improvement Programme update

01 November 2022





Update from the Board



**Will
Hancock**
Chief
Executive



**Professor
Sir Keith
Willett**
Chair

In this month's update we want to highlight the range of actions SCAS has taken to address the eleven "must do" recommendations from the CQC's August 2022 report. These were the most important areas for us to make rapid progress on.

We're pleased to say there has been good progress, thanks to the huge amount of work by teams across the trust in the last few months.

A host of policies and processes have been reviewed and updated, with a mix of building on what we have and adopting new approaches from local partners and across the country.

Audits of our vehicles, sites and equipment have been carried out. Member of the Board and colleagues across all functions have also been through training to refresh their knowledge and learn new skills; from safeguarding to supporting colleagues.

Obviously, all our improvements need to be sustainable for the long-term, so there is lots more still to do. Our response to the CQC report is being aligned with existing plans to improve our

performance, quality, governance and culture; to make sure we embed and continue to monitor the improvements we're making. Our objective is to improve patient safety and experience alongside improving staff wellbeing.

The winter months ahead of us will be challenging; both for everyone in SCAS and across all our health and care partners.

The immediate focus must be providing the best possible care to patients; but we are confident we will also continue to see progress with our longer-term improvement plans.

Thank you to all our partners who continue to support SCAS with the improvement programme and helping provide all our patients with the best care possible. If you would like further information, please do contact us through scas.communications@scas.nhs.uk.



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Summary of initial actions completed

To address must and should do requirements from the CQC's August 2022 report

- **Policy improvements:**
 - Including; incident reporting, safeguarding (x7 patient and staff facing), Mental Capacity Act, Duty of Candour, controlled drugs, raising concerns
- **Process improvements:**
 - Incident reporting and investigation
 - Risk management
 - Leadership engagement and communications
- **Site, vehicle and equipment audits:**
 - Controlled drugs and drug safes audit completed
 - Infestations / infection prevention inspections completed at all main stations (23 sites)
- **Governance improvements:**
 - External governance review by NHS England completed
 - Safeguarding committee re-established
 - IPC committee re-established
- **Increased permanent resources for:**
 - Safeguarding, freedom to speak up, infection prevention and control, patient safety

Where are we now?

Ongoing activity and sustainable delivery

Several important actions are underway and due to complete in the weeks/months ahead:

- Full medical devices audit across sites and vehicles (9,000+ pieces of equipment checked to date).
- Delivery of secondary Automated External Defibrillators (AEDs) for all operational frontline emergency ambulance vehicles.
- Integrated performance reporting review and improvements.

We are developing our medium to long term improvement plan to address areas which need to be embedded and monitored for sustainable change.

This will incorporate work across areas including (but not limited to):

- Corporate governance strategic plan
- Leadership development programme
- Safeguarding strategy
- Rota/capacity review across 999 crews and contact centres
- Risk management framework
- People voice programme (triangulation and review of issues raised by staff through different channels)
- Internal communications and engagement improvement plan



