



NHS

South Central
Ambulance Service
NHS Foundation Trust

Improvement Programme Update

April 2023





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Improving together

We have achieved a huge amount since the CQC report in August 2022. This update highlights the progress made; and is a credit to everyone involved across the many projects that make up our improvement programme. I hope it gives our partners confidence and reassurance that SCAS is working hard to make the improvements needed.

We recognise the issues highlighted in the CQC's report and we're determined to put right everything that has gone wrong; and make SCAS an organisation we can all be proud of.

We want everyone who works and volunteers for us to feel they can provide the best care for patients or support for their colleagues. And we want our partners and regulators to be confident in how we run the organisation and the quality of care we provide.

We know there are long-term changes needed. But we want to acknowledge the huge first steps. There was enormous pressure to make rapid improvements and our people rose to that challenge.

Mike Murphy

Improvement programme executive lead,
Executive Director of Strategy,
Business Development and Governance

In the immediate improvements phase following the CQC report, we've seen wide-ranging changes to processes; more people joining understaffed teams; extensive checks and audits across stations and vehicles; and much more.

We're seeing the benefits already and we'll build on these foundations to make sure we can provide the best care for patients and support to our staff and volunteers in the years ahead.

There is plenty more that we want to do. We already had a five-year strategy for making SCAS stronger; and that ambition remains as we move into the next phases of our improvement programme.

The following pages cover each of our four improvement workstreams in turn, with a summary of actions now completed and some case studies of specific improvements. In closing this first part of the programme, I'm confident we have fixed the issues that needed immediate actions and will go on to achieve much more.

Colleagues across SCAS have shown great commitment and ingenuity to design and deliver so much. All done alongside helping to maintain our regular services through a time of unprecedented pressure on the NHS.





ICS Quality visit recognises our progress

In December 2022, a quality team from our integrated care systems visited SCAS to test some of our improvement work.

The team came to Otterbourne and spoke with members of the patient safety improvement workstream and visited North Harbour ambulance station for an infection prevention and control review.

Feedback was positive and gives added assurance on our progress. The result has been to reduce some of the extra scrutiny put in place after our CQC report.

Some highlights noted by the visiting team include:

- Seeing a demonstration of our new online tracking process for medical devices, to manage maintenance schedules and equipment location.
- Our expanding safeguarding team and a new traffic light system for referrals to aid prioritisation and mitigate risk.
- Increased involvement from operational staff in serious incident reports and action plans to strengthen frontline ownership.
- Our expanding Freedom to Speak Up team and their good relationship with the executive team. Our move to host the Freedom to Speak up team within Organisation Development was noted as novel and progressive.
- The infection prevention and control station visit confirmed; pigeon infestations had been fully resolved, cleaning processes are in place and all staff knew how to report issues if needed.



Helen Young, Chief Nurse and Executive Director of Patient Care and Service Transformation, said:

“Having partners in to test what we’re doing is essential. It’s great that our hard work over the last few months has been recognised.”

The significant evidence presented at two oversight groups and tested by the visit means the ICBs assurance arrangements have been reviewed and reduced. Recommendations from the team are:

- Safeguarding Oversight Group reduces its frequency from fortnightly to monthly.
- Section29A Oversight Group is stood down from January 2023.
- Hampshire and Isle of Wight System Quality Group to review and reduce SCAS oversight arrangements.
- Monthly tri-partite assurance meetings to become the single oversight arrangement for the improvement progress.
- Operational pressures and performance are monitored separately from CQC improvement progress.

Improvement programme recap

Background

The CQC published a report in August 2022 and moved our overall rating from Good to Inadequate.

The report followed a focussed inspection on safeguarding in November 2021 and a full inspection against the CQC's well-led domain and our 999 call centres and frontline services. The report identified 11 must do and 20 should do actions.

