



NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS Improvement Programme update

Southampton Health Overview and
Scrutiny Panel

20 October 2022





Message from the Board



**Will
Hancock**
Chief
Executive



**Professor
Sir Keith
Willett**
Chair

The CQC's August 2022 report has highlighted some serious concerns which we must, and will, fix as a matter of urgency.

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 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.

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.



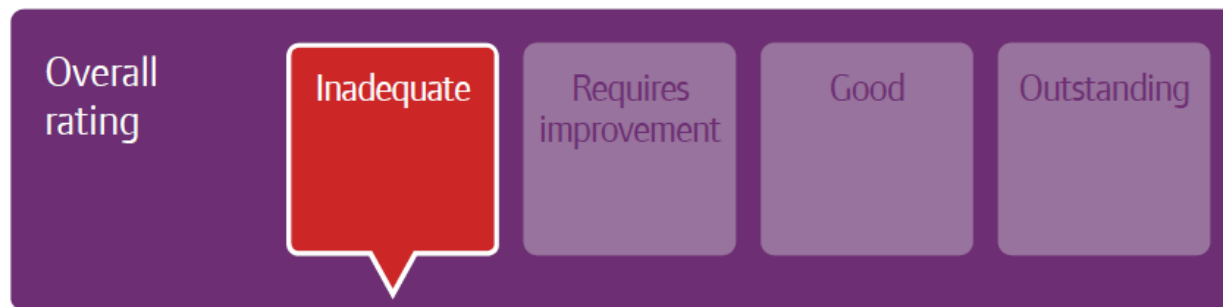
Our ratings

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

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.



	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.



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Our ratings continued

Why are we rated inadequate?

- November 2021 focused inspection on safeguarding
- April/May 2022 inspections:
 - Well-led domain
 - Emergency Operations Centres
 - Urgent and Emergency Care
- May 2022 warning notice
- August 2022 report publication and rating change

What is needed to turn things around?

- Immediate review and improvement of systems and processes
- Comprehensive programme to improve cultural issues
- Resourcing commitments to improve recruitment and retention and support new ways of working

External support and assurance

Being rated inadequate puts the Trust into level 4 of the System Oversight Framework (SOF4).

Additional support is being provided by NHS England and Integrated Care System partners, including: Governance expertise, regional nursing team support, and an Improvement Director.

Oversight and assurance of delivery will be through a multi-partite approach between:

- SCAS
- NHS England
- Integrated Care Boards

Hampshire and Isle of Wight ICB leading, with input from Berkshire, Oxfordshire and Buckinghamshire (BOB) and Frimley.

Process to move out of SOF4

1. SCAS and ICBs agree plan
2. Plan presented to CQC and NHS England South East
3. Final case presented to NHS England national team

Successful result would move CQC rating to Requires Improvement.



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Improvement programme highlights

