Public Document Pack

Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 22 September 2022

ADDENDA

3. Minutes (Pages 1 - 8)

To approve the minutes of the meeting held on 14 July 2022 and to receive information arising from them.

7. Healthwatch Update (Pages 9 - 14)

Presentation to be given at the meeting attached.

8. South Central Ambulance Service (Pages 15 - 28)

Presentation to be given at the meeting attached.

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OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 14 July 2022 commencing at 3.00 pm and finishing at 5.15 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair District Councillor Paul Barrow (Deputy Chair) Councillor Imade Edosomwan Councillor Nick Leverton City Councillor Jabu Nala-Hartley District Councillor David Turner Councillor Brad Baines (In place of Councillor Damian Haywood) Councillor Roz Smith (In place of Councillor Dr Nathan Ley)
Voting Members attending virtually	Councillor Alison Rooke (In place of Councillor Freddie van Mierlo)
Co-opted Members:	Jean Bradlow, Dr Alan Cohen and Barbara Shaw (all virtually)
Officers:	
Whole of meeting	Ansaf Azhar, Corporate Director of Public Health; Helen Mitchell, Scrutiny Officer; Colm Ó Caomhánaigh, Committee Officer

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 and agreed as set out below. Copies of the agenda, reports and additional documents are attached to the signed Minutes.

1/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received from District Councillor Elizabeth Poskitt, County Councillors Damian Haywood (substituted by Councillor Brad Baines), Nathan Ley (substituted by Councillor Roz Smith) and Freddie van Mierlo (substituted by Councillor Alison Rooke attending remotely).

Councillor Nigel Champken-Woods attended remotely as did the Co-opted Members Dr Alan Cohen, Jean Bradlow and Barbara Shaw.

2/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 2)

The following non-pecuniary interests were declared:

Dr Alan Cohen as a Trustee of Oxfordshire Mind.

Cllr Jane Hanna as CEO of SUDEP Action.

3/22 MINUTES

(Agenda No. 3)

The meeting considered the second draft of the minutes of the meeting held on 9 June 2022 which were circulated in Addenda 2.

Two further amendments were approved:

On Item 30/22 Oxford Health NHS FT Quality Account, on the fourth bullet point

Replace
"The Trust has been successful in staff recruitment"

With
"The Trust has had some success in staff recruitment"

On Item 34/22 Healthwatch Report, replace the final bullet point with:

"The Committee thanked Healthwatch for facilitating a workshop where women from minority ethnic groups could feedback on their experiences of using maternity services in Oxfordshire."

The minutes as amended were approved as an accurate record.

4/22 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

The following requests to speak were received:

Item 5 Oxfordshire Integrated Improvement Programme
Julie Mabberley
Councillor Jenny Hannaby

5/22 OXFORDSHIRE INTEGRATED IMPROVEMENT PROGRAMME

(Agenda No. 5)

The Committee received a report and presentation on the Integrated Improvement Plan from Helen Shute, Programme Director, Oxfordshire Community Services, Dr Ben Riley, Executive Managing Director, Oxford Health FT and Lily O'Connor, Oxfordshire Director for Urgent Care.

Before discussing the papers, the Chair had agreed to the following requests to speak:

Julie Mabberley welcomed the report but wished to see timescales for the underlying projects and the objectives and outcomes of each project clearly presented. She asked a series of clarifications on the report. Wantage Community Hospital had been temporarily closed for minor injuries for 20 years, temporarily closed to in-patients for 6 years, maternity services had not been providing birthing services for 32 weeks and physiotherapy services had closed again without any consultation. The local community felt that their hospital was being closed by stealth.

Councillor Jenny Hannaby, Wantage & Grove, noted that demographic information was very important in planning health and care services. She asked if the census data by age range and postcode for 2011 and 2021 could be provided as well as growth forecasts to the end of the local plan period in 2031.

Members were reminded that the Integrated Improvement Programme aimed to provide an interconnected system of care; and in order to provide reliable, high quality care, services must function effectively together in a reliable joined up way. The programme was made up of separate initiatives, which together formed the patient journey and experience.

Resulting from the Committee's questions and comments the following points were noted:

- A data insight tool for the programme was being created in order to analyse and make use of data on population health, transport links and food deserts.
- Each individual part of the wider Integrated Improvement Programme had a known attached cost, which was funded by rolled-over, previous funds or additional national or regional funding which had been bid for. In cases, where funding wasn't in place now, it was anticipated that it would be received in September.
- The Project Management Office function had been costed, and a finalised bid was waiting to be considered by the Integrated Care Board.
- Whilst some of the services under the programme would be provided by the private sector, namely physio, homecare and services provided by the GP Federations; the majority of the services offered under the programme would be offered directly in-house. It was also noted that there was no funding for the programme from the private or voluntary sectors.
- There were potential concerns in respect of access to services by vulnerable people, as well as those without English as their first language. It was noted that there were well established systems of feedback, which fed into quality improvement processes and pilot schemes. The next part of the programme was a large-scale public consultation.
- The findings of the OX12 Task Group should be paid particular attention in respect of the development of the Integrated Improvement Programme. This included the implementation of a clear project plan, including a timeline, workforce and cost requirements, and a full evaluation process. This also included use of a population/beds evidence-based strategy and strong use of population data.