	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

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

Programme structure

Our improvement programme has four workstreams, each with an executive lead, a senior responsible officer (SRO) and non-executives:

- **Patient safety**
- **Culture and Wellbeing**
- **Governance and well-led**
- **Performance recovery**

Delivery groups for each workstream co-ordinated progress and reported up to an oversight board including our Chair and non-executive directors.

As we move beyond phase one we'll be looking at the programme governance and where progress monitoring and oversight should move back into established committees like Quality and Safety, People and Culture, and the working groups that report into them.

Read on...

The rest of this report takes each workstream in turn and highlights key achievements to date. These are actions that have addressed the must do and should do requirements from the CQC report, and set us on track for further improvements in the months and years ahead.




We are a safer organisation now, thanks to the enormous effort everyone has put into our improvement programme. There is more to do, we know that and we embrace it. Patient safety is all about continuous improvement, learning from our experiences and listening to our patients and their families.

I'm delighted to see new experts in critical fields like safeguarding, learning disabilities and incident management have joined us. They're here to support all our frontline teams and their guidance will help improve how we work for the benefit of all our patients.

I've already seen great examples of people embracing our new approaches across patient safety. Call handlers spotting vulnerable people and making a critical safeguarding referral. Paramedics flagging a faulty piece of equipment, and support teams springing into action making rapid changes across the trust.

The examples of patient safety improvements over the next few pages are just a fraction of what's been achieved, and what we're still working on.



Helen Young
Chief Nurse,
Executive Director of Patient Care
and Service Transformation

Patient safety

Executive Director: **Helen Young**

Senior Responsible Officer: **Sue Heyes**

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

Programme manager: **Dai Tamplin**

Workstream sub-groups:

- **Safeguarding** - Sarah Thompson
- **Patient safety and incident management** - Vicky Holliday
- **Medical devices** - Ross Cornett
- **Medicines management** - Jane Campbell
- **Infection prevention and control** - Debbie Marrs

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 and action 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.



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Patient safety 1/2

The issues to address

- Safeguarding capacity and processes
- Mental Capacity Act awareness and supporting processes
- Incident reporting and investigation capacity, processes and Board oversight
- Duty of Candour processes
- Controlled drugs management processes
- Infection prevention and control capacity and processes

Improvement actions completed

Safeguarding: Twenty-one recommendations from independent review adopted in full. Safeguarding team capacity increased by 8 whole time equivalents with permanent recruitment completed. Permanent Associate Director now leading the team. Updated seven policies related to safeguarding. Level 3 training programme capacity extended with weekly sessions running to ensure all relevant staff trained. Bi-monthly reporting of safeguarding training performance to the Safeguarding Committee, with further scrutiny by Quality and Safety Committee. Increased system partnership working.

Mental Capacity Act: Policy in place and recruitment of two new roles; Learning Disability specialist and Mental Capacity Act & Liberty Protection Safeguard specialist. Introduced mental health capacity assessment training for all patient facing roles aligned with safeguarding training.

Incidents – reporting and investigation: Full review of incident identification, reporting and investigating with new policy and process implemented. ICS partners now included on incident review panel. Retrospective review of all serious incidents completed with system partners, including Duty of Candour reporting. Improved existing electronic incident reporting system (Datix) to make logging and investigating incidents better, following staff feedback. New incident reporting processes embraced by staff with examples of rapid reporting and investigation leading to action. Recruited two new patient safety managers and one admin support role.

Incidents – Board oversight: Full review of patient safety information being submitted to Board via Quality and Safety Committee; including best practice review from system partners. Serious incidents now a standing item on Quality and Safety Committee; reporting numbers, themes and learning. Board now updated on serious incidents and learning from experience through Quality and Safety committee upward report.



The issues to address

- Safeguarding capacity and processes
- Mental Capacity Act awareness and supporting processes
- Incident reporting and investigation capacity, processes and Board oversight
- Duty of Candour processes
- Controlled drugs management processes
- Infection prevention and control capacity and processes

Improvement actions completed

Duty of Candour: Policy updated, improvements made to template letters. Incident investigation templates updated to include Duty of Candour element. Regular review of Duty of Candour with reporting to Patient Safety Group and Quality and Safety Committee

Controlled drugs: Policy and related guidance updated. Assurance audit on safes for storing controlled drugs completed. Identified and replaced drug storage cabinets at five locations. Fault reporting information updated so any future faults get fixed fast.