Must Do Requirements

| Must do | Actions taken | Next steps |
|---|--|--|
| <p>Ensure all staff complete safeguarding training at the role appropriate level and any additional role specific training in line with the trust target.</p> | <p>Level 3 training programme capacity extended. Weekly sessions running, with 469 trained between March and October 2022. Reviewed all roles against level 3 safeguarding requirements.</p> | <p>Continued delivery of extra level 3 training capacity to allow all relevant staff to complete training by 1 June 2023 (incl. staff in non-patient facing roles).</p> <p>Bi-monthly reporting of safeguarding training performance to the Safeguarding Committee, with further scrutiny by Quality and Safety Committee.</p> <p>Regular reminders and awareness raising through internal communications and team briefings to maintain levels of training compliance.</p> |
| <p>Ensure that systems and processes for managing safeguarding within the trust are adequately resourced, effective and monitored by the board.</p> | <p>A rapid review of safeguarding within the Trust was commissioned and reported in July 2022. The 21 recommendations have been adopted in full.</p> <p>Safeguarding team capacity increased by 8.0 whole time equivalents and permanent recruitment underway. Interim cover in place.</p> <p>Reviewed, updated and consulted on 7 policies related to safeguarding.</p> <p>New leadership role of Associate Director of Safeguarding, Mental Health, Learning Disability and Complex Care developed and appointed to. In post under honorary agreement, permanent from 7 November 2022.</p> | <p>Finalise policies in November 2022 and deliver communications plan to launch and embed.</p> <p>Quarterly assurance reporting and full Safeguarding Annual Report will include all relevant aspects of safeguarding systems, processes and resourcing. Executive lead and Non-Executive Director Safeguarding Champion will monitor effectiveness with final oversight provided by the SCAS Board.</p> <p>A future peer review of SCAS safeguarding provision will be commissioned in 2023 to further review progress and identify if further improvements are needed.</p> |
| <p>Provide a separate Mental Capacity Act (2005) Policy and ensure that staff understand the principles and application of the Mental Capacity Act (2005).</p> | <p>Mental Capacity Act policy finalised, awaiting final approval before distribution (incl. Equality Impact Assessment).</p> <p>Mental capacity training aligned with safeguarding training strategy, and includes Mental Capacity Act content into safeguarding training across levels 1,2 and 3.</p> <p>Introduced specific mental health capacity assessment training for all patient facing roles through statutory and mandatory eLearning.</p> | <p>Develop and deliver dedicated Mental Health Training and Learning Disabilities strategies.</p> <p>Recruit to new post for Learning Disability Lead.</p> <p>Monitor compliance with training, reported though Safeguarding Committee</p> <p>Finalise policy in November 2022 and deliver communications plan to launch and embed.</p> |



Must Do Requirements

| Must do | Actions taken | Next steps |
|--|---|--|
| <p>Ensure the Trust 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.</p> <p>Ensure that it listens and responds to staff who raise concerns in line with their own policy and the Public Interest Disclosure Act (1998).</p> | <p>Recruited additional permanent roles to Freedom to Speak Up team; deputy guardian starting 7 November.</p> <p>Reviewed and updated all HR policies around raising concerns.</p> <p>People and Culture Committee established to strengthen oversight and assurance of addressing staff concerns, and lead on monitoring concerns raised and progress of actions taken.</p> <p>Speaking up, equality and sexual safety issues raised through roadshows linked to national Speak up month (October).</p> <p>Increased frequency of SCAS Leaders meetings and changed format from webinar to normal meeting; improving engagement and ability of leaders to highlight issue with executive team.</p> <p>Introduced monthly team brief with feedback process for team leads/managers to highlight issues.</p> <p>Increased frequency of leadership visits with new feedback process to capture issues.</p> <p>Bullying, harassment and sexual safety:</p> <ul style="list-style-type: none"> • Civility training made mandatory requirement for all senior leaders; all completed training by 9 Nov (except one due to illness). • Internal co-design of sexual safety strategy underway. • Women's staff network established | <p>Develop People Voice programme – establishing an integrated process to collate and analyse staff feedback from all sources, including formal FTSU cases and wider sources. Strengthening system of monitoring and reporting on staff concerns.</p> <p>Develop process for protected time for appraisal and mandatory training.</p> <p>Develop and recruit to FTSU champions role.</p> <p>Internal communications and engagement improvement plan will support addressing listening and responding to staff concerns; aligned to the should do action to improve relationships and communications between staff and leaders.</p> <p>Bullying, harassment, sexual safety:</p> <p>Finalise and roll out sexual safety strategy and awareness campaign.</p> <p>Rolling out Just and Learning Culture programme to all of SCAS Leadership group.</p> <p>Roll out Kindness Into Action programme commissioned via BOB ICS.</p> <p>Review and implement job description improvements on expectations for compassionate leadership</p> |