- The programme was a huge, ambitious project, which required a fully formed governance structure and a board which oversaw the project. This was in addition to significant buy-in from senior partners from the participating organisations.
- There were some services which were harder to pilot in a community setting because of the upfront costs such as a minor injuries unit.
- Assurances were sought as to the status of Thame and Chinnor in the programme given the backdrop of their residents accessing Buckinghamshire Healthcare NHS Trust services.

The Committee reaffirmed its desire for clarity as to the programme's governance structure and assurance that senior partners from participating organisations were committed to the programme. The Committee also sought clarity on the previous statements, undertakings and timings, given that the Community Services Strategy had now been rolled into the wider Integrated Improvement programme; and it was affirmed that there should be regard to the new statutory guidance: Working in Partnership with People and Communities.

It was RESOLVED that:

a) A member-Working Group is formed in order to
- **consolidate any outstanding questions relating to the programme and seek responses;**
- **follow developments of the programme, including the Wantage Pilots; and**
- **report back to the Health Overview and Scrutiny Committee;**

b) The funding to consider the Project Management Office function is submitted, considered, approved and released at the earliest possible opportunity; and

c) The Committee is provided with the detail of the governance structure.

6/22 ICB RESPONSE TO OJHOSC LETTER ON CONSULTATION AND ENGAGEMENT

(Agenda No. 6)

Catherine Mountford, Director of Governance, presented the Integrated Care Board's response to the Committee's recommendation made on Consultation and Engagement, which was published as a supplement to the agenda pack.

The Committee was informed that if the Committee wished to make any further representations on the draft engagement strategy, it should do so by the first two weeks of September. An offer of engagement with a sub-group of the Committee in respect of the proposed strategy was also noted.

In addition, it was acknowledged that it would be helpful in future for the Committee to be informed of any upcoming publication of national guidance in the background of the reforms.

RESOLVED that the ICB's response be noted.

7/22 ICB DEVELOPMENT

(Agenda No. 7)

The Committee received an update on

- the Integrated Care System development following 2022 Health & Care Act receiving Royal Assent in April
- the System delivery plan
- the Preparatory phase – pre-establishment for Integrated Care Partnership strategy development

From the ICB, Catherine Mountford, Director of Governance, and Amanda Lyons, Interim Director of Strategy and Partnerships, highlighted points in the presentation. Slide 5 described the elements created by the Act. Most of the focus so far had been on establishing the ICB to replace the Clinical Commissioning Groups. Work was now extending more to the broader Integrated Care System and discussions had taken place on forming the ICP and Place Based Partnerships.

The following points were made in response to questions:

- Collaboration was being encouraged where appropriate. There will be a joint strategy with agreed outcomes but then discussions as to how best to deliver. There may be different needs or priorities in different areas.
- Eliminating health inequalities will be a major focus. They will work with Directors of Public Health and Patient Care Networks to identify needs and discuss how to focus resources where most needed.
- Oxfordshire had already done work on researching the most deprived areas. It was also known that certain people had worse health outcomes, for example, those with learning disabilities, and particular efforts would be made to engage with those groups including through the voluntary and community sector.
- The starting point for this year was that each provider had the same funding as last year. Guidance will be received by the end of the calendar year when the strategy will also be in place. The funding allocations for 2023/24 will then be decided in detail as well as more generally for a five year period.
- Specialist services will remain the responsibility of the NHS nationally but some may be delegated to ICSs from 1 April 2023. However, the South East Region had decided, give the complexity of these commissioning arrangements, that none will be delegated before 1 April 2024 – apart from possibly some pilots.
- Workforce issues were being examined across the system including health and social care partners as well as the voluntary and community sector.
- A document on the establishment of the Place Based Partnership was in development and could be shared at the Committee's meeting in September.
- It was agreed that the term 'hard to reach' communities should be avoided but there was a need to find more effective ways of engaging with certain communities – whether geographic or service-related – and there was a lot to be learned from local authorities who have experience at this.
- The ICB was already looking at principles for prioritisation of resources. It was agreed that there was a need to improve engagement and transparency on these decisions.

- Local authorities and Directors of Public Health were fully involved in the discussions on the strategy representing the views from Place.
- It was proposed that the Place Based Partnerships will initially be committees of the ICB to allow for delegation to them while NHS guidance was awaited.

Action: Amanda Lyons to provide further information on MSK services.