Infection prevention and control: Pigeon infestation at one station was noted in the CQC report. We've carried out infection prevention and control assurance visits on all our stations and improved process for reporting and managing any infestation. Infection Prevention and Control committee re-established. An ICS quality visit in December 2022 confirmed the issue at a specific station raised by CQC has been dealt with.

Medical devices: Responding to a concern about defibrillators noted in the CQC report we ran a complete audit of all medical devices in the trust. The work has improved systems and processes for tracking the location of items and monitoring their maintenance schedules. Over 10,000 items of kit were checked between August and December 2022.



Patient safety improvements

Incident reporting and investigation

Datix system improvements

Making incident reporting easy for our staff is an essential part of embedding a positive patient safety culture. In response to staff feedback, we've been improving the Datix online system for incident reporting.

“Datix is clunky and takes too long to complete”

We've changed both reporting and investigation forms to make them easier to fill in. Some fields were removed or reduced (e.g. two questions now merged into one); certain fields are now mandatory; incident harm scoring has been simplified; and drop-down fields used instead of free-text fields. This makes the forms easier and improves how we can spot trends.

“Reporters don't always get feedback”

Investigators are now reminded to provide feedback and are prompted to complete a field on Datix confirming feedback has been given. Further development is being looked at to help capture trends and themes, which are vital to support feedback, learning actions and changes.

We're encouraging people to keep sending in feedback, so we continuously improve the Datix system.

Rapid resolution when faulty resuscitation aids spotted

Teams across SCAS are embracing our improved incident reporting processes, with evidence of investigations now spotting themes and acting quickly.

A great example is how we dealt with some faulty batches of resuscitation kit.

Individuals logged problems quickly in December 2022 and through Datix the separate isolated incidents were spotted as a trend.

Affected batch numbers were identified and we took immediate action to alert all crews of the issue. Extra checks were put place to test the kit at the start of shifts, and additional resuscitators were added to vehicles as back-ups. An alternative supplier was arranged to replace faulty items.

Externally we raised the issue as a Yellow Card incident – alerting other ambulance trusts and hospitals using the same kit to look out for faults.



A manufacturing fault was found in a small number of the resuscitation aids.



Patient safety improvements

Learning disabilities expert advice



Saricka March

joined SCAS in
January 2023 as Learning
Disability Specialist.

Hi. I've been in the health and social care sector for over 14 years, starting in care for children with learning disabilities and life-limiting conditions, then moving to adults and older people.

My role in SCAS is to support service development regarding patients with learning disabilities and/or autism. I'll be revising the learning disability policy and strategy and working with external agencies to improve care delivery. I'll be a subject matter expert to guide Trust activity related to both patients and staff. My work will focus on improving:

- How we make SCAS more accessible for staff
- How we provide better care for patients with learning disabilities and/or autism
- Support for staff to better engage with patients with learning disabilities and/or autism.

My previous roles have included statutory advocacy, including providing rights-based advocacy under the Mental Capacity Act and Mental Health Act; and service commissioning for learning disability at Buckinghamshire Council. My advocacy background means I'm really keen to start co-production for the policies and projects we produce, so I'll be working with colleagues across SCAS on their experiences and ideas for how we can support everyone better.

Projects Saricka is currently working on include:

- Developing communications tools for staff to better communicate with people with learning needs
- Engaging with local learning disability groups, autism groups and professionals to develop services to be more accessible
- Working with the education team to support staff joining the Trust and finding suitable reasonable adjustments



Culture and wellbeing

Our ability to offer the best patient care depends on the wellbeing of our people, and I'm pleased to see many achievements in the first phase of our improvement plan. Changes to cultural issues will take time, but we've laid some solid foundations and can already see the benefits.

