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: South Central Ambulance Service CQC Improvement Journey Update

Lead Cabinet Member(s) or Responsible Person:

- 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)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Thursday 9th May 2024

Response to report:
Enter text here.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
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.	Accepted	• Board forward planner with associated feeder board committees forward planners to be in place by the end of Q1 2024/25 • Published Governance Assurance Framework (Q1 2024/25) • Board Governance Structure Chart • The Patient Council in SCAS is now established and involved in discussing issues SCAS is working on. • The engagement officer in SCAS also works with governors and public on seeking opinions on key issues. • Governors are invited to Quality and Safety Committee and Public Board meetings • Patient and Staff stories of positive and negative experience shared with Board and are alternating standing agenda items at Public Board meeting • Patient stories at Patient and Safety and Safeguarding Committees each month
2. For clear mechanisms to be established for the purposes of effectively monitoring adherence to health and safety policies.	Accepted	The Trust has clear mechanisms for monitoring the adherence to health and safety policies and also other Trust policies that might have a health and safety dimension to them such as Human Resource policies, Estates policies, Infection Control policies,

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		Education policies and policies to do with the management and maintenance of equipment. The Trust also has arrangements in place for the reporting of adherence to all of these policies via the annual reports produced by the Head of Risk and Security and the reports from the aforementioned Service Areas to the Health, Safety and Risk Group (HSRG). Indeed, all of these reports are to give assurance to the HSRG that health and safety is being managed effectively and that there is adherence not just to Trust health and safety policies but also the statutory legislative requirements. These mechanisms are as follows: ➢ The Head of Risk and Security produces an annual report to the HSRG on the monitoring sections of policies. The last report was presented to the HSRG in September 2023 and was about compliance/adherence to having the necessary health and safety legal documentation displayed in all Trust premises. This documentation consisted of: the signed health and safety statement; the health and safety "What you should know" poster; and the Insurance Liability certificate. All of which are legally required to be displayed. The report also included details about the number of incidents reported and the number of risk assessments completed in accordance with the various health and safety policies, together with details of the number and type of risk assessment training courses and the number of managers and staff trained. ➢ The Head of Risk and Security also produces an annual report to the HSRG on the completion of actions on the

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Health and Safety Action Plan. Included in this is where the Trust has adhered to health and safety policies and the wider statutory legislative requirements. Both of which inform this action plan which is presented and reviewed at each HSRG meeting.

➢ The HSRG group receives reports throughout the year from Service Areas such as Human Resources, Estates, Infection Control, Education and SCFS Ltd with regards to compliance/adherence to their respective policies and legislative requirements which have a specific health and safety dimension such as:

➢ Stress policy (HR)

➢ Asbestos policy, Legionella policy, Fire Safety policy, Electrical safety policy (Estates)

➢ Infection Prevention and Control policy (Needlestick injuries, dermatitis) (Infection Control)

➢ Education policies (Health and safety training compliance) (Education).

➢ Inspection and maintenance of equipment policies (Trust and SCFS Ltd).

• The above was also included in the Health and Safety Action plan for 2023/24 and will be included in the Health and Safety Action plan for 2024/25.*

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		In addition to the above, the Health, Safety and Risk group provides an upward report to the Risk, Assurance and Compliance sub-committee who, in turn, report to the Executive Management Committee which is a sub-committee of the Board. • The Risk Team carry out health and safety inspections to identify and monitor adherence to health and safety policies and other policies listed above. • The Risk Team carry out and assist with the completion of numerous risk assessments to ensure that there is adherence to health and safety policies. These risk assessments consist of: ➢ task based risk assessments ➢ manual handling risk assessments ➢ display screen equipment risk assessments ➢ control of substances hazardous to health risk assessments ➢ stress risk assessments ➢ personal protective equipment risk assessments ➢ premises risk assessments ➢ Events risk assessments.

		➢ The Risk Team have over the past year been placing the risk assessments that can be shared onto The Hub for staff to access them. • Trained managers also carry out risk assessments (stress, new or expectant mother, display screen equipment) to ensure adherence to health and safety policies. • The Risk Team also review the numbers and type of incidents reported on Datix and produce a report on these to the HSRG. Implicit in this is an identification of adherence to health and safety policies and where this is not the case recommendations will be made to ensure adherence. • The above mechanisms are the means by which the Trust monitors adherence to the health and safety policies. It is intended that the Trust will continue to use these mechanisms besides other mechanisms listed below. • *The Health and Safety Action Plan 2024/25 will include other key performance indicators to help identify adherence to health and safety policies such as: ➢ Ensuring that all of the health and safety policies are in date and are current and valid. (please note, all of the health and safety policies are in date). ➢ Ensuring that all of the health and safety policies are on The Hub for all staff to see. (please note, all of the health and safety policies are on The Hub).