8/22 ICB - OXFORDSHIRE PLACE DEVELOPMENTS

(Agenda No. 8)

This report was a continuation of the reports which had been received from Oxfordshire Clinical Commissioning Group. Given that it was a short report and MSK was to be discussed in a later item, the Chair proposed to take it as read and this was agreed.

9/22 HEALTHWATCH OXFORDSHIRE ANNUAL IMPACT REPORT 2021/22

(Agenda No. 9)

The Committee was asked to consider and note the Annual Impact Report from Healthwatch Oxfordshire for 2021-22. Given the limited time available at this extra meeting, the Chair asked Members to send any questions or comments to Healthwatch after the meeting.

Rosalind Pearce, Executive Director, introduced the report. She was very proud of the team and what it had achieved over the year but it could not have done so without the input from the community. The key elements were the outcomes which were outlined at the back of the report.

10/22 MUSCULAR SKELETAL SERVICES UPDATE

(Agenda No. 10)

Helen Mitchell, Scrutiny Officer, gave a report on two meetings of the MSK Subgroup comprising Councillor Nigel Champken-Woods, Barbara Shaw and Dr Alan Cohen. The group wanted to thank officers of the Integrated Care Board for the information they provided on the recommissioning of this service.

Discussions have included communications and engagement around the new service as well as the model itself. The ICB completed a Substantial Change Toolkit retrospectively to demonstrate why they believed that it was not a substantial change.

The subgroup agreed to make three recommendations to the Committee:

- **That a group of three voting Members of the Committee, plus the Co-optees who have been involved, review the completed toolkit.**
- **That an offer from the new provider, Connect Health, to meet informally be accepted - to be held when the Key Performance Indicators have been finalised.**
- **That Connect Health be invited to the first available meeting of the Committee in 2023 to review how the service is progressing.**

The recommendations were agreed and Councillor Jane Hanna and Councillor Nick Leverton agreed to join Councillor Champken-Woods on the subgroup.

11/22 WORK PROGRAMME

(Agenda No. 11)

The Committee considered its work programme for the remainder of the Council Year. Helen Mitchell, Scrutiny Officer, noted that the main changes were to bring the item on Primary Care forward being swapped with Dentistry and also the addition of an item on the Smoke Free Strategy.

Councillor Brad Baines noted that Healthy Place Shaping was on the deferred list and asked if there was a possibility of it being taken at one of the meetings in this Council Year as it was an issue that crossed over with other scrutiny committees. The Chair responded that the work programme was an evolving document – the September list of items was set but beyond that there was possibility of change.

The Committee agreed the Work Programme.

12/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 12)

Helen Mitchell, Scrutiny Officer, reminded Members to respond to the offer and suggested dates from Karen Fuller, Interim Corporate Director for Adult Services, to arrange visits to care homes if they were interested in taking up the offer.

The Chair proposed forming a subgroup to collate publicly available data on waiting times for services which could be analysed by the Health Scrutiny Officer. The group would also be available to meet with the Director of Public Health if urgent discussed was required.

The Committee agreed to the formation of the subgroup with Councillor Jane Hanna, Barbara Shaw and Jean Bradlow.

The Chair also proposed and it was agreed that Councillor Tim Bearder, Cabinet Member for Adult Social Care, be invited to present Cabinet's response to the recommendation from this Committee that there be a local review of the Covid response.

Barbara Shaw noted that since that recommendation was made the Central Government review had been formally initiated and the terms of reference included looking at the work of local authorities and discharges to care homes.

13/22 CHAIR'S REPORT

(Agenda No. 13)

The Chair highlighted a number of points:

- It had been confirmed that physiotherapy services will be provided at Wantage Community Hospital.

- The Committee will seek clarification whether GP surgeries in Didcot and elsewhere have closed to new patients. This will form part of the discussion at the Primary Care workshop.

The Chair thanked Helen Mitchell for her support as Interim Scrutiny Officer noting that the permanent appointment of a Health Scrutiny Officer had taken place.

..... in the Chair

Date of signing .....

Rural Isolation in Oxfordshire Survey Report

Emily Lewis-Edwards, co-CEO

Community First Oxfordshire

Supported by:

healthwatch Oxfordshire

About Community First Oxfordshire

Our mission:

‘Supporting communities to find solutions to their planning, housing, social action, and service needs. Promoting positive change for all’

We aim to:

- Help communities to identify issues that affect them and to find their own solutions
- Increase participation in community activities and local democratic processes
- Achieve improved provision of local services and facilities
- Promote means of accessing services which cannot be provided locally
- Empower everyone in communities on an equal and inclusive basis
- Influence policies and programmes at national, regional and local level to take account of the specific needs and views of people in rural and urban communities

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Methods and Reach of Engagement

- Timeline – November 2021 to March 2022
- Define/distinguish rural isolation
- Design survey
- Promote online survey (4 weeks to respond)
- Focus groups and interviews (Jan to Feb 2022)
- Complete first draft report (early March)

- Known limitations – time, reach and complexity of subject

What we found, what people said….