Added capacity for the Freedom to Speak Up team means they're getting out and about more and working directly with teams to promote the importance of speaking, listening and following up.

Our new sexual safety charter, launched in February, has come directly from the improvement programme and the courage of some of our female staff to speak out and raise the profile of sexual safety. And linked to that we're reinvigorating the women's staff network alongside other staff networks.

All senior managers have completed civility training and we continue to role out the just and learning culture programme to improve how we support people to learn from mistakes.

We've also made good progress on how we collate and review staff feedback from different sources into our *People's Voice*, so we can spot and address trends more effectively.

Melanie Saunders
Chief People Officer

Executive Director: **Melanie Saunders**

Senior Responsible Officer: **Nicola Howells**

Non-Executive Directors: **Ian Green**

Programme manager: **Sara Doughty**

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 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

The issues to address

- Listening and responding to staff concerns, with demonstrable action taken.
- Bullying and harassment.
- Sexual safety – addressing concerns raised about sexually inappropriate behaviours.
- Access to continuous professional development, appraisals and training.

Improvement actions completed

Speaking up – FTSU capacity and awareness: Recruited additional deputy guardian roles to Freedom to Speak Up team. Identified more FTSU team champions. Reviewed and updated all policies around raising concerns. Speak-up month roadshow across the Trust (October 2022) and improved information on FTSU team through intranet and internal webinars. Regular schedule of site visits and publicity through internal communications channels. FTSU training available to all through e-learning modules and mandated for all managers.

Speaking up – systems and processes: People and Culture Committee established to strengthen oversight and assurance of addressing staff concerns; leading on monitoring concerns raised and progress of actions taken. Strengthening system of monitoring and reporting on staff concerns, the People Voice programme is establishing a process to collate and analyse staff feedback from multiple sources, including FTSU cases, staff pulse survey, joiners and leavers surveys, leadership visits and wider sources.

Bullying and harassment: Civility training made mandatory for all senior leaders and all completed update. Continued rollout of our Just and Learning Culture programme; supporting an open and fair approach to learning from mistakes.

Sexual safety: Equality and sexual safety issues raised through roadshows linked to national speak up month October 2022. Internal co-design of sexual safety strategy and charter; with charter launched in Feb 2023. Women's staff network refreshed and relaunch set for international women's day March 2023. Annual campaign plan developed to raise and maintain awareness. Estate reviews for staff safety issues e.g. parking and exterior lighting.

Training and development: Appraisal rates increased from 71% in August 2022 to 89% in January 2023. Increased levels of compliance against mandatory training – equality and diversity, infection control, level 1 safeguarding, health and safety, and manual handling above 95% target in January 2023.



Culture and wellbeing improvements

FTSU and sexual safety charter

Freedom to Speak Up Guardians

We've increased capacity in our FTSU team with two deputy guardian's joining our guardian; and we're recruiting local team champions to help promote speaking-up.

With the added resources the team can do more case work and have time to get out across our very large patch to raise awareness of speaking up and work with managers to improve how we listen up and follow up on what staff say.

They've been out to our stations and to local hospitals to speak with crews waiting to handover patients. They also get regular airtime at a range of all staff and SCAS Leaders online events.

The team are now completing a national self-assessment tool to identify our next steps for strengthening how we listen and respond to ideas and concerns from colleagues.



The FTSU team use an old incident response unit to tour the patch. It's now known as our speakupulance.

New sexual safety charter

In October 2022 our Equality, Diversity and Inclusion lead joined the FTSU team on speak-up month roadshows to kick off discussions on sexual safety.

Further conversations across the trust co-designed a new sexual safety charter. We launched the charter in February 2023 during a national awareness week for sexual violence and abuse.

The charter states that everyone has the right to feel safe from sexual harm. No one should ever feel uncomfortable, frightened, or intimidated in a sexual way by the public or other colleagues. It is also essential that we do not tolerate or accept language, behaviour and attitudes that negatively affect the sexual safety of our colleagues or patients.

