



Scrutiny Briefing January 2024

1.0 Introduction: Daryl Lutchmaya, Chief Governance Officer

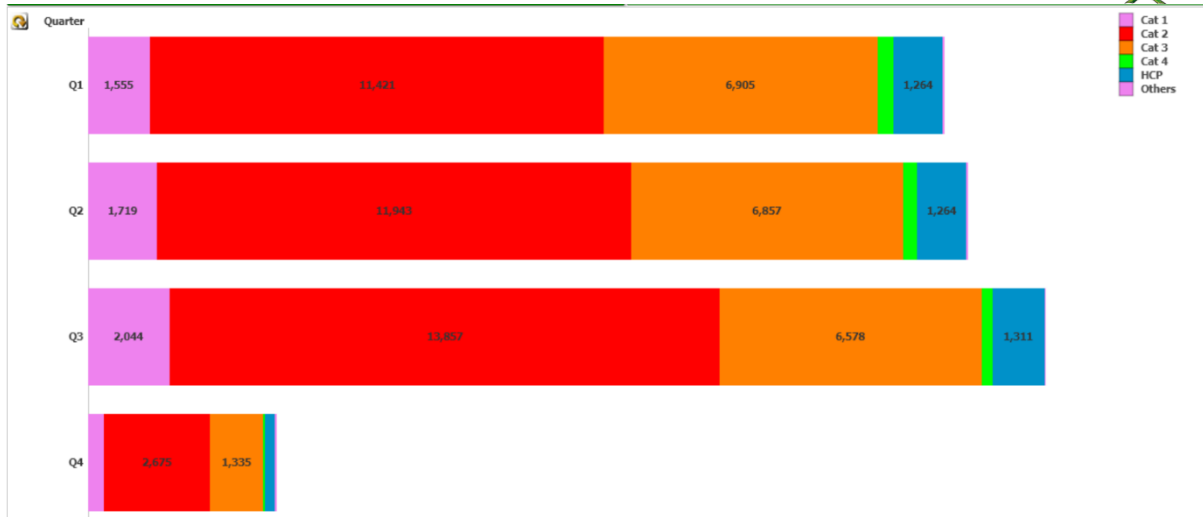
This paper provides an update from South Central Ambulance Service (SCAS).

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

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

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

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



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

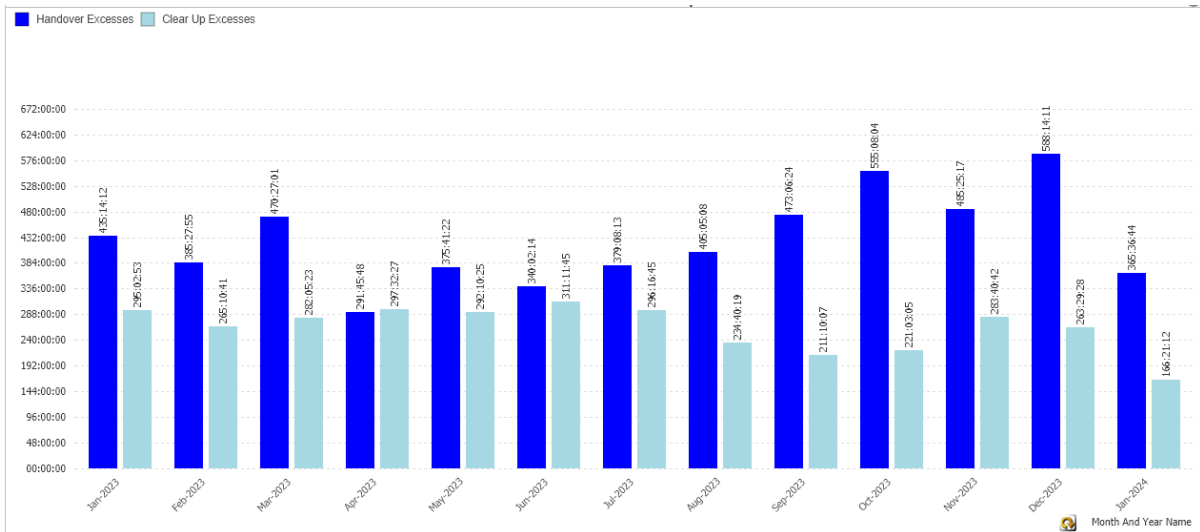
In order to balance this high demand for patients who are critically and acutely unwell, the use of our enhanced patient safety plan (EPSP) has increased. This seeks to direct care to those most in need via pathways within the control room, redirecting lower category calls and keeping available resource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