528 people took part - 488 people replied to the online survey and a further 40 individuals took part in the focus groups and interviews.

The key points made were:

- Most people knew their neighbours well and most people had face to face contact daily or several times a week.
- Most people had access to the internet and used the internet to access friends/family, online banking and shopping.
- Most people had access to their own vehicles.
- 176 people said they felt lonely sometimes or often.
- Despite high car ownership, 63 people said the lack of bus services/transport affected their sense of isolation – this view was also felt in all the focus groups and interviews.
- Community activities and spaces (formal and informal) were important to people of all ages.

Isolation is complex – there is no one solution that would fit all

Rural Isolation in Oxfordshire: Learnings

What did we learn from the engagement project?

The nature of rural isolation is a broad and complex, however based on what we heard we offered four learnings:

1. Always take a **multifaceted approach** when strategizing and/or working in rural areas.
2. **Public transport and transport planning** should involve the communities that use them.
3. **Support community solutions** – the breadth of activities in the community is important to most people.
4. **Information and services** – make sure we offer information on services in multiple ways.

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Questions

Thank you for your time.

info@communityfirstoxon.org

South Central Ambulance Service
NHS Foundation Trust

Care Quality Commission August 2022 report

Oxfordshire Joint Health Overview and Scrutiny Committee
22 September 2022

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About SCAS

We provide

- 999
- 111
- Patient Transport Services

We also provide:

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

999

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

111

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

PTS

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

1200 COMMUNITY RESPONDERS

4058 STAFF

843,235 PATIENT TRANSPORT SERVCE JOURNEYS

7 MILLION POPULATION

1.3 MILLION CALLS TO NHS 111

1,323 VEHICLES

103 SITES

999 Responded Demand 2021 (Jan-Dec inc.)

541,755 999 INCIDENTS

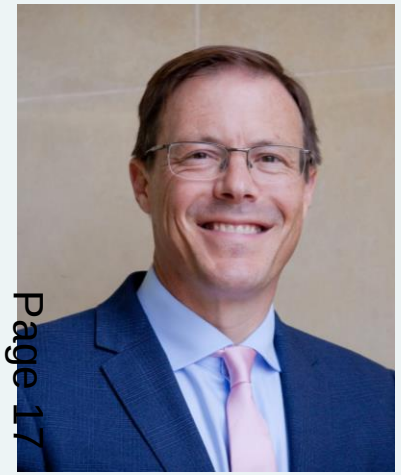
47,626 CATEGORY 1

301,490 CATEGORY 2

180,702 CATEGORY 3

11,941 CATEGORY 4

Message from the Board



Will Hancock
Chief Executive

Professor Sir Keith Willett
Chair

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

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

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

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

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

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

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Ratings for the whole trust

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

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

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency operations centre (EOC)	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Resilience	Good	Good	Not rated	Good	Good	Good
Patient transport services	Requires Improvement	Good	Good	Good	Good	Good
Emergency and urgent care	Inadequate	Requires Improvement	Good	Requires Improvement	Inadequate	Inadequate

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

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

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

Information the inspectors used

The inspectors drew their conclusions from:

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

The SCAS improvement plan

- Our improvement plan puts all the CQC actions and observations from the April/May 2022 inspections and the November 2021 inspection into four main workstreams.

- Each workstream has an executive director lead, senior responsible officer and non-executive director representatives.

- Workstreams have developed detailed action plans to cover all CQC observations with short, medium and longer term actions.

- Progress is being monitored by a dedicated programme team with regular reporting to a programme board and the Trust board.

- NHS England and our Integrated Care Systems are providing support and oversight.

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The SCAS improvement plan

Workstreams and themes

Patient safety and experience	Culture and wellbeing	Governance and well-led	Performance recovery
• Safeguarding • Patient safety and incident management • Medical devices • Medicines management • Infection prevention and control	• People voice – speak up, listen up, follow up • Compassionate leadership • Abuse of power & sexual safety • Personal development, talent & CPD	• Board information • Risk management • Staff communications and engagement	• Response / waiting times • Demand / capacity • Staffing: • Training / support • Recruitment / retention

The SCAS improvement plan

Some immediate actions being taken include:

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

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Trust wide must-do actions (1/2)

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

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

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

Continued…

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Trust wide must-do actions (2/2)

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

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Should-do actions

Whole Trust

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

Should-do actions

Urgent and emergency care

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

Emergency operations centre

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

Positive recognition for staff and outstanding practice

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

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

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

Outstanding practice

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

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

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

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

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

South Central Ambulance Service NHS Foundation Trust

Further detail and progress updates

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

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