Our pledge

Never tolerate, ignore or excuse harmful sexual language, behaviour and attitudes.

Do everything we can to make sure people are heard, believed and feel safe.

Take clear and prompt action about any sexual harassment, violence, or intimidation.

Expected behaviours

To be conscious at all times of how our behaviour makes others feel and accept if someone tells us it makes them uncomfortable.

To speak out when we witness someone being upset, harassed, or assaulted.

To understand that intimate relationships should only ever be with mutual consent and never to manipulate others or abuse a position of trust.



Governance and well-led


Good governance is essential. Some of the core improvements the CQC highlighted were about getting back to basics with how the organisation runs.

We've created new Board sub-committees for Finance & Performance and People & Culture to provide more strategic and non-executive oversight.

We've reviewed and refreshed risk registers across the Trust and now have better processes for the Board to be well sighted on and actively addressing our highest risks.

We're making good progress on improving our integrated performance report, to make sure we're using data intelligently to help us prioritise and make improvements that will bring the biggest benefit for patients and colleagues.

Leadership visibility has also been part of this workstream in phase one. Together with the listening events highlighted on the following pages we've also agreed new processes to make sure senior leaders are regularly out and about listening to staff and incorporating their views into our *People's Voice* project.



Mike Murphy
Executive Director of Strategy,
Business Development and Governance

Executive Director: **Mike Murphy**

Senior Responsible Officer: **Michael Wood**

Non-Executive Directors: **Sumit Biswas**

Programme manager: **Sara Doughty**

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 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

The issues to address

- Corporate governance and risks management - ensuring processes are fit for purpose, with on-going assessment and monitoring.
- Board oversight of risks
- Leadership visibility
- Internal communications

Improvement actions completed

Corporate governance: External independent governance review commissioned and recommendations accepted. New Corporate Governance Strategic Plan approved by Board with two-year action plan. New Finance and Performance committee established. Initial Board development plan agreed and wider senior leadership development plan in progress. Trust-wide policy review and new processes for managing policy updates.

Risk management: Board Assurance Framework (BAF) and Corporate Risk Register reviewed and updated; including all patient safety risks. New risk management policy and framework drafted from best practice review across other Trusts. Local risk registers reviewed and gaps discussed with teams. Scoping work for adopting a digital system for risk management.

Leadership visibility: Increased frequency of leadership visits with new process to capture feedback. Autumn listening events with 25 sessions across the Trust. Increased frequency of SCAS Leaders meetings and changed format to improving engagement. Monthly schedule for open staff webinars.

Internal communications: Listening events and team specific meetings to capture improvement ideas. Changes to regular email bulletins and intranet content and function review. Monthly team brief introduced to improve cascade and feedback from teams. Internal communications survey completed and improvement actions identified.



Governance and well-led improvements

“What gets in your way?” listening events

A series of staff engagement event through October and November have identified key themes for us to tackle in the next phases of the improvement plan.

Nearly 500 people took part in 23 team based meetings and an open staff webinar. The sessions visited a mix of operations, clinical and corporate support functions. People from all levels of the Trust took part from frontline call takers and crews to deputy directors.

Facilitated team based meetings were run online and in-person. The size of groups ranged from 5 to 30. We asked two questions:

- **What gets in the way of doing your best work?**
- **What would help?**

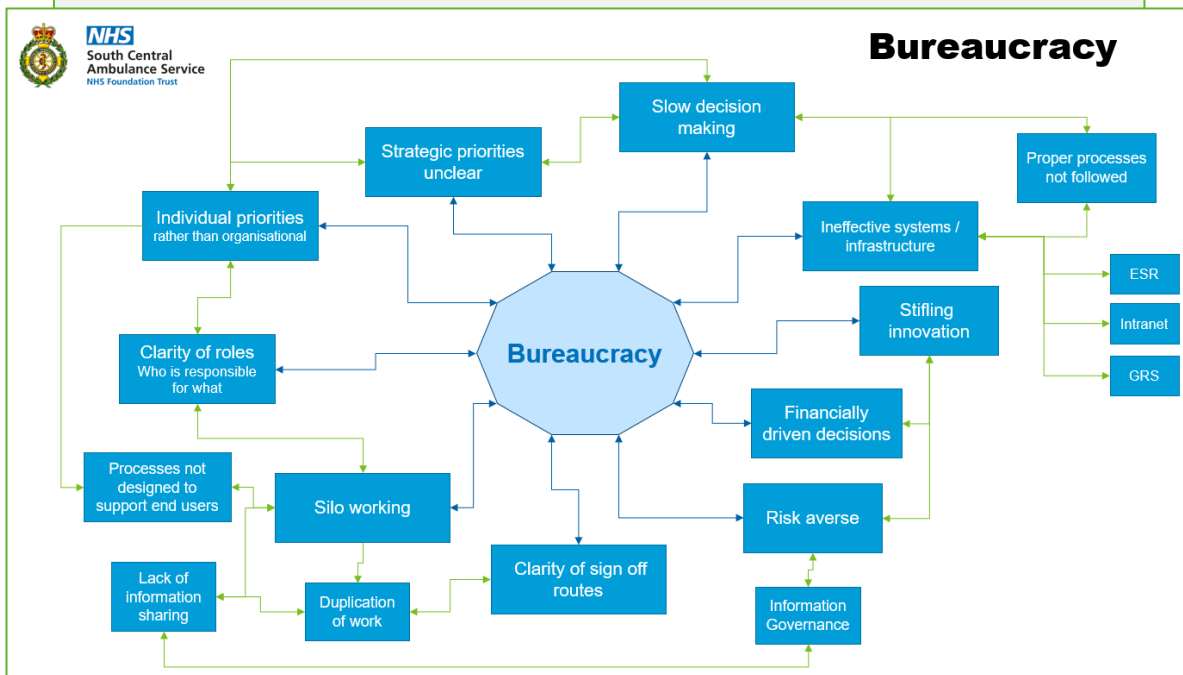
There was lots of consistency in what people raised across the sessions, and the challenges facing different teams highlighted a complex map of dependencies.

We distilled the feedback into key five themes:

- **Silo working**
- **Slow decision making**
- **Bureaucracy**
- **Lack of respect for colleagues**
- **Operational inefficiency**

Each theme has a diagram like the one opposite, showing the interconnected issues affecting the core issue. The diagrams illustrates the challenges and opportunities we need to embrace.

- **Challenges** – extreme complexity and finding the root causes
- **Opportunities** – fix one thing, solve many things





Performance recovery


We brought our existing performance recovery work into the wider improvement programme to align the work with the CQC's should do recommendations for operations whilst maintaining our focus on improving performance.

Despite the intense pressure on 999, 111 and PTS services through the winter of 2022/23 we've made good progress, that builds our resilience and our ability to manage through future peaks in demand.

Recruitment and retention work has been a key part of the performance workstream in phase one, and lots of work linked to staff wellbeing and patient safety has required support from ops teams to implement.

I'd like to thank all those across operations who have played a vital role in delivering actions across the workstreams, alongside helping their teams manage the daily challenges of unprecedented winter demand.

We all hope the recent reductions in demand continue, but our work continues to ensure our call centres and crews can provide the best possible care to our patients.



Paul Kempster
Chief Operating Officer

Executive Director: **Paul Kempster**

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

Non-Executive Directors: **Les Broude**

Programme manager: **Jo Lazarus**

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

The issues to address

- Improving call handling and ambulance response times against targets.
- Appropriate skill mix of ambulance crews and supervision for newly qualified staff.
- Reducing vacancies and increasing retention.
- Improved efficiency for task time and reducing time lost through hospital handover delays.