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

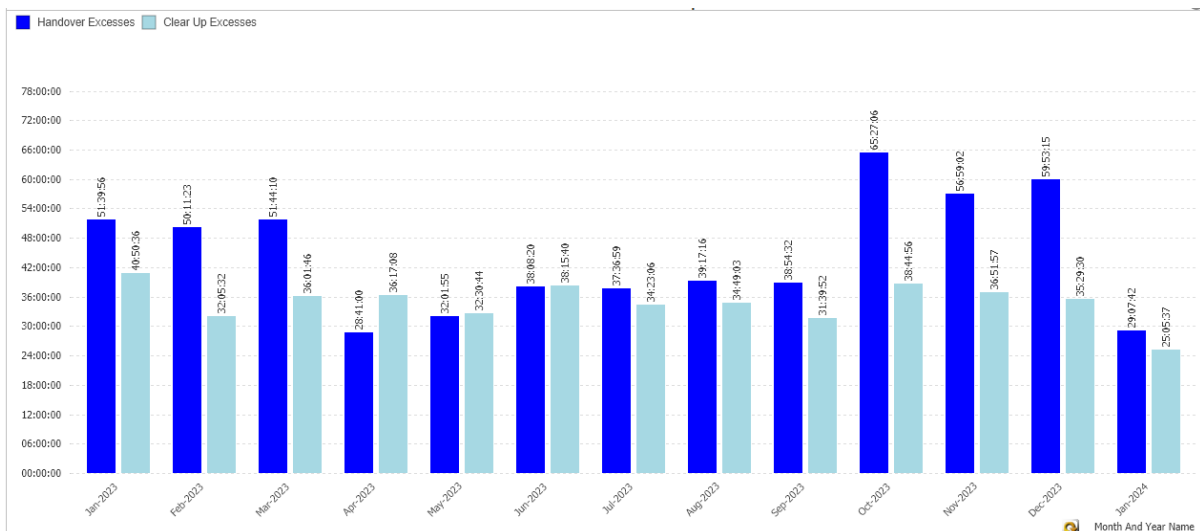
Trust	Cat 1 Mean	Rank	Cat 1 90th %ile	Rank	Cat 2 Mean	Rank	Cat 2 90th %ile	Rank
EMAS	9:23	9	16:33	8	56:09	10	2:01:29	10
EoE	9:16	8	17:18	9	50:57	7	1:51:43	8
LAS	8:00	2	13:28	2	52:06	9	1:58:07	9
NEAS	7:18	1	12:46	1	42:29	4	1:25:12	3
NWAS	8:17	3	13:57	3	38:33	3	1:27:49	4
SCAS	8:53	7	15:56	7	38:09	2	1:17:59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