01 October 2022



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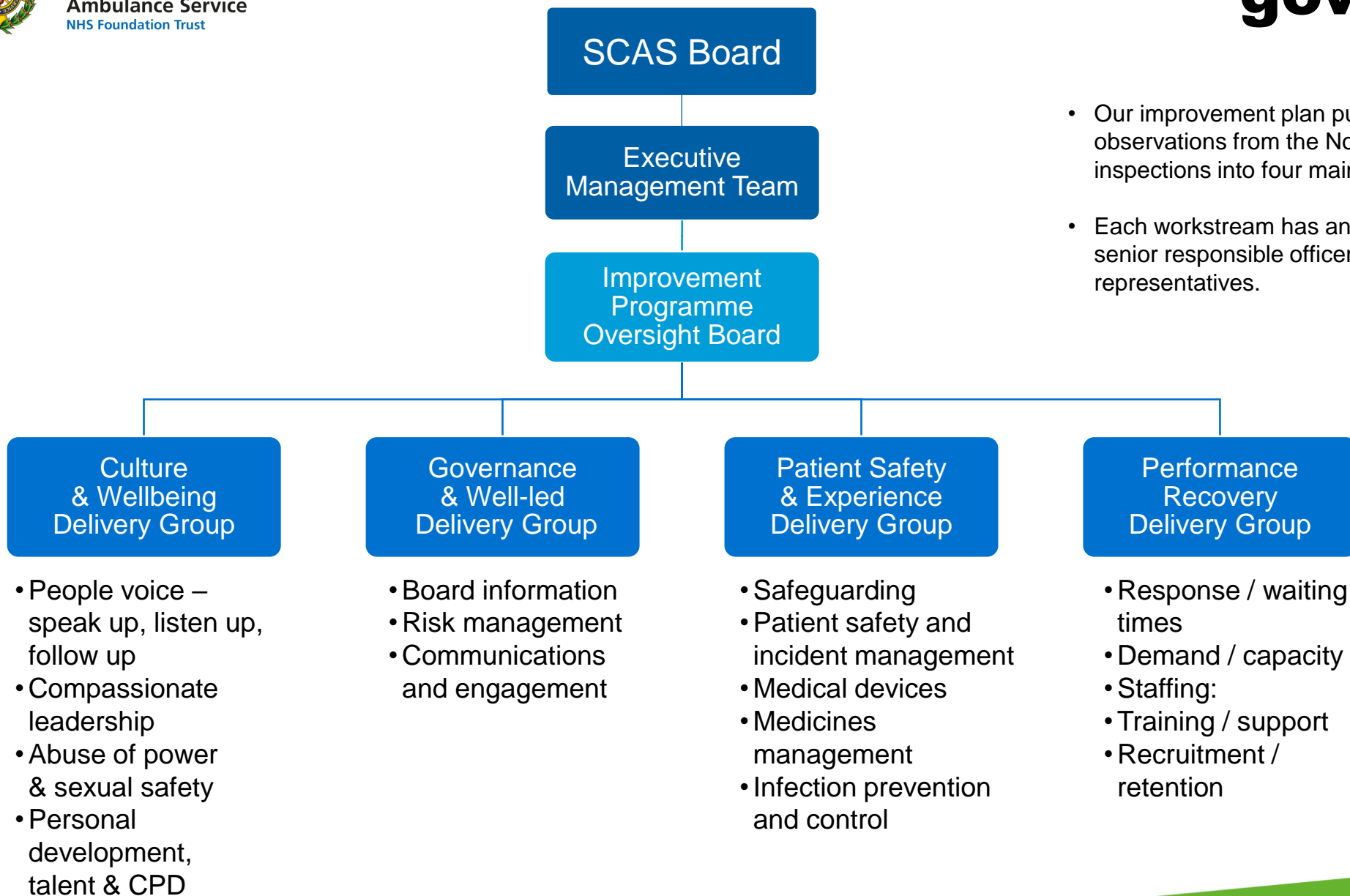
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Where are we now?

- **Improvement plans developed** across all workstreams
- **Actions identified** for all CQC observations, with many well underway
- **Responsibilities confirmed** for all actions (exec lead, workstream SRO, and individual action owners)
- **Timescales set** to address all must/should do actions by 31 October 2022
- **Additional resources allocated** to support delivery
- **Programme risks identified** and mitigations being developed



Improvement plan governance



- Our improvement plan puts all the CQC actions and observations from the Nov 2021 and April/May 2022 inspections into four main workstreams.
- Each workstream has an executive director lead, senior responsible officer and non-executive director representatives.



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Patient safety and experience

Executive Director: **Helen Young**

Non-Executive Directors: **Anne Stebbing & Nigel Chapman**

Senior Responsible Officer: **Melanie Rogers**

Workstream priorities:

Effective policies and procedures in place and working, with an active learning loop, to ensure:

- Safeguarding issues are well managed, with all staff trained to the appropriate level.
- Timely incident reporting, investigation, action and shared learning to avoid repeat incidents.
- All vehicles and sites have the equipment and medicines staff need, with faults quickly reported and fixed.
- All vehicles and sites are clean, with proactive infection prevention and control measures.

Highlights from action plan

- Policies reviewed across medicines management, medical devices, safeguarding, duty of candour, infection prevention and control.
- New safeguarding level 3 training rolled out.
- Reviewed all serious incidents and detailed clinical incidents from 2021/22 with system partners.
- New process for reviewing serious incidents and complex concerns; reviewing final actions and reports and shared learning with system partners.
- Equipment audits of all vehicles and sites; defibrillators and controlled drugs cabinets.
- Introducing secondary automated external defibrillators on all urgent and emergency frontline vehicles.
- Patient safety awareness campaigns developed and rolling out across the Trust.
- Review of process for reporting faults/incidents and communications to raise awareness.
- Implementing IPC audit assurance schedule and developing new role for IPC auditors.
- IPC Committee to have oversight of any infestation issues alongside Health and Safety Committee.



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Executive Director: **Melanie Saunders**

Non-Executive Directors: **Ian Green & Henrietta Hughes**

Senior Responsible Officer: **Nicola Howells**

Workstream priorities:

Effective policies and procedures in place and working, with an active learning loop, to ensure:

- Speaking up, listening up and following up is happening across the Trust, with insights triangulated to drive Trust-wide improvement.
- All staff feel safe at work, with a zero tolerance approach to all types of inappropriate behaviour.
- All leaders are supported to build/maintain a just and learning culture within their teams.
- All staff have access to learning and support that allows them to do their current role to the highest standard and progress their career.

