

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL	
SUBJECT:	SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST - IMPROVEMENT PROGRAMME UPDATE	
DATE OF DECISION:	5 SEPTEMBER 2024	
REPORT OF:	CHIEF EXECUTIVE - SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST	
<u>CONTACT DETAILS</u>		
	Title	Chief Executive, South Central Ambulance Service NHS Foundation Trust
	Name:	David Eltringham
STATEMENT OF CONFIDENTIALITY		
Not Applicable		
BRIEF SUMMARY		
<p>On 25 August 2022 the Care Quality Commission published an inspection report into South Central Ambulance Service NHS Foundation Trust (SCAS) and changed its overall rating from “good” to “inadequate”. As a consequence, the Trust was further assessed as National Overview and Assurance Framework Segment 4 (the lowest level) and placed in the Recovery Support Programme.</p> <p>Over the last two years SCAS has been working through a comprehensive improvement programme, which has resulted in significant improvements, particularly in the quality and safety domain. There is still more work to be done specifically in strengthening leadership and culture.</p> <p>Performance remains challenged across SCAS, although within the South West Node, the service performs relatively well.</p> <p>SCAS will remain in the Recovery Support Programme with a focus on delivering longer term strategic and cultural change alongside recovering performance to enable us better to respond to the ongoing financial and operational reality of the NHS.</p>		
RECOMMENDATIONS:		
	(i)	The Panel is asked to note the progress against the improvement programme and discuss the remaining issues with representatives from SCAS.
REASONS FOR REPORT RECOMMENDATIONS		
	To enable the Panel to scrutinise progress with the improvement programme undertaken by SCAS.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
1.	None.	
DETAIL (Including consultation carried out)		
2.	The Panel is requested to consider the appended paper and discuss the progress with the improvement programme with representatives from SCAS. In particular to note:	

	<ul style="list-style-type: none"> the strong improvement in the patient safety domain, and improvements in the oversight and management of safeguarding systems and processes. the significant progress in improving governance and aspects of culture including freedom to speak up and sexual safety at work. The operational improvements that have been made to support timely response to patients. Ongoing work to strengthen leadership and longer term strategic and cultural change.
3.	The Panel is requested to consider the performance information provided, discussing with representatives of SCAS the challenges faced in delivering timely response to patients at the present time.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
4.	N/A
<u>Property/Other</u>	
5.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
6.	N/A
<u>Other Legal Implications:</u>	
7.	N/A
RISK MANAGEMENT IMPLICATIONS	
8.	N/A
POLICY FRAMEWORK IMPLICATIONS	
9.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	N/A
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	SCAS August 2024 Improvement Programme Update

Documents In Members' Rooms

	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	

Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
	None