2.4 Hospital handover delays

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



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



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

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

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



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

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

3.1 Workforce

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

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

999 Front Line Overview – M9

WORKFORCE FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Budget Est	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8
Workforce FTE Plan	1790.0	1808.0	1810.0	1818.0	1810.5	1814.5	1839.5	1828.5	1800.5	1829.5	1806.5	1791.5
Workforce FTE Actual	1789.9	1803.3	1799.2	1809.5	1811.5	1824.0	1849.0	1846.1	1832.8			
Workforce FTE Variance (P vA)	-0.1	-4.7	-19.8	-8.8	1.8	9.8	9.8	17.8	32.3			
RECRUITMENT FTE	M1	M2	M3	M4	M5	M6	M6	M8	M9	M10	M11	M11
YTD Recruitment Plan	29.0	73.0	99.0	134.0	160.0	195.0	250.0	274.0	274.0	332.0	342.0	356.0
YTD Recruitment Actual	25.0	57.7	76.5	102.3	128.0	161.7	208.5	226.0	226.0			
YTD Recruitment Variance	-4.0	-16.3	-22.5	-31.7	-32.0	-33.3	-41.5	-48.0	-48.0			
ATTRITION FTE	M1	M2	M3	M4	M5	M6	M6	M8	M9	M10	M11	M11
YTD Attrition Forecast	27.0	53.0	77.0	104.0	137.5	168.5	198.5	233.5	261.5	290.5	323.5	352.5
YTD Attrition Actual	24.2	39.9	61.2	81.7	107.9	129.0	149.0	169.9	185.2			
YTD Attrition Variance	-2.8	-13.1	-16.3	-22.2	-29.8	-39.5	-49.5	-63.6	-76.3			
23/24 12 Month Rolling T/O Rate	12.2%	12.4%	12.4%	12%	12%	11%	11%	11%	10%			
23/24 Stability Index	86.8%	86.6%	86.9%	87%	86%	86%	86%	86%	86%			



3.2 Recruitment and Retention

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

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

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



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

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

3.3 Staffing resources

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

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

Supporting information: HR Workforce Scorecard

3.4 Staff Wellbeing

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

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

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

Supporting information: Wellbeing Offerings booklet

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



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

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

Supporting Information: Financial Wellbeing Guide

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

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

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

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

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

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

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



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

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

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

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

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

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

In addition to the education component the programme covered:

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

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



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

- Mental Health (stress, anxiety and depression)
- Musculoskeletal Health (chronic pain, joint and back pain)
- Post Covid Syndrome (fatigue and mental health)
- Common Long-Term Conditions (diabetes, obesity, fibromyalgia, hypertension, cardiovascular or respiratory diseases)

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

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

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

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

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

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

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

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

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



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

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

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

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

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

3.18 Wellbeing Support

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

We have a Wellbeing Champions established network with a diverse mix of champions, approximately 50 wellbeing champions across the Trust, A Health and Wellbeing Champion plays a key role in supporting and developing a culture that contributes not only to improve the physical and mental health and wellbeing of their colleagues but also themselves. The role is to -

Promote and support our approach to health and wellbeing within SCAS

Encourage and signpost colleagues to access relevant health and wellbeing information, opportunities and support

Raise awareness of wellbeing activities by supporting at least 4 events per year; promote healthy lifestyles and positive mental health

We hold monthly Champions chats where we discuss various topics for the champions to promote and its an opportunity to learn from each other

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

We promote The Ambulance Service CrisisLine and work with TASC reviewing reports of usage anonymised data. [Caring For Those Who Care For Us | TASC \(theasc.org.uk\)](https://www.theasc.org.uk)



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

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

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

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

Supporting Information: Sustaining Resilience at Work

3.19 Appraisals and Mandatory Training

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

NHS Workforce - Appraisal / Mandatory and Statutory Training (MAST)									
*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.									
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Appraisals - Trust		Dec-23	75.2%	95%			74.0%	64.4%	83.6%
Manual Handling		Dec-23	88.1%	95%			93.0%	89.6%	96.3%
Health & Safety		Dec-23	88.0%	95%			93.2%	90.2%	96.2%
Equality & Diversity		Dec-23	88.1%	95%			93.3%	90.2%	96.5%
Conflict Management		Dec-23	57.8%	95%			82.8%	74.5%	91.2%
Infection Control		Dec-23	88.3%	95%			94.1%	90.8%	97.3%
Fire Awareness		Dec-23	88.7%	95%			90.2%	86.0%	94.4%
Information Governance		Dec-23	89.4%	95%			90.0%	85.4%	94.7%