Culture and wellbeing

Highlights from action plan

- Increased investment for Freedom to Speak Up function, Deputy Guardian role being recruited. Internal FTSU champions role to be developed.
- Develop integrated process to improve collecting and analysing 'people voice' from all sources.
- Review and update all HR policies on raising concerns at work.
- Review processes to improve recording and monitoring of HR case work.
- Established women's staff network and developing campaign addressing sexual safety.
- Sexual safety to be included in induction and leadership training.
- Listening exercise and internal communications campaign on sexual safety and inappropriate behaviours.
- Roll out Just and Learning Culture programme to all SCAS Leadership group. All senior leadership group to complete civility training.
- Review health and wellbeing support schemes available to staff and process for raising awareness of all elements of wellbeing support.



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Executive Director: **Mike Murphy**

Non-Executive Directors: **Sumit Biswas & Mike Hawker**

Senior Responsible Officer: **Syma Dawson**

Workstream priorities:

Effective policies and procedures in place and working, with an active learning loop, to ensure:

- Governance systems enable strategic oversight and planning by the Trust Board.
- Risk management systems support frontline teams to deliver safe, high quality care; and enable the Trust Board to actively manage strategic risks.
- Improved relationships and communication between senior leaders and staff, with leaders accessible and in-touch with teams across the Trust.

Governance and well-led

Highlights from action plan

- Full governance review and benchmarking against other Trusts by NHS England specialist, completing in September 2022.
- Developing Corporate Governance Strategic Plan following external review.
- Improvements to Board Integrated Performance Report.
- Review and update Board Assurance Framework.
- Benchmarking Risk Management processes against other Trusts and updating SCAS policy and procedures to adopt best practice.
- Reviewing department level risk registers and ensure robust process for escalating risks.
- Ensure mix of positive and negative patient/staff stories are presented to Board meetings.
- Develop risk management framework to explain responsibilities and clarify escalation processes internally and externally.
- Establish senior leadership internal engagement plan.
- Review and improve internal communications at Trust and department level.



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Executive Director: **Paul Kempster**

Non-Executive Directors: **Les Broude**

Senior Responsible Officer: **Mark Ainsworth & Luci Stephens**

Workstream priorities:

Effective policies and procedures in place and working, with an active learning loop, to ensure:

- Improved performance for 999 and 111 call handling and ambulance response times.
- Reductions in hospital handover times through internal improvements and joint working with health and care system partners.
- The Trust builds sustainable capacity through recruitment, retention and improved ways of working, with all staff able to access the training and support needed to provide safe, high-quality care.

Performance recovery

Highlights from action plan

- Ongoing recruitment programme for all field and contact centre vacancies.
- Reviewing average call handling times and other demand data to model staffing numbers.
- Increase specialist clinical support to contact centres to maximise hear and treat - reducing avoidable dispatch of crews.
- Action plans for field and contact centres to maximise utilisation of vehicles and staff.
- Revision of ambulance handover plan working with hospital partners.
- Intelligent conveyance approach to be discussed with commissioners to allow diversion to A&Es with less pressure.
- Roster reviews and audit of staffing levels across night and twilight shifts.
- Reviewing wellbeing initiatives and working conditions to improve morale and retention.
- Reviewing meal break and end of shift policies.
- Reviewing protected team time for learning and development.
- Additional support services for staff, such as physiotherapy, to reduce sickness levels.



Milestones

Timing	Milestone
24 November 2021	CQC focused inspection on safeguarding
January 2022	CQC letter of intent received
6-7April / 10-11 May 2022	CQC inspection visits
24 May 2022	Section 29A warning notice received
8 July 2022	Safeguarding independent review report received
1 July 2022	Draft report received for factual accuracy checks
25 August 2022	CQC final report published
September 2022	NHS England governance review completes
31 October 2022	CQC to review progress on addressing must and should do actions
November 2022 onward	continued delivery and embedding of longer-term improvement actions
2027	SCAS strategic objective to be rated outstanding



Southampton performance

August 2022 performance

Category 1 call local performance is better than the national average.

Category 2 call local performance is similar to the national average

Category 3-4 calls local performance longer than the national average. Only 36 calls were category 4 in August 2022.

	Southampton			England	
Times show hrs:mins:secs	% of all calls	Mean average	90 th centile	Mean average	90 th centile
Category 1	5%	07:52	12:50	9:08	16:20
Category 2	55%	42:22	1:31:08	42:44	1:33:20
Category 3	23%	3:35:33	8:28:46	2:16:23	5:41:13
Category 4	2%	4:22:26	10:00:06	2:56:39	7:27:56
Category 5	15%	Hear and treat calls, no crews sent to scene			

Mean average and 90th centile figures explained:

9 out of 10 category 1 patients were reached within 12mins 50seconds, with the average wait across all patients being 7mins 52seconds