Must Do Requirements

| Must do | Actions taken | Next steps |
|---|--|--|
| <p>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.</p> <p>Ensure that where trends in adverse incidents are known that these are fully investigated, and action is taken to reduce future risks.</p> | <p>Full review of approach to incident identification, reporting and investigating completed with new process implemented.</p> <p>New incident review panel established with ICS partners included in panel meetings.</p> <p>Increased resources for patient safety team. 2x patient safety managers and 1x admin support role.</p> <p>Retrospective review of all serious incidents completed with system partners, including Duty of Candour reporting.</p> <p>Serious incidents policy reviewed, updated and consulted on.</p> <p>Updated incident reporting system (Datix) to improve reporting templates and update terminology (removing legacy words/phrases)</p> <p>Patient safety awareness campaign run during October 2022, establishing new communications channels dedicated to patient safety information.</p> <p>Permanent recruitment to Director of Nursing, Quality and Governance (Deputy Chief Nurse) underway, with interim cover in place.</p> | <p>Regular monitoring of incident reporting and investigation outcomes/trends through improved governance processes.</p> <p>Finalise serious incident and incident reporting policies and deliver communications plan to launch and embed.</p> <p>Regular incident reporting reminders and awareness raising through internal communications and team briefings to build positive culture on incident reporting.</p> |



Must Do Requirements

| Must do | Actions taken | Next steps |
|---|---|---|
| The board must be sighted on accurate information about serious incidents occurring at the trust to enable strategic oversight and planning. | <p>Full review of patient safety information submitted to Board and Quality and Safety Committee.</p> <p>Best practice review from system partners completed.</p> <p>Serious incidents report added as standing item on Quality and Safety Committee agenda (covering numbers, themes and learning).</p> <p>Quality and Safety Committee report to Board updated to include serious incidents reported lessons learned.</p> <p>Reviewed and updated all patient safety risks captured on the corporate risk register and Board Assurance Framework.</p> | Embed and monitor effectiveness of new Board/Committee reporting processes for serious incidents. |



Must Do Requirements

| Must do | Actions taken | Next steps |
|--|---|---|
| <p>Ensure the governance and risks processes are fit for purpose and ensure ongoing assessment, monitoring and improve the quality and safety of the services provided.</p> | <p>Independent Governance review carried out by NHS England and recommendations incorporated into draft corporate governance strategic plan including management/escalation/feedback/Board and committees governance and operation.</p> <p>Board Assurance Framework (BAF) and Corporate Risk Register reviewed and updated. Reviewed process for escalating risks from local registered onto BAF.</p> <p>Audit of function-based risk registers to identify gaps and ensure local teams are maintaining registers and escalating risks appropriately.</p> <p>Benchmarking/best practice review of risk management process.</p> <p>NHS England led Board session improving integrated performance reporting.</p> <p>ICS partners invited to join improvement programme delivery groups.</p> | <p>Finalise and approve Corporate Governance Strategic Plan in November 2022.</p> <p>Define and implement further improvements to executive committee structure.</p> <p>Design and commission additional governance training programme for Board and Governors.</p> <p>Update risk management policy and framework with communications plan to launch and embed.</p> <p>Validate all local risk registers by Jan 2023, then ongoing monitoring of local risk registers and escalation onto BAF.</p> <p>Options appraisal/implementation of new risk management system, by March 2023.</p> <p>Update Integrated Performance Report to Board with new data sources and reporting mechanisms, by March 2023.</p> |



Must Do Requirements

| Must do | Actions taken | Next steps |
|--|--|--|
| Ensure that it meets the statutory requirements of the duty of candour . | <p>Duty of Candour policy reviewed, updated and circulated.</p> <p>Reviewed examples of partners' Duty of Candour letters and updates made to SCAS template letter.</p> <p>Duty of Candour requirement added to revised incident investigation template.</p> <p>Sample audit of Duty of Candour compliance conducted in Oct 2022; reviewed 167 records/incidents.</p> | <p>Monthly review/update of Duty of Candour as an enduring process; reporting findings to Patient Safety Group and Quality & Safety Committee.</p> <p>Regular reminders and awareness raising through internal communications and team briefings to maintain levels of compliance.</p> |
| Ensure medicines are managed in accordance with the national guidance and that only authorised persons have access to controlled drugs. | <p>Controlled drugs policy reviewed, updated and recirculated; clarifying wording on appropriate access to control drugs.</p> <p>Controlled drugs safe audit and stock checks completed. Audit confirmed a small number of safes with faults, all of which had been reported. Replacement safes installed where needed.</p> <p>Guidance recirculated on importance of not sharing access cards and that staff with authority to access morphine must not ask others to collect doses on their behalf.</p> <p>Information shared to confirm correct way to report any drug safe faults to ensure rapid fix.</p> | <p>Maintain regular auditing of controlled drugs safe access to monitor compliance.</p> <p>Regular reminders and awareness raising through internal communications and team briefings to maintain levels of compliance.</p> |



Performance recovery



We continue to prioritise actions to improve overall performance for call handling and response times.