4. Health & Safety

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

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

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



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

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

The above is met through the following:

- IPC Committee Meetings held Quarterly and the use of a National Board Assurance Framework that is completed and presented to the Board. Attendance at committee involves the wider teams in relation to IPC and all reports are present to the committee.
- Following National Reporting Systems and Processes in line with UKSHA providing transparency and assurance against National Assurance.
- Having a national Infection Prevention Control Policy. In addition to the policy there is Standard Infection Prevention and Control Precautions SOP and an A-Z of Infectious Diseases Clinical Guidelines, these all adhere to the requirements and performance outlined below:
 - CQC, Fundamental Standards
 - The National Infection Prevention and Control Manual for England
 - National Cleaning Standards for Healthcare (2021)
 - Health and Social Care Act 2008 (Regulated Activities) Regulations 2015 (updated 2022)
 - Health and Safety Executive advisory committee on dangerous pathogens
 - NICE Guidelines
 - EPIC 3 - National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England
 - Standard infection control precautions: national hand hygiene and personal protective equipment policy (2019)
 - Working Safely during COVID-19 in Ambulance Services non-clinical areas; AACE (withdrawn May 2022)
- Has a robust IPC Annual Work Programme which has been run alongside a Care Quality Commission (CQC) improvement workstream.
- Receiving microbiology support as required by the Health & Social Care Act from Oxford University Hospitals, attending IPC Committee and team meetings, and working collaboratively on improvement work streams.
- SCAS is regulated by Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) and collaboratively works with the wider IPC network. This involves



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

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



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

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

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

4.6 Health and safety training for the Board and Senior Managers

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

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

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

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

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

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

There is also the:

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

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

The Trust has 19 health and safety policies:

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



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

4.9 Health and Safety Training

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

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

4.10 Incident Reporting System, Datix

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



4.11 Carrying out of risk assessments

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

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

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

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

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

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

4.12 Suitable and sufficient risk assessments

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



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

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

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

4.14 Health and Safety Action Plan

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

4.15 Body Worn Cameras

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

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

4.16 Joint Health and Safety Inspections

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

4.17 Security Alerts

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

4.18 Standard Operating Procedures (SOPs)

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



4.19 Special Situation Features/Alerts on addresses

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

4.20 Reporting incidents to the HSE under RIDDOR 2013

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

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

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

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

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

4.22 Next Steps

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

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

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



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

5.0 Improvement Programme

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

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

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

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

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

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

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



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

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

Supporting Information:

ICS Quality Assurance Visit Report HLOW_December 2022

SCAS Safeguarding Improvement Progress Report_February 2023

SCAS Safeguarding Peer Review_November 2022

HOSC Improvement Programme Update_08.02.2024

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

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

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

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

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

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



5.5 Context

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

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

Areas of quality focus

5.6 Governance – Medical Devices

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

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

5.7 Safeguarding

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



safeguarding teams.

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

Priority 1:

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

Priority 2:

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

Priority 3:

- Safeguarding Supervision
- Peer Review

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

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

5.8 Patient Safety and incident management

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



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

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

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

5.9 Culture – Freedom to Speak Up

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

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

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

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

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

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



- Friends and Family responses

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

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

5.10 NED discussion

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

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

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

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

5.11 Director of Patient Care/Chief Nurse

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

5.15 The ICB recommends that SCAS consider the following:

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

6.0 Conclusion: Daryl Lutchmaya, Chief Governance Officer

Closing note.

07.0 Supporting Information

Staffing and Resources:

3.3 HR Workforce Scorecard M8 2023

3.4 Wellbeing offerings booklet

3.5 Financial Wellbeing Guide



3.18 Sustaining Resilience at Work

Improvement Programme:

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