		➢ Ensuring that all of those with responsibilities listed in the polices are fulfilling their responsibilities. This would be identified by incident reports and subsequent investigations of incidents, in particular RIDDOR incidents. (Bearing in mind that we report on incidents and RIDDOR incidents to the HSRG.) It could also involve asking those with responsibilities for evidence of how they have fulfilled these responsibilities. ➢ Ensuring that all of the risk assessments that can be shared are on The Hub. Currently, all of the personal protective equipment (PPE) risk assessments on the Hub; we have also placed a significant number of control of substances hazardous to health risk assessments and their associated safe systems of work/safe operating procedure onto the Hub – this is an ongoing piece of work and it is being monitored by the HSRG; and we are in the process of placing all of the completed 'task' based risk assessments and the associated manual handling risk assessments and the preventing violence and aggression risk assessments onto The Hub. ➢ Ensuring the Risk Team keep and maintain a record of any enquiries from managers and staff about the health and safety policies and the Risk Team's advice to adhere to them.
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	**Accepted**	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.

resourcing of employees to support staff wellbeing.		The Trust launched is People Strategy in 2023, based on the NHS People Plan. The strategy lays out our actions across four pillars, that give a clear direction for our cultural and staff wellbeing improvements over the next three years. Our ambition is to create a work environment where people feel happy, safe and have a sense of belonging and welcomes new people into SCAS. The Trust carries out annual planning process and uses modelling to predict required establishment based on the anticipated demand profile and also our agreed commitments to standards of patient care. Weekly performance reports are reviewed at Executive level along with monthly Workforce Planning meetings to ensure we remain well-sighted on the reality of staffing capacity to fluctuating demand as the year unfolds. In 2024/25 we will be looking to create a 5 year workforce plan in line with our vision to be fit for the future. We are recruiting internationally as well as in the UK to source clinicians to meet our vacancies. For international recruits we have a comprehensive relocation package and support of a Pastoral Care Lead who helps them before they arrive in the UK and through their transition into their new life. We also offer a relocation package to help clinicians who are moving within the UK and make SCAS a destination employer. They are offered thorough, in depth training on all aspects of the roles they are entering including classroom teaching and on the job learning. Early indicators suggest they are settling and performing well. The Trust has a retention plan in place, with comprehensive retention action plans and programmes in place for each

		directorate, which are driven by our data and therefore updated regularly. We have seen improved in our retention over the last 6 months and are expecting this to continue in 2024/25 The Health and Wellbeing team, focus on 6 pillars of wellbeing with a raft of support mechanisms for staff and volunteers, such as financial, emotional, physical and mental health aspects. We have a broad offer of mental health support for all staff include access to national ambulance charities and support networks. All of the aspects above are reported and monitored through our Workforce Development Committee and/or the People and Culture Committee, in addition to Board oversight.
4. To ensure that all ambulance staff are trained in and aware of how to promptly and appropriately provide patients with pain-relieving medication.	**Accepted**	• Staff are trained in medicines administration and pain assessment and work has been undertaken to ensure that staff fill in the electronic patient record (EPR) when they have administered any analgesia and monitor its effectiveness. Improvements have been made in the EPR to make it easier and essential to record pain scores to measure effectiveness of analgesia. • Staff have access to an appropriate range of analgesic drugs to relieve symptoms. They also have access to JRCALC Clinical Practice Guidelines that includes information on medication dosing for both adults and children.

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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.	**Accepted**	- Mental health awareness training has continued in SCAS and we have introduced new training and improved the existing training on Mental Capacity Act which staff had highlighted was an area of concern for them. We are auditing the effectiveness of this. - Mental Health nurses are embedded in our 999 and 111 call centres to support staff and patients with Mental Health calls - Specifically commissioned Mental Health response team and vehicle is working in HIOW ICB footprint and the same approach would be beneficial in the BoB ICB footprint but is hampered by commissioning barriers. From a Clinical Coordination Centre perspective: In core module one (*all new starters*): - NHS Pathways Sensitive Management of Calls with a Mental Health Element - Occasionally comes up in the Pathways practice sessions, for example postpartum psychosis is included in one. - Mental Health Awareness - SCAS Created - P:\EOC Education - Development Team\2.1 MASTER Training Materials\9. 999 4 Week Course\Day 16\1. Mental Health - Mental Health resilience delivered by SCAS mental health team. This is focused on the ECTs mental health and building their resilience. - Dementia awareness eLearning - ESR Ongoing training for:

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		CM2 *(circa 12 weeks post sign off)* - Challenging calls covering stigma surrounding mental health, handling ill mental health callers. Last year's F2F had learning disabilities and mental health resilience focused on staffs' mental health.
6. That the Service continues to address the challenges around the IT outage with urgency.	**Accepted**	• The safeguarding referral application and process is now fully hosted. This has resulted in better stability and effectiveness of the referral process. We are currently process mapping all ways of making electronic safeguarding referrals and paper based referrals from all of our services (999/111/PTS) to ensure we have assessed any unseen risks or points of weakness in the processes. • We have also completed a clinical safety review of the referral process as part of the end to end mapping