This was noted as a should do action in the CQC report and has been an active programme prior to the CQC inspection.



Pressure on 999,111 and Patient Transport Services remain high; as does pressure on other parts of the health and care system.



As we move into winter, pressure is likely to increase.

Improvement actions completed in Sept / Oct 2022

- 30-minute immediate handover has been introduced to acute trusts within the SCAS footprint
- Reviewed and implemented new model for RRV resourcing in relation to utilisation
- Intelligent conveyance proposal shared with HIOW ICB
- Completed Optima review of hospital handover delays
- Commenced recruitment to contact centre 'twilight' shifts to provide additional resource in periods of high demand
- Additional welfare support to provide staff psychological support
- Updated the training & mentorship model to ensure sufficient levels of competence and training for new starters.
- Extended existing Recruitment and Retention Premium (RRP) payments
- Additional 20 whole time equivalents to emergency operations centre through Isle of Wight partnership

External support and oversight

Recovery Support Programme

We have officially moved into segment 4 of the national oversight framework; with additional resources being provided through the NHS England Recovery Support Programme.

Kate Hall has been confirmed as our Improvement Director from NHS England and is carrying out diagnostic as part of her early focus.

Building on our immediate action plans, Kate will work with SCAS to develop a programme of work – to include immediate changes and medium/long-term changes likely to span a number of years. To be developed before Christmas.

Included in the improvement programme will be a target exit date to move from System Oversight Framework level 4 (SOF4) to SOF3. However the improvement programme will continue as the Trust moves into SOF3.

An initial workshop to discuss “exit criteria” was held on 24 October – the exit criteria will define the outcomes the Trust needs to achieve to move to SOF3.

Oversight and assurance

Oversight leadership will be through Hampshire and Isle of Wight Integrated Care Board (ICB) in partnership with NHS England (who retain accountability for the RSP process).

Tri-partite meetings

- Monthly meetings established with NHS England, Integrated Care Systems and SCAS; with fortnightly sub-groups.

CQC review meetings

- Session on 7 November to review progress.

Internal oversight / programme governance

- Improvement Director joined oversight board and workstream delivery groups.
- ICB representatives joined internal workstream delivery groups.

Latest performance

September 2022 performance

Patient care remains our priority, and all teams continue to work extremely hard to provide the best possible care for our patients.

For Category 1 calls SCAS' mean performance is 22 seconds below the national average.

For category 2, SCAS' mean performance was 10mins better than the national average

For category 3-4 calls SCAS was marginally better than the national averages.

| | SCAS | | | England | |
|-----------------------------|----------------|--|--------------------------|--------------|--------------------------|
| Times show hrs:mins:secs | % of all calls | Mean average | 90 th centile | Mean average | 90 th centile |
| Category 1 | 5% | 9:42 | 17:16 | 9:19 | 16:38 |
| Category 2 | 55% | 37:35 | 1:18:17 | 47:59 | 1:45:45 |
| Category 3 | 23% | 2:39:06 | 6:18:04 | 2:42:28 | 6:51:31 |
| Category 4 | 2% | 3:03:15 | 7:30:11 | 3:12:34 | 7:48:12 |
| Category 5 | 15% | Hear and treat calls, no crews sent to scene | | | |

Mean average and 90th centile figures explained:

9 out of 10 category 1 patients were reached within 17mins 16seconds, with the average wait across all Category 1 calls being 9mins 42seconds



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Further updates

We will be publishing monthly updates on our public website as well as circulating these slides to stakeholders. For the latest update please visit:

www.scas.nhs.uk/CQC