Improvement actions completed

Increasing capacity: Increased capacity in our 999 call centres through a partnership with Isle of Wight ambulance service. 30-minute immediate hospital handover protocol across the SCAS footprint. Refreshed guidance on dispatching multiple units to calls and ensuring rapid response vehicles clear from scene promptly. Extensive rota review across 999 crews and contact centres to improve scheduling. GPS system upgrades to prevent delays arriving on scene.

Skill mix and clinical support: Updated the training & mentorship model to ensure sufficient levels of competence and training for new starters. Implemented new model for greater use of single crewed rapid response vehicles. Approval to embed use of twin emergency care assistant crewed ambulances for appropriate calls. Specialist practitioners deployed to Clinical Support Desk. Increased number of clinical pathways to support hear and treat / see and treat so only patients who really need to go to hospital are taken.

Retention: Additional welfare support to provide staff psychological support. Occupational Health referral support video updated and return to work planning as part of OH referrals. Piloted home working option for 111 call handlers and extended other flexible working options. Extended Recruitment and Retention Premium payments for call handlers through to Feb 2023. Refurbishment completed on rest area at Northern House. Commenced rota reviews to improve shift patterns. Redesigned coaching process for new recruits using “graduation pods”.

Recruitment: 111 and 999 recruitment processes reviewed. International recruitment programme expanded. Specialist call-centre recruitment agencies now sourcing candidates for 111 and 999. Recruitment and training of more community first responders, over 100 recruited in 2022/23 and CFRs trained to work in dispatch roles. Increased training capacity and improved training model to allow faster deployment of new emergency call takers. International nurses recruited for Clinical Support Desk, starting in March 2023. Relocation expenses initiative implemented for frontline and control centre clinical roles.



Performance recovery improvements

EOC training and mentoring

We've made significant improvements to how we train and mentor new emergency call takers in EOC.

Thanks to an extensive co-design project with trainees, ECT mentors, educators and managers we've redesigned the timetable and approach. The training programme has increased from three to four weeks, with more time in the EOC, and mentoring will now be done through a "pod" model.



Debbie Diffey, Head of Education and Quality Assurance for Contact Centres, led the project. She explains: "Feedback from staff both in specific work groups and through the pulse surveys showed trainees felt the old programme was rushed and not properly preparing them for the job."

"The new approach gives more time for learning and seeing how the EOC works in reality. Group based mentoring is also proving more effective in getting new ECTs signed off as competent an average of 6 days earlier than the old way. The new mentoring model is also going to offer learning and development opportunities for existing ECTs."

"Two groups of trainees piloted the new approach, and the feedback has been excellent. It will now be rolled out across both North and South coordination centres."

A few comments from the pilot:

"Listening into other ECTs was very useful and taking live calls in the pod room was also extremely beneficial."

"It was really good to go out into the control room and listen in to Emergency Call Handlers taking 'live calls' and seeing how the control room works."

"It felt like a smooth transition from classroom to control room rather than being chucked into the deep end as it were."

Luci Papworth, Director of Operations Clinical Coordination Centres, said:

"It's great to see how the training has been improved. It means new people are more confident and relaxed as they join the EOC, which will mean patients getting the best possible support. It should also reduce the attrition rate we'd seen from some people not feeling ready."

"Additional training and certification in mentoring is also a positive step in offering more career development opportunities in the ECT role."





Onwards and upwards



Mike Murphy
Improvement programme
executive lead

mike.murphy@scas.nhs.uk

I'm enormously grateful to everyone involved in the improvement programme for what they've achieved so far; whether they've been part of designing new ways of working or the teams embracing them. And I'm looking forward to taking the next steps of the journey with our staff and partners.

SCAS is a great organisation. Everyday we support people through the most challenging times in their lives. Everyday our people help to save lives.

We know there are improvements we can make. Every good organisation strives for continuous improvement, and we've shown we can embrace challenges, find solutions and make things better for our patients and our colleagues.

We've already made a good start on designing the next phases of the improvement programme, and we'll be updating you on that soon. But for now, I hope you'll be reassured by the detail in this paper and join me in thanking our teams for all the amazing work they've delivered so far.